

Water Quality Safety Policy

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EXECUTIVE SUMMARY

This Policy sets out the Kent Community Health NHS Foundation Trust (KCHFT) Policy and approach for the management and control of water quality safety.

This Policy will need to be read in conjunction with the KCHFT Water Quality Safety Plan (WQSP), as combined they provide a practical framework for maintaining safe water services and ensuring compliance with the:

- Management and Control of Legionellosis including Legionnaires Disease under The Health and Safety at Work etc. Act 1974 (section 16)
- Control of Substances Hazardous to Health 2002 and 'Approved Code of Practice (ACoP) L8'.

This Policy sets out the control measures and the management Systems utilised by KCHFT (known as the "Written Scheme of Precautions"), to manage and control the risk of Legionellosis and Legionnaires Disease and complies with the 'ACoP L8' for all KCHFT properties.

Governance Arrangements

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Key References

The following documents were referenced when drafting this Policy:

British Standards

BS7592:2008 Sampling for legionella bacteria in water systems: Code of Practice

BS8554:2015 Code of practice for the sampling and monitoring of hot and cold water services in buildings

BS8558:2015 Guide to the design, installation, testing and maintenance of services supplying water for domestic use within buildings and their curtilages – Complementary guidance to BS EN 806

BS8580:2010 Water quality – Risk assessments for <i>Legionella</i> control – Code of practice
PD 855468:2015 Guide to the flushing and disinfection of services supplying water for domestic use within buildings and their curtilages
Care Quality Commission (Registration) Regulations 2009
Control of Substances Hazardous to Health Regulations 2002
Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 HCAI Code of Practice
Health and Safety at Work etc Act 1974
<u>Health and Safety Guidance</u> HSG274 Part 1 – Technical Guidance – The Control of Legionella Bacteria in Open Evaporative Cooling Systems HSG274 Part 2 – Technical Guidance – The Control of Legionella Bacteria in Hot and Cold Water Systems HSG274 Part 3 – Technical Guidance – The Control of Legionella Bacteria in Other Risk Systems
<u>Health Technical Memoranda</u> HTM 00 Policies and Principles of Healthcare Engineering HTM 01-05 Decontamination in Primary Dental Care Practices HTM 03-01 Specialised Ventilation for Healthcare Premises HTM 04-01: Safe Water in Healthcare Premises Part A –Design, Installation and Commissioning HTM 04-01: Safe Water in Healthcare Premises Part B –Operational Management HTM 04-01: Safe Water in Healthcare Premises Part C – Pseudomonas Aeruginosa, Advice for augmented care units HTM 04-01 Supplement – Performance specification D 08: thermostatic mixing valves (healthcare premises)
<u>Health and Safety Executive Approved Code of Practice</u> L8 Legionnaires Disease. The control of legionella bacteria in water systems. HSE approved code of practice 2013 Fourth Edition
Hydrotherapy Standards for Good Practice (HACP)
Minimising the risk of Legionnaires disease TM13 2013
National Patient Safety Agency: Framework for setting and measuring performance outcomes
National Patient Safety Agency: Healthcare Cleaning Manual
Safe hot water and surface temperatures NHS Estates 1998
Water Supply (Water Fittings) Regulations 1999

Related Policies/Procedures

Policy/Procedure Title	Reference
Equality and Diversity Policy	HR012
Infection Prevention and Control Policy	IPC020
Water Quality Safety Plan	Ref TBC
Written Scheme (Site Specific)	Ref TBC

Document Tracking Sheet

Version	Status	Date	Issued to/approved by	Comments / summary of changes
0.1	Draft	May 2013	Health and Safety Group	Draft amended to include comments
0.2	Draft	May 2013	CARM	Draft amended to include comments
1.0	Approved	May 2013	CARM	Published
1.1	Approved	22 May 2014	Head of Estates	Review date correct to May 2016 (3 years from ratification date)
1.2	Approved	7 November 2014	Interim Head of Estates	Changes have been made to reflect the HSG274 recommendation with regard to water temperatures
2.0	Approved	Sept 2017	Water Quality Safety Group	Review the latest changes and additions
2.0	Final	10/1/18	CARM	Review the latest changes and additions. Ratified.

Summary of changes:

Updated to include latest :

- Legislation and Regulations
- KCHFT policy template with relevant standard sections

Added:

- Section 10 – Key Performance Indicators
- New Appendices A (Management Structure) and B (Letter of Appointment – various roles)
- content as recommended by Authorised Engineer

Completed the Equality Analysis

Removed sections, as now sited in the Management Quality Safety Plan

Formatting tidied

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1.0 INTRODUCTION

- 1.1 This Policy (along with the KCHFT Water Quality Safety Plan) has been formulated to ensure that there is correct Management of water services and water temperatures in all Kent Community Health NHS Foundation Trust (KCHFT) properties.
- 1.2 It aims to ensure that incidents arising that are due to poor control, maintenance, quality assurance procedures, logging of information, training and inadequate knowledge of the systems are minimised.
- 1.3 This Policy is located on the Trusts intranet site, and copies kept with:
- KCHFT Estates Department
 - Infection Prevention and Control Department
 - Chief Executive (Trust Management)

2.0 LEGISLATION / REGULATION

- 2.1 KCHFT utilise the following guidance and Approved Code of Practice to manage the associated risks within its premises:
- The Control of Legionella bacteria in water systems – Approved Code of Practice and Guidance L8 (2013).
 - Health and Safety at Work etc. Act 1974, Sections 2, 3 and 4.
 - Health Technical Memorandum 04-01.
 - Control of Substances Hazardous to Health Regulations 2002, Regulation 6.
 - The Public Health (Infectious Diseases) Regulations 1988.
 - The Water Supply (Water fittings) Regulations 1999.
 - BS8558:2015 Guide to the design, installation, testing and maintenance of services supplying water for domestic use within buildings and their curtilages – Complementary guidance to BS EN 806
 - PD 855468:2015 Guide to the flushing and disinfection of services supplying water for domestic use within buildings and their curtilages
 - Food Act 1999

3.0 RATIONALE

- 3.1 By virtue of the Health and Safety at Work Act 1974, and with the consent of the Secretary of State for the Environment, the Health and Safety Executive have published an Approved Code of Practice, L8, entitled Legionnaires Disease: the control of legionella bacteria in water systems which needs to be adhered to.

