Water Safety Policy

V1.3

December 2016
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1.0 Introduction

The Policy of Royal Cornwall Hospitals Trust [hereinafter referred to as the “Trust"] has a duty of care to patients, visitors and staff to ensure a safe and appropriate environment for healthcare.

The Trust accepts its responsibility under the Health and Safety at Work etc. Act 1974 and the Control of Substances Hazardous to Health Regulation 2002 [as amended], to take all reasonable precautions to prevent, control and guard against the harmful effects of waterborne pathogens water to patients, visitors, staff and other persons working at or using its premises.

The Chief Executive and Board carry ultimate responsibility for a safe and secure healthcare environment. Aspects of that responsibility have been assigned / delegated to other appointed individuals within the Trust, these are defined under section “5 Ownership and Responsibility” of this Policy document.

The Trust's Board of Directors are responsible for ensuring overall operational control is in place, it is the Designated Persons responsibility to ensure implementation of operational control.

The Head of Estates has been appointed by the Chief Executive as the Designated Person [Water]. This Policy is issued and maintained by Responsible Person [Water] on behalf of the Trust.

This Policy is formally accepted by the Chief Executive and approved by the Board of Directors. The Chief Executive will do all that is reasonably practicable to comply with its requirements, and will make the necessary resources available.

This Policy and associated Water Safety Plan [WSP] applies to all Trust employees [including those managed by a third party] and premises where they work [Trust owned and occupied, including those properties which the Trust may occupy under lease].

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.
2.0 Purpose of this Policy
This Policy shall ensure the following are in place to safeguard all patients, visitors, staff and assets in order to prevent and reduce harm or loss;

a. To set out a clear framework to protect all staff, patients and visitors by minimisation of the risks associated with waterborne pathogens;

b. To identifying the correct practice for managing water risk systems so far as is reasonably practicable for staff to implement based upon nationally accepted guidance;

c. To enable staff to understand their responsibilities in relation to this Policy document and associated WSP documentation;

d. To detail arrangements for ensuring this Policy is monitored and reviewed to reflect current legislation and guidance;

e. To detail the process for version control to ensure persons who require it, have access to the most current version of the document. Ensuring arrangements are in place for archiving revised policies.

This Policy shall be supported with adequate resources and suitably qualified, trained and competent staff to ensure the successful implementation of the Policy and associated Water Safety Plan.

3.0 Scope
This Policy sets out the management approach to be adopted by the Trust for providing, maintaining safe water systems and preventing infection from Trust water systems.

The Policy applies to all service users, visitors and staff associated with the Trust and should be read and implemented whenever water related risk management advice is required.
4.0 Definitions / Glossary

The terms detailed below may appear in any documentation related to water safety risk and are not exclusive to this Policy document.

<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aerosol</td>
<td>A suspension in a gaseous medium of solid particles, liquid particles or solid and liquid particles having negligible falling velocity.</td>
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<tr>
<td>Air-conditioning</td>
<td>A form of air treatment whereby temperature humidity and air cleanliness are all controlled within limits determined by the requirements of the air-conditioned enclosure.</td>
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<tr>
<td>Bacteria</td>
<td>(Singular bacterium) a microscopic, unicellular (or more rarely multicellular) organism.</td>
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<tr>
<td>Biocide</td>
<td>A substance which kills micro-organisms.</td>
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<tr>
<td>Biofilm</td>
<td>A community of bacteria and other micro-organisms, embedded in a protective layer with entrained debris, attached to a surface.</td>
</tr>
<tr>
<td>Blow-down/bleed-off</td>
<td>Water discharged from the system to control the concentration of salts or other impurities in the circulating water; usually expressed as a percentage of recirculating water flow.</td>
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<tr>
<td>Calorifier</td>
<td>An apparatus used for the transfer of heat to water in a vessel by indirect means, the source of heat being contained within a pipe or coil immersed in the water.</td>
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<tr>
<td>Chlorine</td>
<td>An element used in disinfection.</td>
</tr>
<tr>
<td>Cold water service</td>
<td>Installation of plant, pipes and fitting in which cold water is stored, distributed and subsequently discharged.</td>
</tr>
<tr>
<td>Dead end/blind end</td>
<td>A length of pipe closed at one end through which no water passes.</td>
</tr>
<tr>
<td>Deadleg</td>
<td>Pipes leading to a fitting through which water only passes when there is draw-off from the fitting.</td>
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<tr>
<td>Disinfection</td>
<td>A process, which destroys or irreversibly inactivates microorganisms and reduces their number to a non-hazardous level.</td>
</tr>
<tr>
<td>Distribution circuit</td>
<td>Pipework, which distributes water from hot or cold-water plant to one or more fittings/appliances.</td>
</tr>
<tr>
<td>Domestic water services</td>
<td>Hot and cold water intended for personal hygiene, culinary, drinking water or other domestic purposes.</td>
</tr>
<tr>
<td>Hot water service (HWS)</td>
<td>Installation of plant, pipes and fittings in which water is heated, distributed and subsequently discharged (not including cold water feed tank or cistern).</td>
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<tr>
<td>Legionnaires’ disease</td>
<td>A form of pneumonia caused by legionella bacteria.</td>
</tr>
<tr>
<td>Legionellae</td>
<td>The genus legionella belongs to the family legionellae, which has over 40 species. These are ubiquitous in the environment and found in a wide spectrum of natural and artificial collections of water.</td>
</tr>
<tr>
<td>Legionella</td>
<td>Type of aerobic bacterium, which is found predominantly in warm water environments. (Singular of legionellae).</td>
</tr>
<tr>
<td>L. pneumophila</td>
<td>One of the causative organisms of Legionnaires’ disease.</td>
</tr>
<tr>
<td>Legionellosis</td>
<td>Any illness caused by exposure to legionella.</td>
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</tbody>
</table>
| Pontiac fever                 | A disease caused by species of legionella, an upper respiratory illness less
severe than Legionnaires’ disease.