- 3.2 The Department of Health have also issued specialist guidance on Management of Water Hygiene (HTM04-01) and in the Control of *Pseudomonas aeruginosa* risk within identified augmented care areas (HTM04-01 Part B and Part C)
- 3.3 Scalding has been determined as a “Never Event”. The Trust has a requirement to control the risk of scalding in the workplace. A scalding incident could result in prosecution under the Health and Safety at Work etc Act 1974 (H&SWA).
- 3.4 KCHFT has a duty to assess and manage the risk of, and prevent, detect and control the spread of, infections, including those that are health care associated in accordance with:
- Health and Social Care Act 2008 (Regulated Activities) Regulations 2014
 - Associated Code of Practice on the Prevention and Control of Infections
 - Code of Practice on the Prevention and Control of Infections
- 3.5 Using the aforementioned guidance, this Policy is intended to meet with the needs of water safety within KCHFT properties.

4.0 POLICY FOR WATER QUALITY SAFETY

4.1 Objectives

- 4.1.1 The aim of this Policy is to recommend a system for water management which, when fully implemented, will ensure that all the water systems used in KCHFT properties are maintained in a safe and reliable condition along with a full record of modifications, alterations, tests and remedial actions. All personnel maintaining and working on KCHFT water systems and associated equipment are fully trained, and records of this training maintained within the KCHFT Estates Department.
- 4.1.2 The objective of this Policy is to ensure that the water systems and associated equipment are available at all times in a safe and useable condition and those maintaining and monitoring the systems are trained and competent.
- 4.1.3 KCHFT:
- Must assign duties and establish the necessary organisation and funding to ensure this procedure is fully and correctly implemented once notified.
 - Is responsible for the water services in the Trust, and the properties used by KCHFT personnel are maintained by external contractors.

4.2 Scope

- 4.2.1 The Policy and procedures for the control of water hygiene will provide advice and guidance to staff on the safe and effective maintenance, monitoring and operation of the hot and cold water systems installed throughout KCHFT.

- 4.2.2 The KCHFT Estates Department will forward any information to Departmental Managers regarding (Pre-planned Preventative Maintenance (PPM's)), service contracts or any other information relating to water services on their site if requested. All personnel involved in commissioning new buildings, major refurbishment, upgrades, department closures or re-commissioning which involves the introduction of new water services, disruption and cutting into water services must fully comply with this Policy at all stages of their contract.
- 4.2.3 The Chief Executive has delegated this responsibility to the Director Corporate Services. The Director Corporate Services will appoint Responsible Officers who must have Building Services experience to implement, monitor, record and report on all aspects of this Policy directly to them or their nominated deputy.

4.3 **Policy Dissemination and Implementation**

- 4.3.1 The Chief Executive is responsible for KCHFT wide dissemination of this Policy.
- 4.3.2 The Assistant Director Estates is responsible for the implementation of this Policy and procedure.

4.4 **Review**

- 4.4.1 This Policy will be monitored by the Appointed Person and the Deputy Appointed Person as and when legislation changes and formally reviewed every 3 years.
- 4.4.2 Risk Assessments, Planned Preventative Maintenance (PPM) records will be reviewed on a risk based methodology. Approved contractors working or monitoring KCHFT water systems will also be reviewed by the Appointed Person (AP), as required.

4.5 **Policy Monitoring**

- 4.5.1 The use of and compliance with this Policy will be monitored by The Water Quality Safety Group.
- 4.5.2 Any questions as to the interpretation of this Policy shall be referred to KCHFT Responsible (Designated) Person (DP) for Water Safety.
- 4.5.3 Management, operational staff and contractors (as appropriate) will provide feedback as to the Policies applicability and efficacy.

5.0 **EQUALITY DIVERSITY AND INCLUSION**

- 5.1 Communication and the provision of information are essential tools of good quality care. To ensure full involvement and understanding of the patient and their family in the options and decision making process about their care and treatment, all forms of communication (e.g. sign language, visual aids, interpreting and translation, or other means) should be considered and made available if required. These principles should be enshrined in all formal documents.
- 5.2 KCHFT is committed to ensuring that patients whose first language is not English receive the information they need and are able to communicate appropriately with

healthcare staff. It is not recommended to use relatives to interpret for family members who do not speak English. There is an interpreter service available and staff should be aware of how to access this service.

- 5.3 The privacy and dignity rights of patients must be observed whilst enforcing any care standards e.g. providing same sex carers for those who request it. (Refer to Privacy and Dignity Policy).
- 5.4 KCHFT is committed to ensuring that information is provided in accessible formats and communication support is met for people with a disability, impairment or sensory loss. The Accessible Information Standard (AIS) is a legal requirement of the Equality Act which applies to all organisations included within the Health and Social Care Act. <https://www.england.nhs.uk/ourwork/patients/accessibleinfo/>. Guidance on professional support services for KCHFT is available in the Accessible Information Policy.

6.0 EQUALITY AND EQUALITY ANALYSIS

- 6.1 Staff must be aware of personal responsibilities under Equality legislation, given that there is a corporate and individual responsibility to comply with Equality legislation. This also applies to contractors when engaged by KCHFT, for NHS business.
- 6.2 KCHFT is committed to promoting and championing a culture of diversity, fairness and equality for all our employees, potential employees, service users as well as members of the public.
- 6.3 Understanding of how Policy decisions and services can impact on 'protected groups' under the Equality Act 2010 is key to ensuring quality and productive environments for patient care and also the workforce. 'Protected groups' are:
- Race
 - Disability
 - Sex
 - Religion or belief
 - Sexual orientation (being lesbian, gay or bisexual)
 - Age
 - Gender Re-assignment
 - Pregnancy and maternity
 - Marriage and civil partnership
- 6.4 An equality analysis should be completed whilst a Policy is being drafted and/or reviewed in order to assess the impact on people with protected characteristics. This includes whether additional guidance is needed for particular patient or staff groups or whether reasonable adjustments are required to avoid negative impact on disabled patients, carers or staff.
- 6.5 The Equality Analysis for this Policy is available upon request by contacting the Engagement Team via kchft.equality@nhs.net

7.0 ROLES AND RESPONSIBILITIES

7.1 Overview

The management of compliance with regard to water safety will be controlled using the principles of HTM00 specific to KCHFT. The following will apply:

- Day to day activity will be controlled by KCHFT employees
- Due to the complexity/size of KCHFT, a number of Authorised Persons will be required to implement and manage this Policy.
- Data Collection/work activity will be carried out by Competent Persons i.e. Hotel Services, Plumbers, KCHFT Maintenance Contractor.
- The activity within KCHFT will be supported by external contractors

To enable KCHFT in fulfilling its obligations, staff need to be aware of the clear lines of communication and roles and responsibilities for all matters relating to the control of Legionella, Pseudomonas, water quality and scalding – **See Appendix A: Management Structure and Definitions.**

Those who are appointed to carry out the control measures and strategies should be suitably informed, instructed and trained and their suitability assessed. Although training is an essential element of competence it should also be viewed alongside experience, knowledge and other personal qualities, which are needed to undertake a job safely.

Whilst the primary focus is upon the management/control of the risks associated with legionella bacteria and pseudomonas aeruginosa risk, clinical surveillance may broaden the scope of interest as defined within HTM04-01 Safe Water in Healthcare Premises.

7.2 Chief Executive: Duty Holder (DH)

The Chief Executive is the statutory Duty Holder in accordance with paragraph 28 of the Health and Safety Executive Approved Code of Practice “The Control of Legionella Bacteria in Water Systems (L8)”.

The Chief Executive has overall responsibility for the health, safety and welfare of the KCHFT staff and others affected by the work activities of KCHFT for the effective implementation of health and safety management policies and procedures

The Chief Executive has overall accountability for all aspects of the quality and safety of the water supplies and systems throughout KCHFT. He/she will appoint the Designated Person (Water).

7.3 Corporate Services Director: Designated Person (Water) – (DP)

The Designated Person (DP) will be appointed (in writing) by the DH (see Appendix B1).

The Designated Person (DP) duties are:

- Ensure that the requirements of this Policy, its associated procedural documentation, the HSE ACoP L8 and HTM04-01 are upheld and that delegated responsibilities are carried out.
- Provide representation to the Board (Infection Prevention and Control Committee, Health and Safety Committee, Corporate Assurance and Risk Management Group (CARM) with regard to the water hygiene management within KCHFT Core Estate.
- Ensure budgetary provision is made for the control of Safe Water including Legionella and Pseudomonas aeruginosa risk.
- Ensure safe operation procedures for controlling water hygiene and scalding issues and associated Water Quality Safety Plan is put in place.
- Monitor and regularly review action plans/strategies for eliminating /minimising risk.
- Provide the resource, and support to fulfil their designated role.
- Appoint (in writing) the :
 - I. Authorised Engineer (AE) -see Appendix B2
 - II. Appointed Person (AP), once the Authorised Person has given the DP confirmation of their competency (see Appendix B3)
- Engages the Authorised Engineer to provide evidence and assurance that the water quality safety plan is compliant.

7.4 External Consultant: Authorised Engineer (AE)

The Authorised Engineer (AE) is:

- Appointed (in writing) by the DP (Appendix B2)
- An independent professional advisor whose primary role is to assist KCHFT in managing the risks from exposure to legionella bacteria in water systems and also from other water-borne organisms associated with such systems such as pseudomonas and stenotrophomonas.
- A “hybrid” risk management role that combines the skills found in engineering, building services, health and safety, and microbiology, to assist the Trust.
- The AE duties include:
 - a. Attend Water Quality Safety Group meetings
 - b. Day-to-day water safety responsibility
 - c. Audit the Deputy Appointed Person’s (DAP) Water Quality Safety Plan to ensure compliance. The AE will present the audit findings to the DP.
 - d. Assessing the suitability of the nominated Appointed Person (AP), and Deputy Appointed Person (DAP) for those roles.
 - e. Sign-off the training records for AP and DAP.

7.5 Assistant Director Estates: Appointed Person (AP)

The Appointed Person (AP) will be appointed (in writing) by the DP (see Appendix B1).