<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
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<tbody>
<tr>
<td>Micro-organism</td>
<td>An organism of microscopic size including bacteria, fungi and viruses.</td>
</tr>
<tr>
<td>Nutrient</td>
<td>A food source for micro-organisms.</td>
</tr>
<tr>
<td>Pasteurisation</td>
<td>Heat treatment to destroy micro-organism usually at high temperature.</td>
</tr>
<tr>
<td>Sero-group</td>
<td>A sub-group of the main species.</td>
</tr>
<tr>
<td>Sentinel taps</td>
<td>For a hot water services - the first and last taps on a recirculating system. For cold water systems (or non-recirculating hot water systems), the nearest and furthest taps from the storage tank. The choice of sentinel taps may also include other taps which are considered to represent a particular risk.</td>
</tr>
<tr>
<td>Sludge</td>
<td>A general term for soft mud-like deposits found on heat transfer surfaces or other important sections of a cooling system. Also found at the base of calorifiers and cold water storage tanks.</td>
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<tr>
<td>Shunt pump</td>
<td>A circulation pump fitted to hot water service/plant to overcome the temperature stratification of the stored water.</td>
</tr>
<tr>
<td>Stagnation</td>
<td>The condition where water ceases to flow and is therefore liable to microbiological growth.</td>
</tr>
<tr>
<td>Thermal disinfection</td>
<td>Heat treatment to disinfect a system.</td>
</tr>
<tr>
<td>Thermostatic mixing</td>
<td>Mixing valve in which the temperature at the outlet is pre-selected and controlled automatically by the valve.</td>
</tr>
<tr>
<td>valve</td>
<td></td>
</tr>
<tr>
<td>Total viable counts</td>
<td>The total number of culturable bacteria (per volume or area) in a given sample (does not include legionella).</td>
</tr>
<tr>
<td>(TVC)</td>
<td></td>
</tr>
<tr>
<td>Risk assessment</td>
<td>Identifying and assessing the risk from legionellosis from work activities and water sources on premises and determining any necessary precautionary measures.</td>
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</tbody>
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5.0 Ownership and Responsibilities

5.1 Management Responsibility:
Those persons with key management responsibilities are detailed below and their communication pathways with respect to each and other relevant supporting staff are represented in Appendix 4.

All relevant persons shall fully appreciate the actual and potential risks of legionellosis & Pseudomonas and the concept of risk management. Although compliance with the WSP task may be delegated to staff, or undertaken by contract, accountability cannot be delegated.

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

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

The Designated Person [Water] will provide the informed position at Board level. They are responsible for the organisational arrangements [strategic leadership, direction and overview] which will ensure that compliance with standards is achieved [including proposed developments take account of impact on water safety]. Any management issues [including water system issues] are have been reported to Board having being resourced and solved. They won’t have technical or operational duties, but, will be supported in the role by the Trusts management structure that delivers governance, assurance and compliance.

5.4 Director of Infection Prevention & Control [DIPC]
The Director of Infection Prevention & Control [DIPC] is the Infection Control Officer [Water].

The Infection Control Officer [Water] shall:-
a. Chair the Water Safety Management Group [WSMG] meetings;
b. Assist the Outbreak Control Team, as determined in Appendix B of the “Operational Management” volume of HTM.04:01. Carry out the necessary action should an outbreak situation associated with waterborne pathogens be suspected or confirmed;
c. Advise on the location of “high risk” patient services, potential areas of risk, particularly those relating to medical devices;
d. Review & identify changes needed to this Policy and the associated WSP on the continuing procedure for the prevention and/or control waterborne pathogens;
e. Lead on risk assessments that inform the WSMG of potential microbiological hazards cause by waterborne pathogens.
f. Attend updated management training (responsible person training) at least every three years, or sooner if determined by the training needs analysis.
5.5 **Infection Control Doctor**

The Trusts appointed Infection Control Doctor shall:-

a. Lead the Outbreak Control Team, as determined in Appendix B of the “Operational Management” volume of HTM.04:01. Carry out the necessary action should an outbreak situation associated with waterborne pathogens be suspected or confirmed;

b. Provide microbiological expertise with sample results;

c. Advise on the continuing procedure for the prevention and/or control waterborne pathogens;

d. Review & identify changes needed to this Policy and the associated WSP;

e. Attend the Water Safety Management Group [WSMG] meetings;

f. Advise if circumstances change within any ward/department that might affect waterborne pathogens;

g. Advise on the location / areas of “high” susceptibility and immune-compromised patient groups / services;

h. Be responsible for health surveillance and the subsequent reporting;

i. Report any episodes of colonisation or infection with Pseudomonas aeruginosa that could be related to water systems to the chair of the WSMG and the Responsible Person [Water];

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

5.6 **Senior Operations Manager [SOM]**

The Director of Estates is the Senior Operations Manager [SOM]. They are appointed in writing by the Designated Person [Water].

The SOM will be the informed link to the Designated Person [Water] at Board level as such they shall:

a. Immediately inform the Designated Person [Water] of any suspected outbreak / incidents occurring due to water borne pathogens. As well as taking an active role in any investigations;

b. Be professionally and operationally responsible for water quality;

c. Budgeting – overall and single items limits;

d. Define accountability and responsibility,

e. Ensure this Policy is reviewed, ratified and implemented;

f. Attend updated management training at least every three years, or sooner if determined by the training needs analysis.
5.7 **Responsible Person [Water]**

The Head of Estate Operations is the Responsible Person [Water]. They are appointed in writing by the Designated Person [Water] and they report to Director of Estates.

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

The RP [Water] shall:

a. Issue and maintain this Policy document;
b. Approve any changes to the WSP [technical & operational procedures];
c. Advise on the necessary continuing procedures and actions for the prevention or control of waterborne pathogens;
d. Appoint an Authorising Engineer [Water] for continued competent help;
e. Co-ordinating with Infection Control Officer [Water] and the Authorising Engineer [Water] for help, advice and in response to any investigation arising for non-compliant issues and for the ongoing development of the Estate;
f. Ensuring that all schemes handed over to the Operational Estates Department are appropriately document, commissioned and signed off in accordance with the WSP. Any issues with arising with the scheme will be reported by the SOM back to the Capital Projects Team for resolution;
g. Attend the Water Safety Management Group meeting [WSMG] meetings;
h. Monitor the implementation and efficacy of this Policy and the associated WSP;
i. Assist with annual management audits completed by the AE [Water];
j. Carry out the necessary actions defined in the WSP should an outbreak situation associated with waterborne pathogens be suspected or confirmed;
k. Liaise with 3rd parties to the Trust on assurance [see 8.6.1 Landlord and 3rd Parties]
l. Attend updated management training at least every three years, or sooner if determined by the training needs analysis.
5.8 The Deputy Responsible Person [Water]