The AP duties include:

- Chair KCHFT Water Quality Safety Group.
- Prepare and co-ordinate KCHFT Water Quality Safety Plan.
- Provide assurance to the DP via the Water Quality Safety Group (WQSG) the level of compliance with the requirements of the Water Quality Safety Policy, and WQSP.
- Appointment the DAP, once the AE has given approval (Appendix B4)
- Put in place arrangements for reporting an outbreak or suspected outbreak of Legionella or Pseudomonas
- Review the applicability of the water hygiene risk assessments and advise on their suitability on at least an annual basis
- Provide assurance to the AE the competence of external contractors used for any aspect of monitoring and/or maintaining the precautions for water hygiene or scalding issues.
- Monitor KCHFT Maintenance Contractor and external contractor programmed and reactive works, and ensure records are maintained.
- **Training**
 - I. Assess the training needs of KCHFT staff employed in the control of Legionella, Pseudomonas, water hygiene and scalding.
 - II. Liaise between suitable training establishments and Consultants to provide approved courses on control of Legionella, Pseudomonas, water hygiene and scalding.
 - III. Ensure Competent Person personal training records are kept up to date.

7.6 Compliance Manager: Deputy Appointed Person – DAP

The Deputy Appointed Person (DAP) will:

- Be appointed (in writing) by the AP, upon the AE's recommendation (Appendix B4).
- Deputise for the AP as and when required.
- Support the AP to collect/collate information.

The DAP duties include:

- Assist in the development and review of the Policy and Procedure to support the management of water hygiene and safe hot water

Monitor:

- The management systems in place, and where necessary highlight to the AP recommendations/areas of improvement
- To provide the Authorised Engineer with the water quality safety plan for auditing purposes, as requested.
- The PPM schedule for all water systems and associated equipment.

7.7 Director of Infection Prevention and Control

Director of Infection Prevention and Control (DIPC)

The Director of Infection Prevention and Control (DIPC) is strategically responsible for ensuring the actions laid out in the Infection Prevention and Control policies are adhered to.

Infection Prevention and Control Team (IPC)

Assistant Director

The Assistant Director of IPC leads the Infection Prevention and Control Team and is co-chair of the Water Quality and Safety Group

Team

The IPC Team:

- Are responsible for formulating, and implementing the Infection Prevention and Control Policy and procedures, incorporating aspects relating to water quality and safety.
- Should be involved in the production of the Policy and management procedures for the control of Water Quality Safety. Similarly, the team has a key role in formulating the plans for its implementation.
- Report an outbreak, suspected outbreak, or probable hospital acquired case of Legionnaires' disease to Public Health England, the Chief Executive of KCHFT and the Health & Safety Executive (HSE).
- Responsible for the co-ordination of the activities of the outbreak control team.

7.8 Outbreak Control Team

The Assistant Director of IPC will work in collaboration with Public Health England to lead an Outbreak Team.

The Outbreak Control Team are to take any required actions identified from a related situation, co-ordinating responses appropriately.

7.9 Water Quality Safety Group

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

The Terms of Reference of the WQSG is contained within the Water Quality Safety Plan.

7.10 Estates Project Managers

The Estates Projects Managers' are accountable and responsible to the Assistant Director Estates (AP):

Duties include ensuring:

- All new designs, refurbishments, improvements and additions to systems comply with this Policy and all current guidance and statutory requirements.
- All contractors /consultants employed by KCHFT comply with this Policy/procedure and are competent for undertaking the work required of them.
- All details of modifications, alterations and new installations are forwarded to the AP, for comment prior to any work being carried out.

7.11 KCHFT Maintenance Contractor (External)

The provision of compliance, maintenance and remediation works within properties occupied by KCHFT personnel will fall to the KCHFT Maintenance contractors.

The KCHFT Maintenance contractor must:

- Clearly demonstrate to KCHFT their capability in providing the required service.
- Identify and allocate resources, both human and financial in order to comply with this Policy, in particular those matters identified by risk assessment.
- Ensure an effective line of communication is maintained with KCHFT for all matters relating to this Policy.
- Provide support and service in the minimisation of water hygiene risk in accordance with Service Level Agreement (SLA).
- Report to KCHFT where any required action/activity falls outside of the scope their contractual requirements in accordance with the agreed Service Level Agreement (SLA).
- Clearly document to KCHFT the scope of their activity and clearly identify any areas which fall outside this scope.

- Ensure that all departments within their areas of responsibility are adhering to the KCHFT Water Quality Safety Policy.
- Respond to risk assessment reports from Service Managers or Clinical Managers and the Appointed Person(s) and arrange appropriate remedial action to minimise risks.

7.12 Facilities Management (FM) Services

The Cleaning personnel of FM Services will as part of their normal duties:

- Open the taps on all of the outlets covered by their duties
- Maintain a record of activity as per of their Audit
- Be responsible for reporting all items which are out of use or inaccessible to the Maintenance Contractor.

The Cleaning personnel of FM Services are to perform their duties in line with the National Patient Safety Agency documents:

- Healthcare Cleaning Manual (for cleaning)
- Framework for setting and measuring performance outcomes (for Audits)

7.13 Service Managers/Clinical Managers.

Service Managers accountable and responsible for the health & safety of the clients, patients, visitors, staff and others who may be affected by the use of the water systems and associated services. They have a responsibility to demonstrate they are providing care in a safe environment and must ensure the adherence to this Policy of all employees within their area of authority.

In addition they will:

- Ensure that local procedures for safe systems of work and codes of practice comply with this Policy, meet the needs of their particular area of responsibility and that they are implemented, monitored and reviewed.
- Assist and liaise with the Assistant Director Estates in carrying out risk assessments relating to the water safety.
- Ensure that any patients/clients at risk of scalding are risk assessed on an individual basis. If any risks are identified, control procedures can be put in place via the WQSG.
- Ensure up to date schedules of equipment including description, model etc. and their locations are maintained of any medical equipment used for dental care, respiratory therapy and haemodialysis.

- If requested as part of the risk assessment for scalding, evidence and assurance can be provided to the service/clinical manager by the Estates Department for temperature monitoring.
- Maintain communication links with the Assistant Director Estates and the Estates Department.
- Provide the Assistant Director Estates with all relevant details prior to the closure or reinstatement and/or change of use, either temporary or otherwise of areas/departments.
- Report all defects/faults to the KCHFT Maintenance Contractor and put in place temporary control measures i.e. take out of use, restrict/supervise access, post warning notices etc. to protect patients, clients, visitors and staff until such time as the defect/fault has been rectified.
- Ensure that the records of all monitoring, inspections, testing, risk assessments and remedial actions taken are retained for at least 5 years.
- Ensure that infrequently used showers are run a minimum of twice weekly (In areas where there are users with increased susceptibility daily flushing may be identified) for a minimum of 5 mins on both hot and cold supplies. Wherever possible take out of service and have them disconnected by the Estates Department.
- Identify all domestic hot and cold water outlets which are not needed, due to disuse or under use and wherever possible take them out of service and request KCHFT Maintenance Contractor to disconnect them.
- Provide suitable equipment to enable hot water temperatures to be tested and monitored by their staff. Advice as to the suitability of equipment can be obtained from the Estates Department.
- Ensure training requirements are regularly reviewed and monitored within their area of responsibility.

7.14 KCHFT Employees

All KCHFT employees must be aware that they have a duty of care for health & safety towards themselves and others.

Every employee within KCHFT **must**:

- Adhere to this Policy and procedures.
- Attend any training that is recommended by their line managers.
- Ensure that they take reasonable care for his/her health & safety and that of other employees, patients, clients, visitors and members of the general public who may be affected by his/her actions, and the use of the water systems and associated services.

- Not interfere with, or misuse anything provided in the interest of health & safety.
- Prior to assisted bathing, ensure that hot and cold water outlets are safe to use.
- Prevent waste, undue consumption or misuse of water supplies, and contamination of water supplies.
- Report to the KCHFT Maintenance Contractor helpdesk defective equipment (ensuring warning notices are displayed), hazards, accidents/incidents, unsafe systems of work and/or unsafe environment and equipment
- Report to their line manager ANY:
 - I. Infrequent or underused hot and cold-water outlets.
 - II. Doubt about water quality
 - III. Defective equipment (ensuring warning notices are displayed), hazards, accidents/incidents, unsafe systems of work and/or unsafe environment and equipment
 - IV. All hot water outlets that do not conform to the maximum set hot water temperature, as stated in the sites Written Scheme, held in the Estates Department.

8.0 MANAGEMENT AND CONTROL OF WATER QUALITY AND SAFETY

8.1 For the management and control of water quality and safety refer to the WQSP which provides a detailed practical framework for maintaining safe water services and ensuring compliance with all relevant guidance within KCHFT community and owned properties. In summary, the WQSP covers:

8.1.1 High Risk Groups:

- Legionnaires Disease
- Pseudomonas
- Stenotrophomonas
- Mycobacteria

8.1.2 Planned Preventative Maintenance (PPM) and Reviews for:

- Cold Water
- Hot Water

- Low Use Outlets
- Showers
- Thermostatic Mixing Vessels
- Additional Treatments (ie. Chlorine Dioxide)
- Expansion Vessels
- Microbiological Sampling

8.2 Water Related Incidents

8.2.1 To ensure clear communication and action is taken for water related incidents within KCHFT, there are Actions Cards (A,B, C, and D depending on role) to assist KCHFT personnel to understand their responsibility /action to be taken. These Action Cards are located in the WQSP, and give step by step actions required in the event of a water relate incident, for each of the following roles:

Action Card Number

Action Card 10a
Action Card 10b
Action Card 10c
Action Card 10d

Guidance For (Role):

KCHFT employees
Line Manager/Head of Service/On-Call Manager
KCHFT Estates Team
Infection Prevention and Control Team

8.3 Fault Rectification Timescales Procedures

8.3.1 In the event of a water related fault, it is important to:

- Ensure that response times to recommended remedial actions are strictly adhered to in order to ensure Legionellosis is effectively controlled.
- Aim to follow a strict timescale; however a degree of discretion may be required to prioritise multiple faults depending on severity and urgency.

8.3.2 Refer to the WQSP for full details.

8.4 Record Keeping

8.4.1 Records of all monitoring, testing, risk assessments, and action taken will be retained throughout the period for which they remain on an at least 5 years thereafter.

8.4.2 It is the responsibility of the AP/DAP to ensure that the records are kept.

9.0 IMPLEMENTATION INCLUDING TRAINING AND AWARENESS

9.1 In order to allow the persons associated with this Policy to act as effectively and cost-effectively as possible, all relevant and associated members of staff should be offered training appropriate to the responsibilities of each staff member. The training should cover relevant topics such as:

- General knowledge of the Water Safety Management
- Legal responsibilities
- The Policy
- On-going monitoring
- On-going maintenance
- Disinfection Procedures
- On-going inspections
- Logging required
- Emergency procedures
- General Risk Assessments
- Reporting structures and arrangements

9.2 All personnel involved in maintaining, services, altering or monitoring the water services must be trained in all the latest updates and amendments to Department of Health, HSE or any other relevant bodies policies to ensure full compliance to those changes. This will involve the AP, and all WQSG stakeholders.