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

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

The DRP [Water] shall:

a. 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];

b. Inform the RP [Water], DIPC, Infection Control Doctor and Authorised Person/s [Water] of all positive water sample results and the associated action being taken to resolve them;

c. Co-ordinate with Infection Control Officer [Water] and the Authorising Engineer [Water] for help, advice and in response to any investigation arising for non-compliant issues and for the ongoing development of the Estate;

d. Shall attend the Water Safety Management Group [WSMG] meetings;

e. 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;

f. Ensure the Trusts records management system is maintained, complete and operational. As well as ensuring drawings / plans / schematics are maintained, updated, produced of all the Trust water systems / buildings where a change has occurred;

g. Liaising with the water undertaker and ensure that equipment that is permanently connected to the water supply is properly installed;

h. Manage refurbishment works [major or minor] outside the scope of Capital Projects in accordance with the WSP;

i. Review & maintain the Planned Preventative Maintenance [PPM] schedules to ensure they are correctly defined in the WSP;

j. Ensure that any non-complaint occurrences / issues reported from the APs [Water] in the periodic PPM tasks are actioned;

k. 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;

l. Agree the risk minimisation scheme with the APs [Water];

m. Ensure that Incident reporting is completed in full for positive water sample results and failures in the management systems;

n. Assist with annual management audits completed by the AE [Water] & lead on the quarterly / monthly audits;

o. Carry out the necessary actions should an outbreak situation associated with waterborne pathogens be suspected or confirmed;
p. Routinely reviewing the training needs analysis, with suitable training being delivered where required. They will also receive updated management training at least every three years, or sooner if determined by the training needs analysis.

5.9 The Authorised Persons [Water]

The Operations & Maintenance Officer / Estates Officer are the Authorised Persons [Water]. They will be appointed by Responsible Person [Water].

The AP [Water] shall:

a. Shall attend the Water Safety Management Group [WSMG] & the Operational Water Group;

b. Be responsible for the implementation of the WSP;

c. Arrange and review water risk assessments of Trust water systems / buildings as defined in this Policy;

d. Implement and action of agreed remedial works in line with the risk minimisation scheme;

e. Be responsible for leading on the explanation to users on the function of risk systems and organise adequate information and training to support those systems;

f. Commissioning additional surveys [including pipework] in response to risk assessment recommendations, sampling issues [positive results] or other observed faults / conditions reported. The issue of orders / job tickets for remedial works [in response to the additional survey findings] to relevant consultant, approved contractor and / or maintenance supervisor. On completion of the work ensure drawings are updated, noted and dated;

g. Supervising refurbishment works [major or minor] outside the scope of Capital Projects in accordance WSP. Including the monitoring of completed work by appointed contractors;

h. Issue all relevant PPM work orders to Competent Persons and then ensuring 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;

i. Ensure that any non-complaint occurrences / issues identified in the periodic PPM tasks are reviewed, reported to the DRP [Water] and then actioned in a timely response;

j. Ensure that Competent Persons remain suitable trained and validated. Shall complete the appraisal of the Competent Person and recommend their appointment by the Responsible Person [Water];

k. Ensure the external consultants & contractors are suitably qualified & competent [as defined in ‘6.8.2. Competence’]. Evidence shall be held in the form of qualifications and membership too Legionella Control Association [LCA], Water Safe Register & UKAS accreditation;

l. Issuing Permits to Work and other appropriate documentation as required to Competent Persons and / or approved contractors;

m. Maintain the records system, quality of service and maintenance of system safety (integrity).

n. Ensuring that all planned and reactive sampling activities are carried out in accordance with the WSP and that results are reviewed, escalated to the DRP and actioned [where necessary in a timely and professional manner] in accordance with the WSP;

o. Assist with annual management audits completed by the AE [Water] and the quarterly / monthly audits;
p. Carry out the necessary actions defined in the WSP should an outbreak situation associated with waterborne pathogens be suspected or confirmed;
q. Attend updated management training at least every three years, or sooner if determined by the training needs analysis.

5.10 Competent Persons [Water]
The Estates Team Leaders, Plumbers and Assistants are the Competent Persons [Water]. They are appointed in writing by the RP [Water].

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

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

Any Competent Person [Water] shall:
   a. Provide the skilled installation and/or maintenance of water risk systems;
   b. Conduct all of their water system related tasks in accordance with the WSP & PPM system, they shall complete all required records and return to the AP [Water];
   c. Only WRAS approved materials when working on water systems;
   d. Employ their highest standard quality of work;
   e. Maintain good hygiene practices with tools, equipment, components/accessories to be used on water systems thus preventing contamination of water systems and outlets;
   f. Report any defects, suspicions or concerns regarding the design, condition, operation or performance of water systems that might increase the risk waterborne pathogen proliferation;
   g. Ensure good personal hygiene [including clothing and foot ware] practices [reporting any recent communicable illness to AP [Water];
   h. Attend updated training at least every three years, or sooner if determined by the training needs analysis.

With external contractors a specification appertaining to new works will be produced which will include:-
   a. A standard form within the contract documentation which define roles, responsibilities and procedures of parties concerned;
   b. Submission of risk assessments and method statements with relation to compiled schedules.
5.11 Head of Estate Development

The Head of Estate Development reports directly to Director of Estates.

The Head of Capital Projects shall:

a. Attend the Water Safety Management Group [WSMG];
b. Inform WSMG at the earliest possible opportunity where new healthcare premises or existing premises are to be altered or refurbished so water hygiene requirements can be assessed in the planning stages;
c. Ensure water risk assessments be completed for all projects before commencement and once the system is operational;
d. Manage those Project Managers from the Capital Project Team who are leading on refurbishment works [major or minor] or new development works to ensure they are completed in accordance with the WSP;
e. Be responsible for leading on the explanation to users on the function of risk systems and organise adequate information and training to support those systems;
f. Ensure their team follows this Policy and the associated WSP;
g. Are up to date with the Policy, associated WSP and latest guidance by attending relevant training sessions;
h. Ensure all commissioning, handover records, O&M manuals, risk assessments including evidenced records are received on completion of a project;
i. Ensure that the design of new and refurbished water systems follows the latest regulations, standards, guidance and the Trusts WSP;
j. Investigate any reported defects, suspicions or concerns regarding the design, condition, operation or performance of water systems that might increase the risk of waterborne pathogen proliferation. These shall also be reported to the RP [Water];
k. Inform the RP [Water], DIPC, Infection Control Doctor and Authorised Person/s [Water] of all positive water sample results and the associated action being taken to resolve them;
l. Ensure the external consultants & contractors are suitably qualified, trained & competent [as defined in ‘6.8.2. Competence’]. Evidence shall be held in the form of qualifications and membership too Legionella Control Association [LCA], Water Safe Register & UKAS accreditation. Contractor’s employees are required to hold plumbing qualifications. Evidence of membership and qualifications are required and shall be issued by the external contractors to the Project Manager from the Capital Team.
m. Be responsible for ensuring the design requirements of the project are met;
n. Routinely reviewing the training needs analysis, with suitable training being delivered where required. They will also receive updated management training at least every three years, or sooner if determined by the training needs analysis.
5.12 **Head of Facilities**
The Head of Facilities reports directly to The Director of Estates