9.3 Staff with specific responsibilities for actions to control the “Risk” should be given additional training in how to carry out those particular tasks. In addition, persons who deputise should receive equivalent training to the person who function they are covering. The training required will vary from individual to individual according to their background, experience and responsibilities.

9.4 Training Records

9.4.1 Training records will be maintained and logged by the Compliance Manager with regard to relevant aspects for the management of water hygiene risk – this will be controlled by the Water Quality Training Template, included in the Water Quality Safety Plan.

9.4.2 Training Records should be kept for:

a. AP and DAP

- The level of knowledge should be regularly assessed and should be programmed and continuous rather than sporadic. AP and DAP should be signed by the AE.
- AP and DAP training records will be reviewed on an at least an annual basis.

b. KCHFT Maintenance Contractor

- Training records by KCHFT Maintenance Contractor are to be kept. The level of knowledge should be regularly assessed and should be programmed and continuous rather than sporadic.
- All KCHFT Maintenance Contractor staff involved with the maintenance of Hydrotherapy Pools shall have up to date CIMPSA approved training, and for this to be viewed on request.

c. External Contractors

- The AP and DAP shall also assess the general training status of all external contractors who operate on KCHFT buildings within their control. Where the level of training of these persons is assessed to be lower than required, the Responsible Persons shall advise the contractor of any further training requirements.

9.4.3 Training Records should include the following details:

- Person or persons responsible for conducting the risk assessment, managing, and implementing the Written Scheme significant findings of the risk assessment
- Written Scheme and details of its implementation
- Details of the state of operation of the system, i.e. in use/not in use
- Results of any monitoring inspection, test or check carried out, and the dates

9.4.4 Records should be retained throughout the period for which they remain current and for at least two years after that period. Records kept in accordance with (e) should be retained for at least five years.**9.4.5 DAP to give KCHFT assurance that training records are complete, and are to be available on request.****10.0 KEY PERFORMANCE INDICATORS****10.1 The following Key Performance indicators have been identified:**

- KCHFT premises must be surveyed by an independent external surveyor and reports generated for each site on a risk based methodology, as agreed by WQSG.
- All survey reports must be assessed and associated remedial works costs identified.
- Risks (high, medium, and low) and remedial works programmes must be reported to DAP for inclusion on the KCHFT risk registers and presented to WQSG.

- All relevant KCHFT Estates staff shall receive specific or general awareness training according to their needs.

KEY PERFORMANCE INDICATORS				
What should be achieved	How will it be achieved	Who will undertake the work	When will work be complete and/or evidence available	What evidence will be available to demonstrate achievement
1. All KCHFT premises have been surveyed by an independent external surveyor and reports for each site are up to date. i.e. surveyed as described in the site specific Written Scheme	External surveyor to be appointed through a tender process or a negotiated schedule of works costs.	KCHFT Maintenance Contractor	To the Service Level Agreement (SLA) agreed.	1. Centralised records available in electronic format for use by all relevant Estates staff, populated on Micad.
2. All survey reports have been assessed and remedial works costs have been identified.	WQSG to actively assess all reports in conjunction with external surveyor. DAP to undertake day to day control.	KCHFT Maintenance Contractor or external contractor, as directed by DAP.	To be advised and subject to current risks identified on survey reports	1. Costed programmes of remedial works identified on site specific Written Scheme and WQSP 2. Risks identified and conveyed to Service Managers, and site via an assurance report to Health and Safety Committee and Corporate Assurance Risk Management. 3.KCHFT Risk Management system to be updated by DAP.

What should be achieved	How will it be achieved	Who will undertake the work	When will work be complete and/or evidence available	What evidence will be available to demonstrate achievement
3. All risks (high, medium, and low) and remedial works programmes to be reported on Estates risk register.	Through KCHFT risk management procedures, Estates risk register.	DAP	To be advised and subject to current risks identified on survey reports	1. Costed programmes of remedial works identified on WQSP and site specific Written Scheme. . Risks identified and conveyed to Service Managers, and site via an assurance report to Health and Safety Committee and Corporate Assurance Risk Management. 3. KCHFT Risk Management system to be updated by DAP.
4. High risks that are identified.	Reported to IPC Committee, and Health & Safety Committee, and where deemed necessary escalated to CARM, then the Board.	DAP	To be advised and subject to current risks identified on survey reports	1. Costed programmes of remedial works identified on WQSP and site specific Written Scheme. . Risks identified and conveyed to Service Managers, and site via an assurance report to Health and Safety Committee and Corporate Assurance Risk Management. 3. KCHFT Risk Management system to be updated by DAP.

What should be achieved	How will it be achieved	Who will undertake the work	When will work be complete and/or evidence available	What evidence will be available to demonstrate achievement
5. All relevant staff are to receive specific or general awareness training according to their needs.	Identified through WQSG.	WQSG	To be advised annually	1. Signed-off training plans and individual certification evidence in personal development folders. 2. WQSP.

11.0 MONITORING COMPLIANCE WITH AND EFFECTIVENESS OF THIS DOCUMENT

11.1 The use of and compliance with this Policy will be monitored by WQSG.

11.2 Management, operational staff and contractors (as appropriate) will provide feedback as to the Policies applicability and efficacy, and any amendments will be approved by the WQSG.

11.3 Any questions as to the interpretation of this Policy shall be referred to the KCHFT RP (Water).

11.4 The following areas will be subject to monitoring:

- All KCHFT commercial/owned estate has an up to date and complete risk assessment.
- The Policy is maintained in an up-to-date condition and in line with legislative updates.
- Identified risks are eliminated or minimised.

MONITORING					
What will be monitored	How will it be monitored	Who will monitor	Frequency	Evidence to demonstrate monitoring	Action to be taken in event of non-compliance
1. The requirement to ensure that all KCHFT commercial/owned sites have an up to date	Through regular appraisal of WQSP containing information on water safety a	WQSG	Quarterly	1. Up to date database of information. 2. Minutes of WQSG. 3. Integration of KCHFT	1. Notification by Compliance Manager to Assistant Director

and complete Risk Assessment and Written Scheme for water safety.	audits.			acquisition and disposal programme in the audit database.	Estates, and Service managers on the need for additional resources to complete all audits.
2. The Policy and Procedures will be maintained in an up-to-date condition and in line with legislative updates.	Through regular updates from HSE, Dept. of Health and other sources, and AE.	WQSG	2 Yearly	1. Confirmation to KCHFT Health and Safety Committee, and (IPC??) that the Policy documents review has been completed. 2. Reviewed documentation added to KCHFT Intranet, noting all changes to Policy or procedures.	Review to be undertaken within an agreed timeframe.
3. Identified risks are eliminated or minimised.	Through assessment of remedial works carried out within capital, maintenance or revenue programmes	WQSG	Quarterly	1. WQSG minutes. 2. Updated Capital programmes. 3. Capital Steering Group minutes. 4. EMT minutes 5. Maintenance reports.	Compliance Manager reports to Assistant Director Estates, and Service Directors.

12.0 EXCEPTIONS

12.1 There are no exceptions to the Policy.

13.0 ABBREVIATIONS TERMS AND DEFINITIONS

Abbreviation	Definition
ACOP	Approved Codes of Practice
AE	Authorised Engineer
AP	Approved Person
Bacteria	(Singular Bacterium) a microscopic, unicellular organism
BS	British Standards
CARM	Corporate and Assurance Risk Management

CIMPSA	Chartered Institute for the Management of Sport and Physical Activity
Cold Water Service (CWS)	Installation of plant, pipes and fittings in which cold water is stored, distributed and subsequently discharged.
Chlorine	An element used in disinfection
DAP	Deputy Approved Person
DH	Duty Holder
DIPC	Director of Infection Prevention Control
DP(W)	Designated Person (Water)
EMT	Estates Management Team
FM	Facilities Management
Hot Water Service (HWS)	Installation of plant, pipes and fittings in which water is heated, stored, distributed and subsequently discharged (excluding cold water feed tank or cistern).
HPA	Health Protection Agency
HSE	Health and Safety Executive
HTM	Health Technical Memorandum
Abbreviation	Definition
Legionnaires Disease	A potentially fatal pneumonia caused by Legionella bacteria. Other similar (but usually less serious diseases) include Pontiac fever and Lochgoilhead fever. Infection is caused by breathing in small droplets of water contaminated by the bacteria. Everyone is susceptible, but people over 45, smokers, heavy drinkers, those suffering from chronic respiratory or kidney disease and those with an impaired immune system are at higher risk.
Legionella	Type of aerobic bacterium which is found predominantly in warm water environments, singular of legionellae)
Legionellosis	Any illness caused by exposure to Legionella
KCHFT	Kent and Community Health NHS Foundation Trust
PPM	Planned Preventative Maintenance
SLA	Service Level Agreement
Thermostatic Mixing Valves (TMV)	Mixing valve in which the temperature of the water at the outlet is pre-selected and controlled automatically
WHO	World Health Organisation
WQSG	Water Quality Safety Group
WQSP	Water Quality Safety Plan
Written Scheme	Site specific processes and procedures to manage and control water safety.

APPENDIX A**MANAGEMENT STRUCTURE and DEFINITIONS**

Role	Responsibilities
Duty Holder (DH)	<p>Chief Executive: Overall accountability for all aspects of the quality and safety of the water supplies and systems throughout KCHFT.</p> <p>Will appoint the Designated Person (Water).</p>
Designated Person (DP)	<p>Corporate Services Director: To ensure the audit the water management systems to ensure system compliance.</p> <p>Will appoint the Authorised Engineer (AE), and Appointed Person (AP).</p>
Authorised Engineer (AE)	<p>The Authorised Engineer (AE) is an independent professional advisor whose primary role is to assist KCHFT in managing the risks from exposure to legionella bacteria in water systems and also from other water-borne organisms.</p> <p>Confirms to the DP that the nominated Appointed Person and Deputy Appointed Person meet the required criteria, before the DP appoints them.</p>
Appointed Person (AP)	<p>Assistant Director Estates: Provide assurance to the Water Safety Group the level of compliance with the requirements of this Policy, Water Safety Plan.</p> <p>Ensure adequate training for all relevant parties, and suitable arrangements have been put in place for reporting risks.</p> <p>Chair the WQSG.</p> <p>Appoint the Deputy Appointed Person (DAP).</p>
Deputy Appointed Person (DAP)	<p>Compliance Manager: Will support the AP.</p> <p>Assist in development and review of Policy and procedures to support the management of water hygiene and safe hot water.</p> <p>Deputise for the AP as and when required.</p>
Water Safety Group	<p>Key KCHFT management/stakeholders: To undertake the commissioning and development of the Water Safety Plan.</p>
Infection Prevention and Control Team (IPC)	<p>Assistant Director: Leads the IPC team, and co-chairs the WQSG. Works in collaboration with Public Health England to lead Outbreak Team.</p> <p>IPC Team: Responsible for formulating and implementing the Infection Prevention and Control policy and procedures</p> <p>Report outbreaks or suspected outbreaks of Legionnaires disease.</p>