The Head of Facilities shall:

a. Attend the Water Safety Management Group [WSMG];
b. Ensure their team follows this Policy and the associated WSP;
c. Are up to date with the Policy, associated WSP and latest guidance by
   attending relevant training sessions;
d. Maintaining and review water draw off which forms part of the daily cleaning
   regime within the outsourced facilities contract along with auditing the records
   for evidence

e. The Head of Facilities shall report any outlets which cannot be accessed or
   closed off areas to the AP [Water] for actioning;

f. Report any defects, suspicions or concerns regarding the design, condition,
   operation or performance of water systems that might increase the risk
   waterborne pathogen proliferation to RP [W];
g. Ensure members of their team are aware of good personal hygiene [including
   clothing and foot ware] practices and the need to report any recent
   communicable illness;
h. Routinely reviewing the training needs analysis, with suitable training being
   delivered where required. They will also receive updated management training at
   least every three years, or sooner if determined by the training needs analysis.

5.13 **Health & Safety Manager**
The Health & Safety manager shall:

a. Attend the Water Safety Management Group [WSMG];
b. Assist with the review this Policy and associated WSP including assistance with
   ratification routes;
c. Ensure their team follows this Policy and the associated WSP;
d. Assist with management audits and records audit;
e. Lead reporting incidents to the HSE and act as key liaison with the HSE during
   any visits;
f. Routinely reviewing the training needs analysis, with suitable training being
   delivered where required. They will also receive updated management training at
   least every three years, or sooner if determined by the training needs analysis.

5.14 **Local Security Manager**
The LSMS shall:

a. Attend the Water Safety Management Group [WSMG];
b. Lead on risk assessments on the vulnerability and security of water systems;
c. Ensure appropriate & proportionate security measures exist to protect Trust
   water systems.
5.15 Authorising Engineer [Water]
The AE [Water] will remain independent of the Trust and remain independent of providing remedial services. The AE [Water] will be appointed by the Designated Person [Water].

The AE [Water] shall:-

a. Make recommendations for the appointment of the RP, DRP & APs. Certificates of Appointment will be issued detailing areas of responsibility and limitations;
b. Advise & support the RP [Water], DIPC, Infection Control Team and Authorised Person/s [Water] on positive water sample results as well non-compliant issues identified through PPM tasks and what actions can be taken to resolve them;
c. Undertake annual management audits;
d. Monitor performance through quarterly records audits;
e. Review and identify changes need to this Policy and associated WSP;
f. Assist with risk assessment reviews;
g. Shall attend the Water Safety Management Group [WSMG] meetings;
h. Deliver training based on needs analysis.

5.16 Building Managers / 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, departmental managers follow the guidance contained within the WSP. In particular, these managers ensure that all water outlets are used at least twice weekly or are reported to the Estates, along with reporting any defects, suspicions or concerns regarding the design, condition, operation or performance of water systems that might increase the risk of waterborne pathogen proliferation. They are required to attend training sessions [at least every three years covering the key principals of water safety]

5.17 All Staff
All staff members that can affect water hygiene risk, as such they 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. Maybe 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 [at organisational level] shall include an Employee Summary for dissemination to unions/employees at the discretion of the Responsible Person [Water].
6 Management Plan

6.1 Water Safety Management Group [WSMG]

To comply with the HCAI Code of Practice recommendation that management and monitoring arrangements are need to be in place, the Trust has an established Water Safety Management Group [WSMG] and Water Safety Plan [WSP].

The aim of the WSMG to ensure the safety of all water used by patients / residents, staff and visitors, and to minimise the risk of infection associated with waterborne pathogens.

The WSMG is multi-disciplinary group and is a forum in which people with a range of competencies through the Trust are brought together to share responsibility and take collective ownership for ensuring it identifies water-related hazards, assesses risks, identifies and monitors control measures and develops incident protocols.

As such membership to the WSMG broadly includes those:

a. 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);

b. Who have knowledge of the particular vulnerabilities of the at-risk population within the facility;

c. Representatives from areas where water may be used in therapies, medical treatments or decontamination processes where exposure to aerosols may take place.

The WSMG undertakes:

a. The commissioning, development & implementation of the WSP.

b. 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.

c. 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 WSMG. 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 WSMG can be found in Appendix 3 of this Policy. The ToR defines:

a. The purpose of the WSMG;

b. Membership of the WSMG;

c. Frequency of meetings, Quorate arrangements along with agenda;

d. Objective of the WSMG;

e. Reporting arrangements.

The WSMG has clearly identified lines of accountability / communication pathways [see 3.2 Communication Pathways] up to the CEO and board. The roles and responsibilities of these members are defined within this Policy. Only members of the WSMG shall meeting meetings, unless they are unable to attend it is expected they will inform the Chairperson and detail a nominated deputy to attend the WSMG in their place.
6.2 **Operational Water Group [OWG]**
This is a separate group to the WSMG. The OWG meets on a quarterly basis [or sooner if deemed necessary] with the objective of OWG is provide assurance of operational performance, monitoring for the Trust risk systems along completing the risk assessment review process and documenting this review. The OWG shall also ensure asset registers are accurate and kept up to detailing all assets relating hot and water systems.

The OWG is chaired by the RP [Water] and is attended by the DRP [Water], APs and AE [Water]. Formal minutes are taken. Reports on performance, risk minimisation action plans, sampling results and incidents are summarised and reported to the quarterly WSMG meetings.

6.3 **Hydrotherapy Pool Management Group**
This is a separate group to the WSMG. This group meeting a 6 monthly basis to review the management arrangements of the Hydrotherapy Pool. Formal minutes of these meetings are recorded and these are noted at the WSMG. The Hydrotherapy Pool Management Group has its own defined Policy document [outline roles and responsibilities] and a Procedures Manual for the safe operation and maintenance of the pool.

6.4 **Water Safety Plan [WSP]**
This is a separate document to this Policy. It is prepared by the DRP [Water], AP [Water] with input from the RP [Water], AE [Water], Infection Control Doctor Head of Health & Safety.

The WSP defines the operational procedures, routine maintenance, routine monitoring, emergency actions [outbreak, confirmed/suspected cases, and non-compliant occurrences] for all Trust risk systems. Along with the documented record management system, the associated forms and check sheets to be used by CP [Water] as part of the routine monitoring and inspections.

The WSP also details the control strategy for managing water risk systems along water sampling need with identified areas and locations for sampling water.

A risk system is classed as system or device that contains, holds uses water where there is a reasonable foreseeable risk associated with that system. I.e. cold water tank, dental chair, hydrotherapy pool.

The risk assessments shall identify and record risk systems, these identified risk systems will be reviewed against the WSP to ensure the WSP remains current and accurate.

6.5 **Auditing**
A programme of auditing the written scheme elements is defined in section '9 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 RP [Water], DRP [Water] & Head of Health & Safety in order to ascertain the effectiveness of the broad management arrangements. The methodology for audit may vary from year-to-year in order to ensure a fresh outlook on each occasion. The audit
report includes recommendations for improvement and forms part of the legionellosis risk management system.

A quarterly performance monitoring completed by the DRP [Water] and APs [Water] will require inspection of systems and their records to establish the degree of compliance of records present and accuracy of the records. These quarterly performance audit applies to all Trust properties. The results of this quarterly performance audit will be reported at the WSMG.

Auditing should establish:
  a. the required level of service is met;
  b. all the required plant is being maintained;
  c. system performance is being maintained (that is, by the implementation of microbial sampling and temperature/biocide-level monitoring regimes);
  d. maintenance is being carried out to the agreed standard;
  e. correct replacement parts are being used;
  f. the agreed spares stocks are being held on site;
  g. records are being correctly maintained;
  h. the agreed standards, number of staff, and number of visits are being achieved;
  i. plant is being operated to achieve optimum energy usage;
  j. health and safety requirements are being complied with;
  k. only agreed subcontractors with the appropriate knowledge and competence are being employed;
  l. the client and typical users of the building are satisfied;
  m. invoices accurately reflect the work carried out, including materials expended;
  n. breakdowns do not occur too often;
  o. adequate consideration is being given to the potential environmental impact of contractors’ actions, for example disposal of lubricants, chemicals, worn parts etc. that cannot be recycled.

6.6 Risk Assessments & Drawings.
6.6.1 Water Risk Assessments
The Responsible Person [Water] will ensure that suitable and sufficient risk assessments are up to date and valid. The AP [Water] shall ensure risk assessments are commissioned when needed [see criteria below]. The risk assessment must be completed in accordance with:

- ACOP L8 [fourth edition] 2013;
- HSG274 [Parts 1, 2 & 3] [as applicable];
- HTM04:01 [Parts A, B & C];
- HGN “Safe” Hot water and Surface Temperatures;

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:

a. engineering and building expertise;
b. as-fitted drawings and schematic diagrams;
c. clinical expertise;
d. knowledge of building occupancy and use including vulnerability of patient groups;
e. 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 include:

a. Encompasses all buildings and all water systems;
b. Identifies and evaluates potential sources of risk;
c. Includes an assessment of occupant vulnerability;
d. Uses an established risk scoring matrix;
e. An assessment of engineering, considering correct design [inherent risk and actual risk], installation, commissioning, maintenance, verification and effectiveness as a control measure;
f. 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;
g. An assessment of underused outlets and flushing regimes;
h. Scalding risk;
i. The unnecessary use of flexible hoses;
j. Review of monitoring, sampling and testing records.

The assessment of risk is an ongoing process, as such the AP [Water] should ensure the risk assessments are regularly reviewed and updated [see Appendix 6.1 – Risk Assessment Review Schedule and Risk Assessment Need Notification], specifically when:

a. a change to the water system or its use;
b. a change to the use of the building where the system is installed;
c. new information available about risks or control measures;
d. the results of checks indicating that control measures are no longer effective;
e. changes to key personnel;
f. 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 DRP [Water] will communicate the latest risk assessment report and minimisation scheme actions at the WSMG. The WSMG will consider the overall recommendations in context of the Trust Risk Register.

For those properties which are not owned by the Trust but the Trust occupies then the RP will request evidence from the Duty holder for that property that water safety risk is being proactively managed [see Appendix 6.2 & 6.3 – Landlord / 3rd Party Evidence of Risk Assessment letters].
6.6.2 Clinical Risk Assessment
The DIPC is required to lead on the completion of clinical risk assessments to identify;
1. Those settings / areas where service users are at significant risk from organisms and microbiological hazards associated with water use and their distribution systems.
2. Clinical practices where water may come into contact with service users and their invasive devices;
3. Cleaning of patient equipment;
4. Disposal of blood, body fluids and service users’ wash water;
Clinical infection surveillance data can offer a warning on poor water quality. The clinical risk assessments and surveillance data [clinical and environmental monitoring] should be reported at the WSMG.

6.6.3 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 drawing 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.

6.7 Risk Minimisation Scheme
The risk assessment shall form the basis of a risk minimisation scheme describing the particular means by which the risk from exposure to waterborne pathogens is to be minimised so far as is reasonably practicable. The remedial actions within the associated risk minimisation schemes shall be reasonably practicable and prioritised on the basis of risk, cost and difficulty. The risk minimisation scheme shall be reviewed at the monthly OPW and approved by the WSMG.

6.8 Training & Competence
6.8.1 Training
The WSMG will review training needs analysis at each meeting and implement a training programme to ensure all those defined in the control strategy have received appropriate information, instruction and training to undertaken their associated duties. Records of training, attendance to training shall be kept. Refresher training shall be given dependent on review of training needs analysis.

Competence shall be assessed according to their role and duties. To ensure competence has been assessed it will viewed in context with the individuals experience, knowledge and background.
Where allocated tasks are being to others then supervisors / managers / operatives need to have received adequate training in respect to role, duties, water hygiene and control strategies.

Training will cover an appreciation of practices that can affect water hygiene and safety so their duties can be completed in safe and technically competent manner. Those working on water systems [including outlets] will receive training in the need for good hygiene and the how to prevent contamination of water supplies. Those responsible for housekeeping tasks such as outlet flushing and cleaning of outlets shall also be training and competence assessed in respect to their role and how to prevent contamination of water supplies.

To ensure the delivery of safe wholesome water at all outlets and preventing contamination [which may lead to healthcare-associated infections] Trust shall implement a water hygiene training. 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.

The water hygiene training should encompass the following elements:

- Trust governance arrangements in relation to water hygiene and safety;
- Trust Water Safety Policy & WSP [procedures in relation to the management and provision of water hygiene and safety];
- Waterborne pathogens and their consequences;
- Trust control strategies and how a water distribution systems, water outlets, components and any associated equipment can become contaminated;
- Roles & responsibilities of individuals to prevent the contamination of the water distribution system and water outlets and assisting in ensuring control measures in place are effective;
- How the safety of water can be maintained by good hygiene practices [personal hygiene along with dealing with clothing, footwear, cleaning equipment/materials, tools and storage when considering water hygiene];
- When not to work with water intended for domestic purposes;
- System design;
- Components/accessories (taps, TMVs);
- Disinfection and cleaning equipment/ materials;
- How to store and handle pipes;

6.8.2 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 Trusts Dutyholder.

Employing contractors or consultants does not absolve the Trusts Dutyholder of responsibility for ensuring that control procedures are carried out to the standard required to prevent the proliferation of waterborne pathogens in the 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 system, and other aspects of water treatment and control [see Appendix 5 – Evidence of Contractors Competence letter].
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 Authorised Person [Water] of any risks identified and how the system can be operated and maintained safely.

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

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

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

The 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.

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

Records should be kept for at least five years.

Comprehensive operational manuals for all items of plant that include requirements for servicing, maintenance tasks and frequencies of inspection - any commissioning data should be kept with these manuals.

Asset registers are established and should be designed to provide the following information:
- an inventory of plant and water- associated equipment;
- a basis for identifying plant details;
- a basis for recording the maintenance requirements;
- a basis for recording and accessing information associated with maintenance;
- a basis for accounting to establish depreciation and the provision needed for plant replacement;
- information for insurance purposes.
7 Standards and Practice

7.1 Standards:

- Health Technical Memorandum 03-01: Specialised ventilation for healthcare premises. Parts A and B: 2006
- The Health and Safety at Work etc. Act: 1974
- The Management of Health and Safety at Work Regulations: 1999
- The Control of Substances Hazardous to Health Regulations: 2002
- The Building Regulations: 1992
- BS 8558:2015 - Installation, testing and maintenance of services supplying water for domestic use within buildings and their curtilages specification
- BS EN 806. Parts 1 to 5. Specifications for installations inside buildings conveying water for human consumption.
- BS 7592:2008 - Description: Sampling for Legionella bacteria in water systems. Code of practice

7.2 Practice:

- Water Safety Plan [maintenance and operational procedures for water safety].
8 Dissemination and Implementation

8.1 Dissemination:

8.1.1 This Policy document is available in a read-only format via the document store on the Trust intranet and internet.

8.1.2 Any changes to this document must be implemented only with the authority of the WSMG.

8.1.3 The implementation date and access links to this Policy document and the associated WSP will be notified to all staff via the RCHT news webpage.

8.2 Implementation:

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

- Responsible Person [Water];
- Deputy Responsible Person [Water];
- Infection Control Officer [Water];
- Infection Control Lead;
- Authorised Person [Water];
- Authorised Engineer [Water].
9 Monitoring Compliance and Effectiveness

9.1 Compliance:

<table>
<thead>
<tr>
<th>Element of Written Scheme</th>
<th>When</th>
<th>How</th>
<th>Who</th>
<th>Reports to</th>
<th>Deficiencies / gaps / recommendations and actions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Policy</td>
<td>Three yearly or sooner if required</td>
<td>Audit/Review</td>
<td>RP [Water] AE [Water]</td>
<td>WSMG</td>
<td>Review, update, sign off and send for ratification</td>
</tr>
<tr>
<td>Incident Reports</td>
<td>Quarterly</td>
<td>Review</td>
<td>RP [Water]</td>
<td>WSMG</td>
<td>Review, update, sign off</td>
</tr>
<tr>
<td>Training Matrix</td>
<td>Quarterly</td>
<td>Review</td>
<td>DRP [Water]</td>
<td>WSMG</td>
<td>Ensure each person involved with ensuring water safety remains up to date with training.</td>
</tr>
</tbody>
</table>

9.2 Effectiveness:
Effectiveness of compliance is detailed at the Water Safety Management Group meetings. The WSP is based on external standards [see section ’7 Standards and Practices].
10 Updating and Review

10.1 Process for Reviewing this Policy

10.1.1 The review date for this document will be every three years, unless otherwise indicated by change in national guidance or as a result of the risk incident reporting system.

10.2 Version Control

10.2.1 This document has been revised from its previous format and the current version number is details on the front of this Policy document. Refer to Appendix 1 for details of version changes.

10.3 Archiving

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

<table>
<thead>
<tr>
<th>Record</th>
<th>Retention Period</th>
</tr>
</thead>
<tbody>
<tr>
<td>This Policy document and associated WSP manual</td>
<td>Throughout the period for which they remain current and for at least four further years.</td>
</tr>
<tr>
<td>Risk assessments &amp; Schematics</td>
<td></td>
</tr>
<tr>
<td>Risk minimisation scheme and details of its implementation</td>
<td></td>
</tr>
<tr>
<td>Monitoring, inspection, test and check results, including details of the state of operation of the system</td>
<td>At least five years</td>
</tr>
</tbody>
</table>

11 Equality and Diversity

11.1 This document complies with the Royal Cornwall Hospitals NHS Trust service Equality and Diversity statement.

11.2 Equality Impact Assessment

11.2.1 The Initial Equality Impact Assessment Screening Form is at Appendix 2
## Appendix 1. Governance Information

<table>
<thead>
<tr>
<th>Document Title</th>
<th>Water Safety Policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date Issued/Approved:</td>
<td>February 2017</td>
</tr>
<tr>
<td>Date Valid From:</td>
<td>February 2017</td>
</tr>
<tr>
<td>Date Valid To:</td>
<td>February 2020</td>
</tr>
<tr>
<td>Directorate / Department responsible (author/owner):</td>
<td>Jim Tinsdeall</td>
</tr>
<tr>
<td>Contact details:</td>
<td>01872 253400</td>
</tr>
<tr>
<td>Brief summary of contents</td>
<td>Setting out a clear framework to protect all patients, staff and visitors by minimising the risks associated with water safety.</td>
</tr>
<tr>
<td></td>
<td>Identifying the correct practice for water safety and controls for staff to implement based upon nationally accepted guidance.</td>
</tr>
<tr>
<td>Suggested Keywords:</td>
<td>Water Safety, Health &amp; Safety, Legionella, Infection Control, Estates, Maintenance</td>
</tr>
<tr>
<td>Target Audience</td>
<td>RCHT</td>
</tr>
<tr>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>Executive Director responsible for Policy:</td>
<td>Director of Finance</td>
</tr>
<tr>
<td>Date revised:</td>
<td>December 16</td>
</tr>
<tr>
<td>This document replaces (exact title of previous version):</td>
<td></td>
</tr>
<tr>
<td>Approval route (names of committees)/consultation:</td>
<td>Water Safety Management Group</td>
</tr>
<tr>
<td>Divisional Manager confirming approval processes</td>
<td>Director of Estates</td>
</tr>
<tr>
<td>Name and Post Title of additional signatories</td>
<td>Not Required</td>
</tr>
<tr>
<td>Signature of Executive Director giving approval</td>
<td>{Original Copy Signed}</td>
</tr>
<tr>
<td>Publication Location (refer to Policy on Policies – Approvals and Ratification):</td>
<td>Internet &amp; Intranet</td>
</tr>
<tr>
<td>Document Library Folder/Sub Folder</td>
<td>Estates/General</td>
</tr>
<tr>
<td>Links to key external standards</td>
<td></td>
</tr>
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</table>
Related Documents: 

Training Need Identified? Yes

Version Control Table

<table>
<thead>
<tr>
<th>Date</th>
<th>Version No</th>
<th>Summary of Changes</th>
<th>Changes Made by (Name and Job Title)</th>
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</thead>
<tbody>
<tr>
<td>12 Sept 13</td>
<td>V1.0</td>
<td>Initial Issue</td>
<td>Martin Dewberry, Estates Operations Manager</td>
</tr>
<tr>
<td>26/03/15</td>
<td>V1.1</td>
<td>Comments added on Hotel Services Managers and flushing. RA frequency changed to remove 2 years and updated to align with HSG274 pt2.</td>
<td>James Tinsdeall, Head of Estates</td>
</tr>
<tr>
<td>25/08/16</td>
<td>V1.2</td>
<td>Updated in line with HTM04 parts A, B, C [2016]</td>
<td>Daniel Pitcher AE[Water]</td>
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<tr>
<td>01/02/17</td>
<td>V1.3</td>
<td>Minor Updates</td>
<td>Les De Estates Officer</td>
</tr>
</tbody>
</table>

All or part of this document can be released under the Freedom of Information Act 2000

This document is to be retained for 10 years from the date of expiry.

This document is only valid on the day of printing

Controlled Document
This document has been created following the Royal Cornwall Hospitals NHS Trust Policy on Document Production. It should not be altered in any way without the express permission of the author or their Line Manager.
# Appendix 2. Initial Equality Impact Assessment Form

<table>
<thead>
<tr>
<th>Name of strategy / policy / proposal / service function</th>
<th>Name of individual completing assessment: Phil Bond</th>
<th>Telephone: 01872 25 3249</th>
</tr>
</thead>
</table>

### 1. Policy Aim*
Who is the strategy / policy / proposal / service function aimed at?
The Policy applies to all patients, staff and visitors associated with the Trust. Those persons with defined responsibilities should read this Policy, and where applicable [depending on tasks] read the associated Water Safety Plan. When management, technical or operational advice is required then this Policy and associated Water Safety Plan will be the primary reference sources.

### 2. Policy Objectives*
Setting out a clear framework to protect all patients, staff and visitors by minimising the risks associated with water safety. Identifying the correct practice for water safety and controls for staff to implement based upon nationally accepted guidance.

### 3. Policy – intended Outcomes*
High water safety and quality

### 4. *How will you measure the outcome?
See section ‘9 Monitoring Compliance and Effectiveness’

### 5. Who is intended to benefit from the policy?
All Staff/Visitors/Patients

### 6a) Is consultation required with the workforce, equality groups, local interest groups etc. around this policy?
No

### 6b) If yes, have these *groups been consulted?

### 6c) Please list any groups who have been consulted about this procedure.

### 7. The Impact
Please complete the following table.

<table>
<thead>
<tr>
<th>Equality Strands:</th>
<th>Yes</th>
<th>No</th>
<th>Rationale for Assessment / Existing Evidence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td></td>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>

---

Water Safety Policy
<table>
<thead>
<tr>
<th>Category</th>
<th>X</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sex (male, female, transgender / gender reassignment)</td>
<td></td>
</tr>
<tr>
<td>Race / Ethnic communities /groups</td>
<td></td>
</tr>
<tr>
<td>Disability - learning disability, physical disability, sensory impairment and mental health problems</td>
<td></td>
</tr>
<tr>
<td>Religion / other beliefs</td>
<td></td>
</tr>
<tr>
<td>Marriage and civil partnership</td>
<td></td>
</tr>
<tr>
<td>Pregnancy and maternity</td>
<td></td>
</tr>
<tr>
<td>Sexual Orientation, Bisexual, Gay, heterosexual, Lesbian</td>
<td></td>
</tr>
</tbody>
</table>

You will need to continue to a full Equality Impact Assessment if the following have been highlighted:
- You have ticked “Yes” in any column above and
- No consultation or evidence of there being consultation - this excludes any policies which have been identified as not requiring consultation. or
- Major service redesign or development

8. Please indicate if a full equality analysis is recommended. | Yes | No |
9. If you are not recommending a Full Impact assessment please explain why.

Signature of policy developer / lead manager / director | Date of completion and submission
Names and signatures of members carrying out the Screening Assessment
1. 2.

Keep one copy and send a copy to the Human Rights, Equality and Inclusion Lead, c/o Royal Cornwall Hospitals NHS Trust, Human Resources Department, Knowledge Spa, Truro, Cornwall, TR1 3HD

A summary of the results will be published on the Trust’s web site.

Signed ____________________
Date ____________________
Appendix 3. Water Safety Management Group Terms of Reference

1. Constitution

1.1 The Trust Water Safety Management Group has been established in accordance with the Department of Health guidance HTM04 Parts A, B, C ‘Water Safety in Healthcare Premises’.

1.2 The Water Safety Management Group has only those powers delegated in these Terms of Reference.

1.3 Water Safety Management Group should be able to demonstrate that they have suitable governance, competence and accountability arrangements in place to deliver safe water in Trust healthcare buildings.

2 Authority

2.1 The Water Safety Management Group is authorised by the Hospital Infection Prevention & Control Committee to investigate any matter within these Terms of Reference. It is authorised to seek any information it requires from any employee, and all employees are directed to co-operate with any request made by the Group.

2.2 The Group is authorised by the Hospital Infection Prevention and Control Committee to obtain outside legal or other professional advice if it considers this necessary.

3 Purpose

3.1 The Water Safety Management Group is multidisciplinary group formed to oversee the commissioning, development, implementation and review of the WSP with the aim of ensuring the safety of all water used by patients/residents, staff and visitors, to minimise the risk of infection associated with waterborne pathogens.

3.2 It provides a forum in which people with a range of competencies can be brought together to share responsibility and take collective ownership for ensuring it identifies water-related hazards, assesses risks, identifies and monitors control measures and develops incident protocols.

4 Membership

4.1 The total membership comprises:

- Director of Infection Prevention & Control (Chair)
- Infection Control Doctor
- Divisional Manger Facilities Management and Facilities (Deputy Chair)
- Head of Estates Operations
- Operational and Maintenance Manager
- Divisional Nurse Manager or nominated Deputy of augmented care areas
- Infection Prevention & Control Peninsula Community Health representative
- Divisional General Manager of Patient Facilities & Estate Service
- Health & Safety Manager
- Head of Estate Development
- Head of Facilities
- Assistant Hotel Services Manager
- Authorising Engineer [Water]
4.2 The membership of the Group will be kept under regular review to ensure that it best reflects the requirements of governance within the Trust.

4.3 The Group may invite any member of Trust staff to attend or report to a meeting.

4.4 Any Non-Executive Director is welcome to attend without invitation.

4.5 The Chief Operating Officer is welcome to attend without invitation.

5 In Attendance

5.1 Urgent business that requires immediate attention shall be managed as is deemed appropriate in consultation with the Chairman of the Group. Extraordinary meetings may be called only by agreement with the Group Chairman.

5.2 Matters requiring immediate attention will be expedit ed to the Chief Operator by the Chair or Deputy.

6 Quorum

6.1 The Group quorum is 70% and must consist of a member of Hotel Services, Capital Planning, Facilities Management, Infection Prevention & Control, and Divisional Nurse and or Representative from all identified augmented clinical areas, the Chair or Deputy. Should a group not be quorate it will fall to the discretion of the chair as to whether a meeting should proceed – in this case, any items pertaining to absent representation will be pended to a future meeting.

7 Frequency of Meetings

7.1 The Group will meet quarterly.

8 Secretariat

8.1 The Infection Prevention and Control Administrator will act as the secretary of the Group.

8.2 The Group shall be supported by the secretariat which shall include:

- Releasing notice of meetings
- Agreement of the agenda with the chairman and collation of the papers
- Forwarding agendas and relevant documentation to the committee or person required to attend, no later than five (5) working days before the meeting
- Recording of minutes and matters arising plus any topics to be carried forward
- Recording any conflicts of interest declared and minute them accordingly

9 Duties

The Remit Group will:

- to work with and support the IPC team;
- to ensure effective ownership of water quality management for all uses;
- to determine the particular vulnerabilities of the at-risk population;
- to review the risk assessments;
- to ensure the WSP is kept under review including risk assessments and other associated documentation;
- to ensure all tasks indicated by the risk assessments have been allocated and accepted;
- to ensure new builds, refurbishments, modifications and equipment are designed, installed, commissioned and maintained to the required water standards;
- to ensure maintenance and monitoring procedures are in place and that records of all maintenance, inspection and testing activities are kept up to date and properly stored;
- to ensure accurate records for all assets relating to hot and cold water distribution systems are set up and regularly maintained;
to review clinical and environmental monitoring data;
- to agree and review remedial measures and actions, and ensure an action plan is in place, with agreed deadlines, to ensure any health risks pertaining to water quality and safety are addressed;
- to determine best use of available resources;
- to be responsible for training and communication on water-related issues;
- to oversee water treatment with operational control monitoring and to provide an appropriate response to out-of-target parameters (that is, failure to dose or overdosing of the system);
- to oversee adequate supervision, training and competency of all staff;
- to ensure surveillance of both clinical and environmental monitoring

10 Reporting

10.1 The minutes of the Trust Water Safety Management Group meeting shall be provided to the Hospital Infection Prevention and Control Committee. The Chair of the Committee shall draw to the attention of the Hospital Infection Prevention and Control Committee any matters of significance or particular concern.

11. Other Matters

11.1 The Committee’s Terms of Reference will be reviewed at least annually.

12. Meeting Planner

<table>
<thead>
<tr>
<th>Date of Meeting</th>
<th>Agenda Items to be received by</th>
<th>Papers to be received by</th>
<th>Papers produced and sent out</th>
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<tbody>
<tr>
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13. Corporate Statements

<table>
<thead>
<tr>
<th>Date approved by Group:</th>
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<tbody>
<tr>
<td>Date accepted by HICC:</td>
</tr>
<tr>
<td>Date due for Review:</td>
</tr>
<tr>
<td>Date Reviewed:</td>
</tr>
</tbody>
</table>

** NB – The Meeting Planner and Corporate Statements tables displayed above are for format only [they are intentionally left blank in this Policy].
Appendix 4. Communication Pathways

Duty Holder
Chief Executive

Designated Person
[Water]

Snr Operations
Manager

Responsible Person
[Water]
Head of Estates

Authorising
Engineer [Water]
External independent
water hygiene consultant

Head of
H&S

LSMS

Infection Control
Officer [Water]
DIPC

Microbiologist

Infection Control Lead
Lead Nurse Infection Prevention
& Control

Deputy Responsible
Person [Water]
Estates Locality Managers

Authorised
Persons [Water]
Estates Officer/s

Competent
Persons

Competent
Persons

Compe tnt
Persons

Head of Capital
Projects

Competent
Persons
Approved
Contractors

Head of Facilities

House Keepers / Domestics

Building / Ward / Department

Trust staff
Appendix 5. – Evidence from Contractors of Competence
Appendix 6.1 – Risk Assessment Review Process

ISAERD02 - review of risk asst.doc

ISAERD01 - RA review matrix.xlsx
Appendix 6.2 – Risk Assessment Evidence from Landlords

ISAERD11 - letter requesting ra evider
Appendix 6.3 – Risk Assessment Evidence from 3rd Parties

ISAERD10 - letter requesting ra evidence
**Appendix 7. – Training Needs Analysis / Programme**

<table>
<thead>
<tr>
<th>Role</th>
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<td></td>
<td></td>
<td>RP1 [1 day]</td>
<td>RP2 [1 day]</td>
<td>WSP [1/2 day]</td>
<td>Awareness** [1 hr]</td>
<td>WIAPS</td>
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**Awareness training – various types of training dependent on target audience.**