APPENDIX B1:**LETTER OF APPOINTMENT**
DESIGNATED PERSON (WATER)

Date:

Dear

By completion of this letter of appointment I hereby nominate the **“Designated Person (Water)”** for Kent Community Health NHS Foundation Trust and approve the composition of the Policy which includes the following measures to be undertaken in order to achieve these objectives:

- Ensure that the requirements of this Policy, its associated procedural documentation, the HSE ACoP L8 and HTM04-01 are upheld and that delegated responsibilities are carried out.
- Provide representation to the Board (Infection Prevention and Control Committee, Health and Safety Committee, Corporate Assurance and Risk Management Group (CARM) with regard to the water hygiene management within KCHFT Core Estate.
- Ensure budgetary provision is made for the control of Safe Water including Legionella and Pseudomonas Aeruginosa risk.
- Ensure safe operation procedures for controlling water hygiene and scalding issues and associated Water Quality Safety Plan is put in place.
- Monitor and regularly review action plans/strategies for eliminating /minimising risk.
- Provide the resource, and support to fulfil their designated role.
- Appoint (in writing) the :
 - a. Authorised Engineer (AE)
 - b. Appointed Person (AP), once the AE has given the DP confirmation of their competency
- Engages the Authorised Engineer to provide evidence and assurance that the water quality safety plan is compliant.

This appointment will be reviewed and reconfirmed at three-yearly intervals.

Please confirm your acceptance of this offer of appointment by signing and returning to me a copy of the attached letter.

Yours sincerely,

Issued by: (Chief Executive)

Date Policy Ratified:

Policy Review Date:

APPENDIX B2:**LETTER OF APPOINTMENT**
AUTHORISED ENGINEER (WATER)

Date:

Dear

By completion of this letter of appointment I hereby nominate the
“**Authorised Engineer (Water) (AE)**” for Kent Community Health NHS Foundation Trust and
approve the composition of the Policy which includes the following measures to be
undertaken in order to achieve these objectives:

- Attend Water Quality Safety Group meetings
- Day-to-day water safety responsibility
- Audit the Deputy Appointed Person’s (DAP) Water Quality Safety Plan to ensure compliance. The AE will present the audit findings to the DP.
- Assess the suitability of the nominated Appointed Person, and Deputy Appointed Person for those roles.
- Sign-off the training records for Appointed Person and Deputy Appointed Person.

This appointment will be reviewed and reconfirmed at three-yearly intervals.

Please confirm your acceptance of this offer of appointment by signing and returning to me a copy of the attached letter.

Yours sincerely,

Issued by: (Director Corporate Services)

Date Policy Ratified:

Policy Review Date:

APPENDIX B3**LETTER OF APPOINTMENT****APPOINTED PERSON**

Date:

Dear

By completion of this letter of appointment I hereby nominate the **"Appointed Person"** for Kent Community Health NHS Foundation Trust and approve the composition of the Policy which includes the following measures to be undertaken in order to achieve these objectives:

- Chair KCHFT Water Quality Safety Group.
- Prepare and co-ordinate KCHFT Water Quality Safety Plan.
- Provide assurance to the DP via the Water Quality Safety Group (WQSG) the level of compliance with the requirements of the Water Quality Safety Policy, and WQSP.
- Appointment the DAP, once the AE has given approval (Appendix B4)
- Put in place arrangements for reporting an outbreak or suspected outbreak of Legionella or Pseudomonas
- Review the applicability of the water hygiene risk assessments and advise on their suitability on at least an annual basis
- Provide assurance to the AE the competence of external contractors used for any aspect of monitoring and/or maintaining the precautions for water hygiene or scalding issues.
- Monitor KCHFT Maintenance Contractor and external contractor programmed and reactive works, and ensure records are maintained.
- **Training**
 - a. Assess the training needs of KCHFT staff employed in the control of Legionella, Pseudomonas, water hygiene and scalding.
 - b. Liaise between suitable training establishments and Consultants to provide approved courses on control of Legionella, Pseudomonas, water hygiene and scalding.
 - c. Ensure Competent Person personal training records are kept up to date.

This appointment will be reviewed and reconfirmed at three-yearly intervals.

Please confirm your acceptance of this offer of appointment by signing and returning to me a copy of the attached Appointment Acceptance letter.

Yours sincerely,

Issued by: Assistant Director Corporate Services
(Designated Person)

Date Policy Ratified:

Policy Review Date:

APPENDIX B4**LETTER OF APPOINTMENT****DEPUTY APPOINTED PERSON**

Date:

Dear

By completion of this letter of appointment I hereby nominate the **“Deputy Appointed Person”** for Kent Community Health NHS Foundation Trust and approve the composition of the Policy which includes the following measures to be undertaken in order to achieve these objectives:

- Assist in the development and review of the Policy and Procedure to support the management of water hygiene and safe hot water
- To provide the Authorised Engineer with the water quality safety plan for auditing purposes, as requested.

Monitor:

- The management systems in place, and where necessary highlight to the AP recommendations/areas of improvement
- The PPM schedule for all water systems and associated equipment.

This appointment will be reviewed and reconfirmed at three-yearly intervals.

Please confirm your acceptance of this offer of appointment by signing and returning to me a copy of the attached Appointment Acceptance letter.

Yours sincerely,

Issued by: Assistant Director Estates (Appointed Person)

Date Policy Ratified:

Policy Review Date: