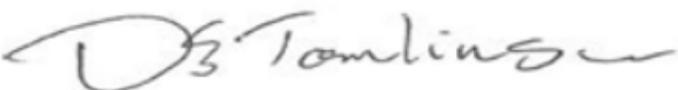




LEGIONELLOSIS MANAGEMENT AND CONTROL

INCLUDING “SAFE” HOT WATER, COLD WATER, DRINKING WATER, VENTILATION SYSTEMS AND
THE CONTROL OF PSEUDOMONAS

POLICY NUMBER & CATEGORY	IC01-Q	Infection Control
VERSION NO & DATE	4	September 2021
RATIFYING COMMITTEE OR EXECUTIVE DIRECTOR	Clinical Governance Committee	
DATE RATIFIED	November 2021	
NEW ANTICIPATED REVIEW	November 2024	
EXECUTIVE DIRECTOR	Executive Director of Finance	
POLICY LEAD	Head of Facilities Management (SSL)	
POLICY AUTHOR (if different from above)	As above	
EXEC SIGN OFF SIGNATURE (electronic)		
DISCLOSABLE UNDER FREEDOM OF INFORMATION ACT 2000	Yes	

Policy context

Legionella management and control is integral to the provision of “safe” water systems, and the prevention of healthcare acquired infections. This Policy provides a robust management process to control legionella bacteria, including pseudomonas, to ensure compliance with Health & Safety Commission, and Department of Health, Regulations and Guidelines.

Policy requirement (see Section 2)

- To provide a clear and robust framework and guidance for the management and control of legionella bacteria in water systems, in line with legal requirements and DH Guidance
- To provide clear details of duties and lines of responsibility for managers and staff, who have an involvement in the control of legionella bacteria.
- To provide support (training, implementation plan, monitoring, audit) to ensure governance of the Trust’s requirements to proactively manage and control legionella bacteria in water systems.

CONTENTS

1	INTRODUCTION.....	4
1.1	Rationale (Why).....	4
1.2	Scope (Where, When, Who).....	4
1.3	Principles (Beliefs).....	5
2	POLICY	5
3	PROCEDURE	5
4	RESPONSIBILITIES	5
4.1	Employers Duties	6
4.2	Employees Duties	6
4.3	Management Structure	6
4.4	General	7
4.6	Deputy Responsible Person – SSL Head of Facilities / Head of PFI	9
4.7	Sector Specific Nominated Persons.....	9
4.8	Estates Competent Persons	10
4.9	Heads of Department/Service Managers.....	10
4.10	Ward and Team Managers	10
4.11	Domestic Teams	10
4.12	The Strategic Water Safety Group	11
4.13	Operational Water Management Group	11
4.14	Directly managed units – Community / Secure Sites / Leased/ owned.....	13
4.15	North PFI (including retained estate).....	13
4.16	South PFI.....	13
4.17	Professional Support - Authorising Engineer (AE).....	14
4.18	Training Requirements	15
5	DEVELOPMENT AND CONSULTATION PROCESS.....	15
5.1	Implementation Plan.....	15
5.2	Policy Ratification	16
6	REFERENCE DOCUMENTS.....	17
7	BIBLIOGRAPHY	18
8	GLOSSARY.....	18
9	AUDIT AND ASSURANCE	19
10	APPENDICES.....	21

Appendix 1 - Equality Analysis Screening Form	22
Appendix 2 - Appointment of Responsible Person	25
Appendix 3 - Appointment of Deputy Responsible Person	27
Appendix 4 - Appointment of Sector Specific Nominated Person – South and Solihull.....	28
Appendix 5 - Appointment of Sector Specific Nominated Person – North.....	29
Appendix 6 - Appointment of Sector Specific Nominated Person – New Hospital Project	31
Appendix 7 - Routine Flushing of Water Outlets – Ward/Departmental Log Book.....	32
Appendix 8 - Control of Legionella Procedures	33
Appendix 9 - Ward/Department Water Flushing Log Book	35

1 INTRODUCTION

1.1 Rationale (Why)

The aim of this Policy is to introduce a structured Procedure and Reporting Schedule, for the management and control of Legionella species, including Legionellosis, in compliance with current Guidelines (HTM's, Codes of Practice, HBN's, Model Engineering Specifications and Approved Codes of Practice), Legislation and Water Supply Regulations.

Birmingham & Solihull Mental Health Foundation NHS 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 or control the harmful effects of contaminated water, particularly Legionnaires' disease, to residents, patients, visitors, staff and other persons working at or using its premises.

Legionella bacteria are widespread in nature, wherever there is fresh water or damp conditions. In man-made water systems, they grow in slime layers (biofilms) on the inside of pipes, taps etc. When taps are turned on, a very fine spray, called an aerosol is created, containing particles so small they cannot be seen or felt, but which can carry infectious Legionella bacteria deep into the lungs and cause an atypical pneumonia. This infection may be severe and sometimes fatal, particularly in those with chronic chest problems and in the elderly.

The mainstay of legionella control is to keep water flowing (so as not to allow biofilm build up) and to keep it at a temperature where legionella do not like to multiply – above 60°C and below 20°C. Even short lengths of pipework, if not used frequently, can harbour sufficient bacteria to cause an outbreak. It is essential that water is flushed through the system frequently and that any unused/infrequently used areas are identified and either removed (if no longer needed) or completely flushed through at least twice weekly, or as identified through local risk assessments.

Compliance with this Policy will also ensure that the Trust's requirements regarding the control of Pseudomonas aeruginosa are achieved (DH HTM 04:01; Addendum (2012) relates to augmented care units only).

While SSL does everything possible to ensure the water systems are maintained in good condition, it is the responsibility of Service Managers and Unit/Ward Managers to ensure that basic preventive measures are undertaken by appropriate delegated staff in their own areas.

1.2 Scope (Where, When, Who)

This Policy shall apply to all Trust departments and premises/location whether owned or occupied by the Trust under lease or other SLAs. Where the management of buildings/areas occupied by The Trust staff and/or patients is carried-out by others, the requirements of this Policy remain applicable although implementation of site specific Risk Management requirements maybe managed by local Policies. It remains; therefore, The Trust's responsibility to ensure that the requirements of this Policy are notified to and complied with by all other parties described above.

This policy will apply to all staff who have responsibilities for managing wards, departments, offices etc in respect of matters concerning domestic hot and cold water quality and management, with respect to the control of Legionella bacteria.

Advice on the requirements of the Policy can be obtained at any time from the Duty Holder's appointed representative. For the purposes of this Policy, Service Providers are organisations that supply The Trust with services pertaining to "Legionellosis Management & Control", whether accommodation, and or Facilities Management, Water Treatment, Consultancy, etc.

1.3 Principles (Beliefs)

As required by the Health and Safety Commissions (2000) Approved Code of Practice (L8), and HTM0401 Parts A, B, C and Supplemental D08 the Trust will undertake to:

- i. Identify and assess sources of risk;
- ii. prepare a scheme for preventing, reducing or controlling the risk;
- iii. implement and manage and monitor precautions;
- iv. keep records of the precautions implemented and will do so for each of the health care premises within The Trust's control (as described above);
- v. appoint appropriate persons in the various pertinent departments to be managerially responsible for the implementation of this Policy.

Management has a statutory duty to ensure that compliance with this Policy and associated procedural documents is continual and not notional. The Trust must be able to demonstrate it has identified all the relevant factors, has instituted corrective or preventive action and is monitoring the implemented plans.

2 POLICY

Staff must have received appropriate instruction and training and be familiar with the operational requirements of this policy, including the requirements of the 'procedures' document relevant to their area of responsibility.

Details of individual delegated responsibilities are highlighted in section 4 of the policy, and include responsibilities for the following Trust / SSL Staff:

- Chief Executive
- SSL Director of Operations
- SSL Head of Facilities Management, Head of PFI & Head of Capital.
- Sector Specific Nominated Persons
- SSL Estates Competent Persons
- Heads of Departments
- Ward/Department Managers
- Domestic Teams

The Strategic Water Safety Group is responsible for reviewing and updating this policy.

Advice regarding implementation, operational requirements, record keeping etc will be provided by the Strategic Water Safety Group.

This policy must be utilised in conjunction with the Legionellosis Management and Control 'Procedures' Document, relevant to the specific area of the Trust, including the Water Safety Plan.

3 PROCEDURE

Local procedures will be developed and implemented in conjunction with the Trust's partners/ service providers and based on risk assessments for individual areas.

4 RESPONSIBILITIES

4.1 Employers Duties

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

HSWA 2(1) requires employers to:

- i. provide and maintain plant and systems of work that are safe and free from health risks;
- ii. make arrangements for ensuring safety and the avoidance of health risks in connection with the use, handling, storage and transportation of articles and substances [HSWA 2(2)b];
- iii. provide such information, instruction, training and supervision to ensure the health and safety at work of their employees [HSWA 2(2)c];
- iv. provide a safe working environment [HSWA 2(2)e];
- v. those in control of premises must ensure that they are safe and that any plant or substance do not endanger health of all persons at work and the general public [HSWA 4]

4.2 Employees Duties

Under Section 7 of the Health and Safety at Work Act etc., 1974 employees have a duty to take reasonable care for their own health and safety and of that of others who may be affected by their acts or omissions at work. Section 7 also requires the employees co-operation with their employer to enable the employer to comply with statutory duties for health and safety.

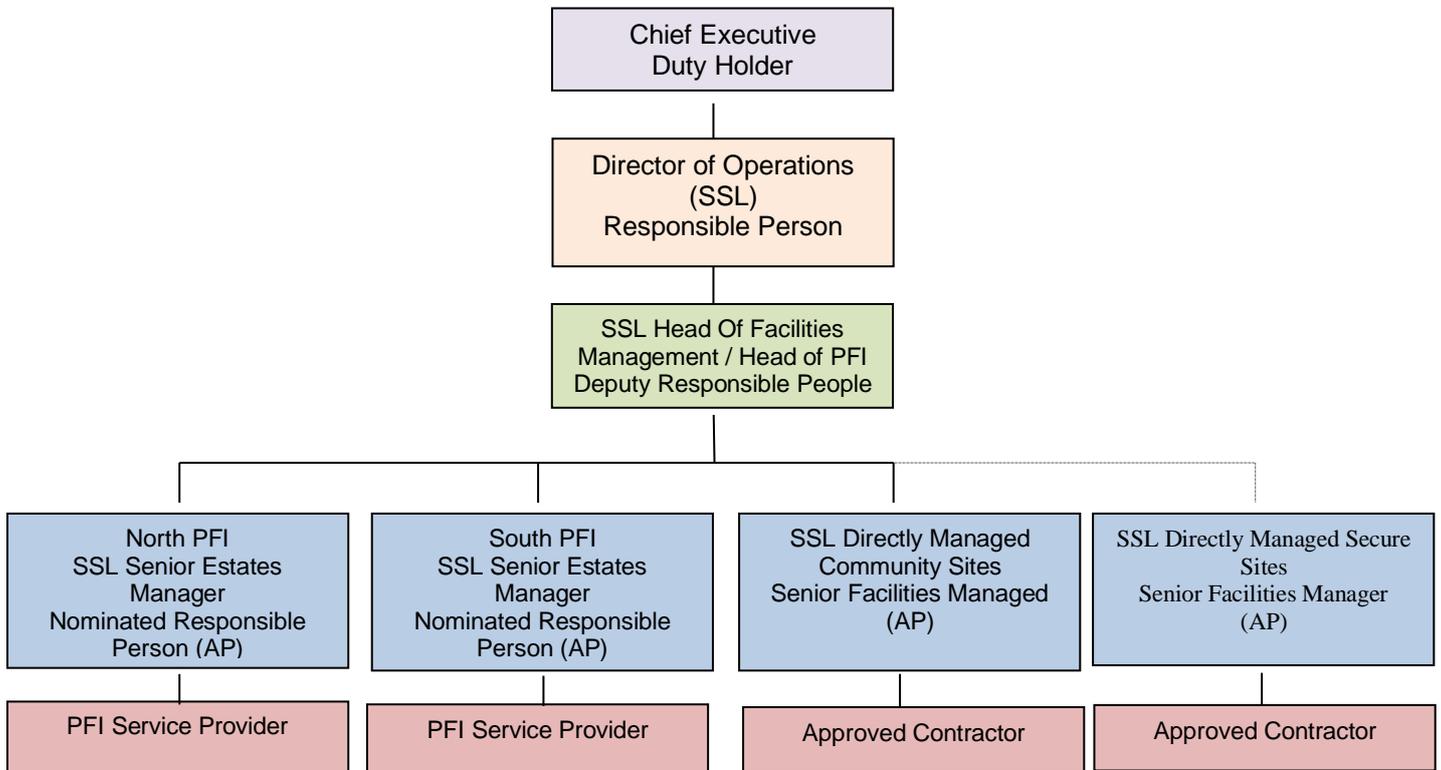
Employees should correctly use all work items provided by their employers, in accordance with their training and the instructions they receive to enable them to use/operate the items safely.

Employers or those they appoint (e.g. under Regulation 6) to assist them with health and safety matters therefore need to be informed, without delay, of any work situation which might present a serious and imminent danger. The danger could be to the employee concerned or a result of the employee's work to others.

Employees should also notify any shortcomings in the health and safety arrangements, even when no immediate danger exists, so that employers in pursuit of their duties under the HSWA Act and other statutory provisions can take such remedial action as may be needed.

4.3 Management Structure

Management Structure pertaining to Legionellosis Management and Control Including "safe" hot water, cold water, drinking water, ventilation systems and the control of Pseudomonas.



4.4 General

- i. The Chief Executive - the Duty Holder - has the overall accountability for ensuring compliance with all statutory regulations and all matters relating to Legionellosis Management and Control Including “safe” hot water, cold water, drinking water and ventilation systems, within the scope of this Policy.
- ii. The overall responsibility for the safe use of water systems and equipment is devolved to the Director of Operations for Summerhill Services Limited who shall be supported by a Deputy Responsible Person(s) – Head of Facilities Management / Head of PFI, and Sector Specific Nominated Persons as well as suitably Nominated Persons from the various Trust departments.
- iii. The Director of Operations for SSL shall appoint Sector Specific Nominated Persons who shall be made aware of their responsibilities under this Policy, in writing.
- iv. Where applicable, the designated Infection Prevention and Control officer or Consultant Microbiologist, if not the same person, is the person nominated by management to advise on infection control policy and to have responsibility for the maintenance of water quality.
- v. The responsibility for the design, installation and commissioning of water systems and equipment lies with Capital Project Managers for SSL upon the specific duties and project remit given to an officer for each project. Further responsibilities are delegated to other professionals within the Trust and, where applicable, external Service Providers (contractor and/or consultants).
- vi. All external Service Providers (contractor and/or consultants) involved in the Legionellosis Management & Control and Safe Hot Water Management Programme, shall be members of the Legionella Control Association and will need to demonstrate and provide evidence of training appropriate to their activities. However, where a specialist contractor is required to carry out emergency remedial works and does not meet the membership criteria listed above, he may be employed by the discretion of the site Responsible Persons.
- vii. Where there is any change in the personnel listed in the Trust Responsible Persons

- listing, the new employee must be made aware, in writing, of the type and extent of their responsibility in relation to The Trust's Legionellosis Management & Control and Safe Hot Water Management Programme and receive appropriate training where necessary.
- viii. Domestic/housekeeping staff – SSL/Trust employed and contracted staff (Amey, other contract staff) – will undertake regular running of all outlets in areas serviced as part of routine cleaning procedures.
 - ix. Responsibility for flushing of little used outlets across the Trust varies depending on specific contractual agreements, as detailed below:

Area	SSL Community Sites	SSL Secure Sites	South PFI	North PFI
Responsibility for flushing	Clinical managers	Clinical managers	PFI provider to plant areas, Dom / Housekeepers to Ward / Common Areas	PFI provider

Within the SSL directly managed Community / Secure areas of the Trust clinical managers must report little used outlets to the local SSL Estates team. The Estates team may take responsibility for flushing little used outlets if agreed appropriate with the Senior Facilities Manager.

Within the North / the Trust clinical managers must report little used outlets to the local SSL Estates team. The Estates team will take responsibility for flushing little used outlets if agreed appropriate with the Senior Facilities Manager and instruct the PFI Provider accordingly.

Within the North / South PFI areas of the Trust clinical managers must report little used outlets to the PFI provider, to ensure these are included in flushing schedules.

NOTE! The clinical Managers should take full responsibility for their sites / areas with SSL working to support where required.

4.5 Responsible Person – SSL Director of Operations

- i. Shall have the overall responsibility for the management and implementation of this Policy and shall be supported by a Deputy Responsible Person – Head of Facilities Management / Head of PFI, and Sector Specific Nominated Persons as well as suitably Nominated Persons for the various Trust sites.
- ii. Shall have the responsibility for ensuring that all statutory instruments and guidance relating to the maintenance of water systems and equipment are implemented and maintained where resource allows and that adequate resources are available for staff training and maintenance within Trust agreed financial limits. This responsibility is further conceded to technical officers, technicians, craftsmen and operatives.
- iii. Shall nominate, in writing, Sector Specific Nominated Persons who shall be responsible for the implementation of this Policy.
- iv. Shall nominate, in writing, a Legionella Control Committee whose duties will be to advise on and monitor the implementation of this Policy across The Trust.
- v. With the assistance of the Strategic Water Safety Group, prepare and implement a Legionellosis Management and Control Procedural Document.
- vi. Instruct the completion of suitable and sufficient Risk Assessments and two-yearly Risk Assessment Reviews on all water systems and air conditioning plant in line with the Guidelines and checklist in Section 3 of The Trust's "Legionellosis Management and Control Procedural Document Including "safe" hot water, cold water, drinking water and

- ventilation systems”.
- vii. Audit the Sector Specific Nominated Persons, on at least a 6 – Monthly basis, to ensure correct and adequate implementation of the Trust’s Legionellosis Management and Control Policy and Procedures. This shall be reinforced by external auditors.
- viii. Undertake an annual review audit of the practical implementation of this Policy and prepare a report for the Water Safety Group.
- ix. On an annual basis, assess the training needs of the Sector Specific Nominated Persons and arrange any necessary training.
- x. Ensure personal training records are kept up to date.

4.6 Deputy Responsible Person – SSL Head of Facilities / Head of PFI

- i. Deputise for the Responsible person in their absence and assume their role and responsibilities.
- ii. Shall have the responsibility for ensuring that all water systems and equipment under their control are designed, modified, installed, tested and commissioned to the standards referred to in this Plan. Where applicable, this duty is delegated to the Head of Capital.

Specific duties shall include:

- i. Liaise with the Sector Specific Nominated Persons on the design, installation and commissioning of water systems equipment.
- ii. Supervise all contracts under the control of the department.
- iii. For all contracts under their control; provide as fitted and schematic diagrams of all modified or new water systems and equipment and to ensure that the Responsible persons are given copies.
- iv. Provide copies of commissioning results, maintenance and test instructions and details of any specific hazards pertaining to the systems and equipment which will include the full requirements of Sections 16 and 18 of HTM 04-01 as well as the requirements of the Trust’s “Legionellosis Management and Control Procedural Document Including “safe” hot water, cold water, drinking water and ventilation systems”.
- v. Ensure that adequate spares are provided on initial handover.
- vi. Inform users of any planned interruptions to water systems and equipment.
- vii. Ensure correct and timely completion of The Trust’s “Notification of Closure of Section/Area process”.
- viii. Ensure correct and timely completion of The Trust’s “Hand-Over Protocol” for new-build and refurbishments and “Permit to Open Section/Area process specification process”.

4.7 Sector Specific Nominated Persons

- i. Shall have the overall responsibility for the implementation of the Policy local to their specific Sector.
- ii. Consider the Risk Assessment findings and prioritise any remedial works.
- iii. Ensure records of Risk Assessment and associated precautions are implemented and maintained.
- iv. Instruct and supervise the completion of all prioritised remedial work highlighted during the Risk Assessment or the review.
- v. Implement maintenance and inspection routines, as described in the Risk Assessment (or Risk Assessment Review) for the control of Legionella as required in the guidance documents listed in Section 2 of this Plan and other relevant and associated guidance documents.
- vi. Keep maintenance and monitoring records and make available for inspection. Written

and computer records to be kept for 5 years, and or for the life of the Contract dependant on local PFI Agreements.

- vii. Ensure record drawings of systems are available and kept updated.
- viii. Ensure the competence of staff or external contractors used for any aspect of monitoring and/or maintaining the precautions for Legionella control.
- ix. Manage and supervise external Contractors providing services pertaining to Legionellosis Management and Control including “safe” hot water, cold water, drinking water and ventilation systems in whatsoever capacity.
- x. Audit the Sector Specific implementation of The Trust’s Legionellosis Management and Control Policy and Procedures by Trust staff and appointed contractors. This shall be reinforced by external auditors.
- xi. Issue a “Compliance Report” to the Responsible Person, as requested, but at least on a 6 - Monthly basis, quarterly basis reporting into the SWSG

4.8 Estates Competent Persons

Competent Persons are technicians and trades staff who have received approved training and have sufficient experience to service, monitor, maintain and clean water systems in a safe and effective manner. They shall:

- i. Ensure that all procedures, safe working practices and permits to work are followed and that any personal protective equipment or clothing is used.
- ii. Prompt reporting of all defects, unusual occurrences and other anomalies.
- iii. Work with managers and identify hazards and reduce risks by following safe working practices.
- iv. Complete written records when required.
- v. Provide immediate and personal supervision as required.

4.9 Heads of Department/Service Managers

- i. Shall have a key responsibility for ensuring that there is a proactive approach to organising, planning, controlling and reviewing Legionellosis Management & Control across their department.
- ii. Shall have the responsibility for ensuring that appropriate staff under their control are given suitable information, instruction and training for the implementation of the Policy.

4.10 Ward and Team Managers

- i. Shall inform the Estates Department when areas are to lie vacant for more than 4 days. This will allow the Estates Department to take the required Legionella Control precautions.
- ii. Shall have the responsibility of identifying all infrequently used outlets within their area and subjecting these to the flushing programme as detailed in the ward department “Flushing Log-book”. Ward/Department Manager to ensure that the Log-book is actively completed.
- iii. Where infrequently used facilities are deemed by the ward/department staff to be no longer required, they should be reported to the Estates Department for removal.
- iv. Shall be responsible for the completion of the respective elements of the permit to open the area where wards and departments have been closed and are re-opening.

4.11 Domestic Teams

Domestic staff to undertake regular running of all outlets (showers, baths, toilets, basins, sinks etc) in areas serviced by domestic staff as part of routine cleaning procedures.

4.12 The Strategic Water Safety Group

The Committee shall comprise of but not limited to:

- i. Responsible Person (or Deputy Responsible Person)
- ii. Sector Specific Nominated Persons
- iii. BSMHFT's Infection Prevention and Control representative (where applicable)
- iv. BSMHFT's Nursing department representative
- v. BSMHFT's Health and Safety Manager
- vi. External Independent AE
- vii. Consultant microbiologist
- viii. Trust / SSL Authorised Persons

Committee's responsibilities shall include:

- i. Provide a forum of discussion and sharing of information pertaining to Legionella Management & Control and Safe Hot Water Management across the Trust.
- ii. The ratification of appointment of Responsible and Nominated persons.
- iii. The preparation of all relevant Documentation, Works Specifications, PPM Programmes, Policies etc. (may be prepared by the team or by others for the team).
- iv. The ratification of all relevant Documentation, Works Specifications, PPM Programmes, Policies etc.
- v. The monitoring and reporting upon the efficacy of all implemented PPM Programmes and all other relevant procedures.
- vi. The monitoring and reporting upon the efficacy of all contractors commissioned on Legionella related projects.
- vii. The monitoring and reporting upon the efficacy of all training Programmes implemented for associated staff.
- viii. The implementation of arrangements for managing an outbreak or suspected outbreak of Legionella.
- ix. The liaison between all other official bodies particularly in an outbreak situation.

4.13 Operational Water Management Group

This is a multidisciplinary group formed to oversee the commissioning, development, implementation and review of the WSP. The aim of this group is to ensure the safety of all water used by patients/residents, staff and visitors, to minimise the risk of infection associated with waterborne pathogens and other risks such as scalding, chemical contamination and the risk of disruption to the water supply. 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.

The following is a typical list of tasks assigned to the OWMG

- i. To work with and support the Infection Prevention and Control (IPC) team
- ii. To ensure effective ownership of water quality management for all uses
- iii. To determine the particular vulnerabilities of the at-risk population
- iv. To review the risk assessments
- v. To ensure the WSP is kept under review including risk assessments and other associated

documentation

- vi. To ensure all tasks indicated by the risk assessments have been allocated and accepted
- vii. To ensure new builds, refurbishments, modifications and equipment are designed, installed, commissioned and maintained to the required water standards
- viii. To ensure maintenance and monitoring procedures are in place
- ix. To review clinical and environmental monitoring data
- x. 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
- xi. To determine best use of available resources
- xii. To be responsible for training and communication on water related issues
- xiii. 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)
- xiv. To oversee adequate supervision, training and competency of all staff
- xv. To ensure surveillance of both clinical and environmental monitoring
- xvi. To review areas/rooms taken out of commission, to ensure adequate provisions are made for flushing/draining the water systems as appropriate

Membership will include:

- i. Head of Facilities Management (SSL) – Chair
- ii. Head of PFI
- iii. Senior Estates Manager – North PFI
- iv. Senior Estates Manager – South PFI
- v. Senior Facilities Manager - Community
- vi. Senior Facilities Manager – Secure
- vii. Senior Facilities Manager South PFI
- viii. Senior Infection Prevention and Control Nurse or nominated Person
- ix. Authorising Engineer
- x. Capital projects representative
- xi. Sector Specific Nominated Contractors
- xii. Deputy Director of Nursing or nominated representative

Regular meeting will be held quarterly. Agenda items will include the following:

- i. Review of previous minutes. - Chair
- ii. Review of Action Plan - Chair
- iii. Community update (by exception) - Senior Facilities Manager (community)
- iv. Secure update (by exception) - Senior Facilities Manager
- v. North PFI update (by exception) - Senior Estates Manager (North PFI)
- vi. South PFI update (by exception) - Senior Estates Manager (South PFI)
- vii. Capital works update - Capital Team
- viii. Service Provider Update
- ix. AE update / comments / policy / audits - AE
- x. AOB

Quorum - attendance to be no less than 40% of membership (Senior Infection Prevention and Control Nurse or Microbiologist/Infection Control Doctor must be present at all meetings). If the chair of the OWSG is unable to attend, the chair will nominate a deputy dependant on current ongoing issues.

4.14 Directly managed units – Community / Secure Sites / Leased/ owned

- i. Control of legionella maintenance works/water hygiene works is currently contracted out to Integrated Water Services, currently in a 5 year contract.
- ii. Service and sampling reports are provided on a monthly basis and are uploaded onto the ORT portal and reviewed by the Estates team.
- iii. IWS are invited to the OWMG and Minutes of quarterly meetings are recorded and circulated to ensure audit trail of action points discussed and agreed, together with evidence of governance.

4.15 North PFI (including retained estate)

Control of legionella maintenance works/water hygiene works is the responsibility of Healthcare Support (Erdington) Limited, service provision is undertaken by Amey as the hard FM service provider appointed by Healthcare Support (Erdington) Limited. A regime of PPM/testing/remedial works has been developed between SSL PFI Senior Estates Manager and Amey, together with a detailed audit plan to ensure compliance.

Formal site meetings are held on a monthly basis for governance purposes, to review statutory compliance and contractual performance. Meetings are attended by technical/management representatives from Amey and SSL. Standing agenda items include the following:

- i. Overview of water management
- ii. Details of maintenance works undertaken
- iii. Details of non-compliance issues
- iv. Remedial works undertaken
- v. Remedial works identified to be undertaken
- vi. Control of legionella risk assessments
- vii. Details of flushing undertaken
- viii. Annual schedule of PPM works

Amey provide a monthly water hygiene report embedded within the monthly hard FM management report.

4.16 South PFI

Control of legionella maintenance works/water hygiene works is the responsibility of Consort Healthcare, service provision is undertaken by Engie as the hard FM service provider appointed by Consort Healthcare. A regime of PPM/testing/remedial works has been developed between SSL Senior Estates Manager and Engie, together with a detailed audit plan to ensure compliance.

Formal on site meetings are held as below:

- i. Technical – monthly meeting with SSL Estates Manager and Engie to review technical/works issues
- ii. Stakeholder – quarterly meeting with SSL Estates and clinical teams to review water hygiene issues and ensure compliance with BSMHFT control of legionella policy
- iii. Water supply – quarterly meeting with SSL/Engie/Severn Trent Water to review water supply quality standards.

Engie provide quarterly reports include the following information:

- i. Overview of works undertaken
- ii. Schedule of PPM works planned
- iii. Issues and concerns
- iv. Remedial works undertaken
- v. Remedial works planned for next quarter

4.17 Professional Support - Authorising Engineer (AE)

SSL has appointed the Water Hygiene Centre to provide professional advice on water management issues.

The AE is an independent professional advisor whose primary role is to assist the Trust in managing the risks from exposure to legionella bacteria in water systems and also from other waterborne organisms associated with such systems such as pseudomonas and stenotrophomonas.

As a specialist, the AE will act as an independent professional advisor on water safety matters, and will work closely with both the Operational Water Management Group (OWMG) and Strategic Water Safety Group (SWSG).

The role of the AE is to provide:

- i. Advice to the appointed duty holders, responsible persons and their deputies on regulatory compliance, communication, management procedures, procurement etc
- ii. Make recommendations for the appointment of the RP[W], DRP[W]/AP[W]. Certificates of appointment will be issued detailing areas of responsibility and limitations.
- iii. Monitor the performance of employees and contractors with regards to their tasks in legionella management
- iv. Conduct regular compliance audits of single or multi-site facilities.
- v. The AE will also become involved in developing staff training plans, reviewing commissioning works, construction design appraisals, mothballing of unused premises, and the development of specialist water safety policies and procedures etc.

The AE will also provide the following services:

- i. Attend quarterly Operational Water Management Group (OWMG) and Strategic Water Safety Group (SWSG) meetings.
- ii. Carry out annual audit of the Trust's control of legionella policy to ensure operational and management systems are in compliance with ACoP L8 and HTM 04-01; produce an audit report indicating areas of non-compliance; recommend actions and suggested improvements or amendments to policy and procedure documentation
- iii. Provide two half-day training sessions which include an update on the key principals of legionella risk management and associated legislation/codes of practice; two sessions to be targeted at trade maintenance staff, two at estates management staff; provide training workbooks and certificates of attendance for all delegates (BSMHFT Trust will provide the training venue and refreshments within the Birmingham locality)
- iv. Provide additional one day's refresher training for the Trust's infection control team
- v. Provide on request ad hoc and technical expertise for all legionella risk

- management and other related matters via telephone, fax, letter or email; provide regular updates on any changes to legislation/codes of practice which may impact on the Trust legionella risk management system
- vi. Annual review of water safety plan.

4.18 Training Requirements

The Responsible Person shall monitor and report to the Water Safety Group the requirements of all training programmes implemented for the following staff groups:

- i. Estates staff
- ii. Facilities staff
- iii. Clinical Staff
- iv. Other staff (Control of Infection)

The training should cover relevant topics such as:

- i. General knowledge on the management and control of legionellosis
- ii. ii Legal responsibilities, ACoP L8 and all relevant HTM's including HTM 04-01, HTM 03-01 and HTM 01-05.
- iii. The policy
- iv. The procedural document
- v. COSHH
- vi. Ongoing monitoring
- vii. Ongoing maintenance and flushing
- viii. Disinfection procedures
- ix. Ongoing inspections
- x. Logging required
- xi. Emergency procedures

Responsible and nominated persons will undertake the relevant Water Safety Management training specific to the RP and AP roles.

Staff nominated to undertake the running of outlets will receive training as detailed in Appendices, training to be updated 3 yearly. Facilities supervisors/managers will receive training as appropriate, to ensure they are fully conversant with control of legionella policy and procedures – see Appendices.

Individual records shall be kept for these staff, and staff should not be allowed to perform their duties without supervision until their training is completed.

Other staff will receive training and guidance to ensure they have appreciation of this policy and specific requirements. This training will be delivered as part of the infection prevention and control fundamental care training programme. Training records will be kept by learning and development for fundamental care training.

5 DEVELOPMENT AND CONSULTATION PROCESS

5.1 Implementation Plan

The Responsible Person will ensure that the policy will be brought to the attention of all staff including contractors by the following means:

- i. Advertised in Trust Talk
- ii. Advertised on the 'Connect' home page
- iii. Included in 'Policies and Procedures' section of the Trust's Intranet
- iv. Road shows to promote the practical requirements of the policy to staff
- v. The Infection Prevention and Control Team to raise awareness of this policy in the Infection Control link workers programme
- vi. Issuing of 'Water Flushing Log Books' to all wards and departments
- vii. Training will be delivered to the various staff groups as detailed in section 5 of the policy
- viii. Contractors will be informed via planned PFI partner meetings

5.2 Policy Ratification

We, the members of the Trust's Strategic Water Safety Group, ratify that:

It is the Trust's Policy, to manage the operation and maintenance of all its Domestic Water and Air Handling systems in line with current best practice, complying with all current and relevant guidelines and legislation relating to the management and control of Legionnaires' disease and Safe Hot Water Management.

This Policy applies to all Trust premises whether owned or occupied by the Trust under lease or other SLAs and where the management of buildings/areas occupied by Trust staff and/or patients is carried-out by others.

Measures to be taken to attain this objective include:

- A. The appropriate selection, design, installation and maintenance of plant.
- B. The appointment of Responsible Persons on each site competent to:
 - i. Liaise with all other organisations that supply the Trust with services pertaining to Legionellosis Management & Control, whether accommodation, facilities management, water treatment, consultancy etc.
 - ii. Identify and assess the risk of Legionellosis resulting from work activities to include breakdowns and abnormal situations.
 - iii. Develop, implement and maintain appropriate and suitable Management Systems, Personnel Training Programmes and plant treatment procedures.
 - iv. Develop and maintain adequate records in order to demonstrate compliance with best practice and fulfil legal obligations.
 - v. Ensure compliance with this Policy.
- C. Regular monitoring of all implemented Management Systems, Training Programmes and treatment procedures, to establish and ensure their continuing efficacy and legislation compliance.

Consultation summary	
Date policy issued for consultation	August 2021
Number of versions produced for consultation	1
Committees / meetings where policy formally discussed	Date(s)
Infection Prevention and Control Committee	21/7/2021

Various amendments to bring in line with Water Safety Plan and SSL / Trust current structure		9/8/2021
PDMG		30/09/2021
Where received	Summary of feedback	Actions / Response

6 REFERENCE DOCUMENTS

The Trust, in implementing this policy, shall use as a general source of practical guidance, the documents listed below:

- [Health and Safety Executive 'Legionnaires Disease – The Control of Legionella Bacteria in Water Systems' L8 – 2013 4th Edition.](#)
- [Health and Safety at Work etc., Act 1974, Sections 2, 3 and 4 \(HSW\)](#)
- [The Management of Health and Safety at Work Regulations 1992 and The Health and Safety \(Miscellaneous Amendments\) Regulations 2002](#)
- [Control of Substances Hazardous to Health Regulations 2002, Regulation 6 \(COSHH\)](#)
- [British Standards Institution \(BSI\) – BS 8580:2019 – Water Quality - Risk Assessments for Legionella Control – Code of Practice \(2019\)](#)
- Decontamination Health Technical Memorandum 01-05: Decontamination in primary care dental practices.
- [Legionella and the Prevention of Legionellosis – World health Organisation 2007](#)
- [The Public Health \(Infectious Diseases\) Regulations 1988](#)
- [The Water Supply \(Water fittings\) Regulations 1999](#)
- [The Water Supply \(Water Quality\) Regulations 2010](#)
- BS6700:2006 - "Design, installation, testing and maintenance of services supplying water for domestic use within buildings and their curtilages
- BS 1710 – 1984 - Specification for identification of pipeline services
- BS EN 806-2:2005 Specification for installations inside buildings conveying water for human consumption.
- [Food Safety Act 1990](#)
- [Department of Health – Health Technical Memorandum 04-01: Safe Water in Healthcare Premises:](#)
- [Part A – design, installation and commissioning](#)
- [Part B – operational management](#)
- [Part C – pseudomonas aeruginosa – advise for augmented care units](#)
- [Supplement: performance specification D 08, thermostatic mixing valves \(healthcare premises\)](#)
- [Department of Health – Health Technical Memorandum 07-04: Water Maintenance and Water Efficiency – Best Practice Advice for the Healthcare Sector \(2013\)](#)
- [Public Health England \(PHE\) – Responding to the Detection of Legionella in Healthcare Premises \(2015\)](#)
- Health Guidance Note “Safe” hot water and surface Temperatures – 1998
- National Health Service Model engineering specifications D 08 Thermostatic mixing valves (Healthcare Premises)
- Model Engineering Specification C07 1997 rev 3
- PHLS – Hygiene for Hydrotherapy Pools 1999 2nd Edition
- [Health Building Note 13 – Sterile Service Departments – 2004](#)

7 BIBLIOGRAPHY

See above.

8 GLOSSARY

Air conditioning	A form of air treatment whereby temperature humidity and air cleanliness are all controlled within limits determined by the requirements of the air conditioned enclosure
Bacteria	(Singular bacterium) a microscopic, unicellular (or more rarely multicellular) organism
Cold water service (CWS)	Installation of plant, pipes and fitting in which cold water is stored, distributed and subsequently discharged
Disinfection	A process which destroys or irreversibly inactivates micro-organisms and reduces their number to a non hazardous level
Domestic water services	Hot and cold water intended for personal hygiene, culinary, drinking water or other domestic purposes
Duty holder	Individual(s) with the legal responsibility to ensure that health and safety is managed effectively
Flushing	Running water to waste, from taps and other appliances
Hot water services (HWS)	Installation of plant, pipes and fittings in which water is heated, distributed and subsequently discharged (not including cold water feed tank or cistern)
Legionnaires disease	A form of atypical pneumonia caused by legionella bacteria
Legionellae	The genus legionella belongs to the family legionellaceae which has over 40 species. These are ubiquitous in the environment and found in a wide spectrum of natural and artificial collections of water
Legionella	Type of aerobic bacterium which is found predominantly in warm water environments (singular of legionellae)
Legionellosis	Any illness caused by exposure to legionella
Responsible person	Individual appointed with, and who has accepted, responsibility under the authority of the duty holder for ensuring that the organisation's responsibility for the control of legionella are met and that all individuals and organisations assigned to carry out tasks in the scheme of legionella control are competent to do so
Risk	Likelihood of a hazardous event occurring and its consequences
Risk assessment	Identifying and assessing the risk from legionellosis from work activities and water sources on premises and determining any necessary precautionary measures

Schematic diagram	Simple but accurate illustration of the configuration of the water system, including parts that are out of use
Scheme of control	Procedures and checks intended to control the risk of legionellosis
Thermal disinfection	Heat treatment to disinfect a system
Thermostatic mixing valve	Mixing valve in which the temperature at the outlet is pre-selected and controlled automatically by the valve

9 AUDIT AND ASSURANCE

Audit and monitoring of maintenance works and sampling results, will be undertaken by nominated persons responsible for the various areas of the Trust, and reported at the Strategic Water Safety Group meetings. Managers of relevant services will be responsible for ensuring compliance with local flushing requirements; Issues identified regarding water outlets/appliances/flushing will be recorded on the monthly infection prevention checklist, matrons will note issues/check flushing log books and report to Infection Prevention Partnership Committee (IPPC). The Strategic Water Safety Group will include details of water hygiene issues, within quarterly reports to IPCC. Auditing will be undertaken by the Infection Control team by the following methods:

- i.* Inspection of details entered into the ward/department 'Water Flushing Log Book' and recorded in ward/team managers Monthly Infection Prevention Checklist
- ii.* Checking to ensure that exception issues have been reported and acted upon. Clinical nurse manager/matron will report to the Infection Prevention Partnership Committee (IPPC) by exception
- iii.* The check sheets will be subject to periodic audit by the Infection Prevention and Control Team as part of planned audit programme with exceptions included in the Infection Control report to the IPCC

The Strategic Water Safety Group will be responsible for compliance assurance as below:

- i.* Monitoring of works (via SSL supervision and performance/ service reporting) undertaken through the various external agencies (Amey, Engie, contractors, etc) to ensure works undertaken comply with L8, HTM 04-01 and the policy (BSMHFT 'Legionellosis Management and Control' IC01Q – August 2021)
- ii.* Inspection of details of training/instruction given to staff, to ensure all levels of staff have received adequate training to ensure understanding of their responsibilities as required by the Policy BSMHFT 'Legionellosis Management and Control' IC01Q – August 2021
- iii.* Compliance with log book completion will be produced by the Water Safety Group, on a quarterly basis to the Infection Prevention Partnership Committee
- iv.* An annual report of log book compliance will be provided to the Trust's Clinical Governance Committee

SSL's facilities department will undertake regular checks to ensure domestic staff compliance with duties to include running of all water outlets in areas serviced as part of regular cleaning schedules.

A quarterly report of abnormal water management results to be presented within the Estates report to IPCC.

Element of this policy to be monitored	Lead	Frequency	Reporting arrangements
9.1 Audit and monitoring of maintenance works and sampling results	SSL -Head of Facilities Management / Head of PFI	Quarterly Meeting with Service providers as part of Operational Water Safety Group meetings	WMWG
9.1.1 Monitoring of flushing/department water hygiene issues as detailed in monthly infection control checklist completed by the ward/team manager. This is monitored as part of the IPCt environmental audit programme.	Infection Control team	Monthly infection control checklist	WMWG/IPPC
9.3 Audit of domestics cleaning records to ensure all water appliances are run on a regular (daily) basis	SSL - Facilities Managers	Monthly cleaning audit	WMWG/IPPC

10 APPENDICES

Appendix 1 - Equality Analysis Screening Form

Appendix 2 - Appointment of Responsible Person

Appendix 3 - Appointment of Deputy Responsible Person

Appendix 4 - Appointment of Sector Specific Nominated Person – South and Solihull

Appendix 5 - Appointment of Sector Specific Nominated Person – North

Appendix 6 - Appointment of Sector Specific Nominated Person – New Hospital Project

Appendix 7 - Routine Flushing of Water Outlets – Ward/Departmental Log Book

Appendix 8 - Control of Legionella Procedures

Appendix 9 - Ward/Department Water Flushing Log Book

Appendix 1 - Equality Analysis Screening Form

Equality Analysis Screening Form

A word version of this document can be found on the HR support pages on Connect

<http://connect/corporate/humanresources/managementsupport/Pages/default.aspx>

Title of Proposal		Review of the Trusts Legionellosis Management and Control Policy		
Person Completing this proposal		Lee Gough	Role or title	Head of Facilities Management
Division		SSL	Service Area	Estates and Facilities
Date Started		April 2021	Date completed	August 2021
Main purpose and aims of the proposal and how it fits in with the wider strategic aims and objectives of the organisation.				
To review and update as required, the Trusts Legionellosis management and contract policy				
Who will benefit from the proposal?				
BSMHFT, to ensure statutory compliance and compliance with Department of Health guidance on the control and management of Legionellosis.				
Impacts on different Personal Protected Characteristics – Helpful Questions:				
<i>Does this proposal promote equality of opportunity?</i> <i>Eliminate discrimination?</i> <i>Eliminate harassment?</i> <i>Eliminate victimisation?</i>			<i>Promote good community relations?</i> <i>Promote positive attitudes towards disabled people?</i> <i>Consider more favourable treatment of disabled people?</i> <i>Promote involvement and consultation?</i> <i>Protect and promote human rights?</i>	
Please click in the relevant impact box or leave blank if you feel there is no particular impact.				
Personal Protected Characteristic	No/Minimum Impact	Negative Impact	Positive Impact	Please list details or evidence of why there might be a positive, negative or no impact on protected characteristics.
Age	✓			Policy applies to all staff; however, people over 50 years of age are generally more susceptible to contacting Legionellosis disease.
Including children and people over 65 Is it easy for someone of any age to find out about your service or access your proposal? Are you able to justify the legal or lawful reasons when your service excludes certain age groups				
Disability	✓			Any concerns can be raised in the consultation process, additional training will be considered accordingly
Including those with physical or sensory impairments, those with learning disabilities and those with mental health issues Do you currently monitor who has a disability so that you know how well your service is being used by people with a disability?				

Are you making reasonable adjustment to meet the needs of the staff, service users, carers and families?				
Gender	✓			There are no areas in the policy that are more onerous to either gender.
This can include male and female or someone who has completed the gender reassignment process from one sex to another Do you have flexible working arrangements for either sex? Is it easier for either men or women to access your proposal?				
Marriage or Civil Partnerships	✓			Flexible working will be considered as identified through consultation process.
People who are in a Civil Partnerships must be treated equally to married couples on a wide range of legal matters Are the documents and information provided for your service reflecting the appropriate terminology for marriage and civil partnerships?				
Pregnancy or Maternity	✓			Appropriate dispensation will be considered in line with the Trusts policy regarding pregnancy, maternity or paternity leave.
This includes women having a baby and women just after they have had a baby Does your service accommodate the needs of expectant and post natal mothers both as staff and service users? Can your service treat staff and patients with dignity and respect relation in to pregnancy and maternity?				
Race or Ethnicity	✓			Additional training will be considered as identified through the consultation process.
Including Gypsy or Roma people, Irish people, those of mixed heritage, asylum seekers and refugees What training does staff have to respond to the cultural needs of different ethnic groups? What arrangements are in place to communicate with people who do not have English as a first language?				
Religion or Belief	✓			Appropriate arrangements will be made to ensure the spiritual/religious needs of staff are accommodated.
Including humanists and non-believers Is there easy access to a prayer or quiet room to your service delivery area? When organising events – Do you take necessary steps to make sure that spiritual requirements are met?				
Sexual Orientation	✓			Sexual orientation will be considered as identified through the consultation process.
Including gay men, lesbians and bisexual people Does your service use visual images that could be people from any background or are the images mainly heterosexual couples? Does staff in your workplace feel comfortable about being 'out' or would office culture make them feel this might not be a good idea?				
Transgender or Gender Reassignment	✓			Transgender or gender reassignment will be considered as identified through the consultation process.
This will include people who are in the process of or in a care pathway changing from one gender to another Have you considered the possible needs of transgender staff and service users in the development of your proposal or service?				

Human Rights	✓			The policy will recognise and uphold the human rights of all Trust Staff
Affecting someone's right to Life, Dignity and Respect? Caring for other people or protecting them from danger? The detention of an individual inadvertently or placing someone in a humiliating situation or position?				
If a negative or disproportionate impact has been identified in any of the key areas would this difference be illegal / unlawful? I.e. Would it be discriminatory under anti-discrimination legislation. (The Equality Act 2010, Human Rights Act 1998)				
	Yes	No		
What do you consider the level of negative impact to be?	High Impact	Medium Impact	Low Impact	No Impact
				✓
If the impact could be discriminatory in law, please contact the Equality and Diversity Lead immediately to determine the next course of action. If the negative impact is high a Full Equality Analysis will be required.				
If you are unsure how to answer the above questions, or if you have assessed the impact as medium, please seek further guidance from the Equality and Diversity Lead before proceeding.				
If the proposal does not have a negative impact or the impact is considered low, reasonable or justifiable, then please complete the rest of the form below with any required redial actions, and forward to the Equality and Diversity Lead .				
Action Planning:				
How could you minimise or remove any negative impact identified even if this is of low significance?				
The consultation process will be undertaken in liaison with HR, control of infection and any other stakeholders as appropriate, to ensure the process gives adequate consideration to any equality issues that are identified.				
How will any impact or planned actions be monitored and reviewed?				
Consultation will allow staff to raise concerns and submit flexible working applications accordance. The process will be governed by the Trusts control of infection committee.				
How will you promote equal opportunity and advance equality by sharing good practice to have a positive impact other people as a result of their personal protected characteristic.				
All staff will be treated equitably throughout the consultation process. The process will be transparent and open; support will be arranged in liaison with HR as appropriate.				



Appendix 2 - Appointment of Responsible Person

To:

From:

Date:

Re: Appointment of **Responsible Person** for "Legionellosis Management and Control Procedural Document Including "safe" hot water, cold water, drinking water and ventilation systems"

The Trust nominates the **Director of Estates & Facilities** – [NAME] as The Trust's Responsible Person for "Legionellosis Management and Control Procedural Document Including "safe" hot water, cold water, drinking water and ventilation systems".

The Responsible Person:

- i. Shall have the overall responsibility for the management and implementation of this Policy and shall be supported by a Deputy Responsible Person – Head of Estates & Facilities, and *Sector Specific* Nominated Persons as well as suitably Nominated Persons for the various Trust sites.
- ii. Shall have the responsibility for ensuring that all statutory instruments and guidance relating to the maintenance of water systems and equipment are implemented and maintained where resource allows and that adequate resources are available for staff training and maintenance within Trust agreed financial limits. This responsibility is further conceded to technical officers, technicians, craftsmen and operatives.
- iii. Shall nominate, in writing, *Sector Specific* Nominated Persons who shall be responsible for the implementation of this Policy locally.
- iv. Shall nominate, in writing, a Legionellae Control Committee whose duties will be to advise on and monitor the implementation of this Policy across The Trust.
- v. With the assistance of the Water Management Working Group, prepare and implement a Legionellosis Management and Control Procedural Document.
- vi. Instruct the completion of suitable and sufficient Risk Assessments and two-yearly Risk Assessment Reviews on all water systems and air conditioning plant in line with the Guidelines and checklist in Section 3 of The Trust's "Legionellosis Management and Control Procedural Document Including "safe" hot water, cold water, drinking water and ventilation systems".
- vii. Audit the *Sector Specific* Nominated Persons, on at least a 6 – Monthly basis, to ensure correct and adequate implementation of The Trust's Legionellosis Management and Control Policy and Procedures. This shall be reinforced by external auditors.
- viii. Undertake an annual review audit of the practical implementation of this Policy and prepare a report for the Water Management Working Group.
- ix. On an annual basis, assess the training needs of the *Sector Specific* Nominated Persons and arrange any necessary training.
- x. Ensure personal training records are kept up to date.

Issued by:

Name:

Position:

Date:

Signature:

Accepted by:

Name:

Position:

Date:

Signature:



Appendix 3 - Appointment of Deputy Responsible Person

To:

From:

Date:

Re: *Appointment of **Deputy Responsible Person** for “Legionellosis Management and Control Procedural Document Including “safe” hot water, cold water, drinking water and ventilation systems”*

The Trust nominates the **Head of Estates & Facilities** – [NAME] as The Trust’s Deputy Responsible Person for “Legionellosis Management and Control Procedural Document Including “safe” hot water, cold water, drinking water and ventilation systems”.

The Deputy Responsible Person:

- i. Deputise for the Responsible person in their absence and assume their role and responsibilities.
- ii. Shall, in their role of overseeing Capital Projects, have the responsibility for ensuring that all water systems and equipment under their control are designed, modified, installed, tested and commissioned to the standards referred to in this Policy. Where applicable, this duty is delegated to the Capital Projects Manager.

Specific duties shall include:

- i. Liaise with the *Sector Specific* Nominated Persons on the design, installation and commissioning of water systems equipment.
- ii. Supervise all contracts under the control of the department.
- iii. For all contracts under their control; provide as fitted and schematic diagrams of all modified or new water systems and equipment and to ensure that the Responsible persons are given copies.
- iv. Provide copies of commissioning results, maintenance and test instructions and details of any specific hazards pertaining to the systems and equipment which will include the full requirements of Sections 16 and 18 of HTM 04-01 as well as the requirements of the Trust’s “*Legionellosis Management and Control Procedural Document Including “safe” hot water, cold water, drinking water and ventilation systems*”.
- v. Ensure that adequate spares are provided on initial handover.
- vi. Inform users of any planned interruptions to water systems and equipment.
- vii. Ensure correct and timely completion of The Trust’s “Notification of Closure of Section/Area process”.
- viii. Ensure correct and timely completion of The Trust’s “Hand-Over Protocol” for new-build and refurbishments and “Permit to Open Section/Area process specification process”.

Issued by:

Name:

Position:

Date:

Signature:

Accepted by:

Name:

Position:

Date:

Signature:



Appendix 4 - Appointment of Sector Specific Nominated Person – South and Solihull

To:

From:

Date:

Re: *Appointment of **Sector Specific Nominated Person** for “Legionellosis Management and Control Procedural Document Including “safe” hot water, cold water, drinking water and ventilation systems” at the **South and Solihull Sector.***

The Trust nominates [NAME] as a Sector Specific Nominated Person for “Legionellosis Management and Control Procedural Document Including “safe” hot water, cold water, drinking water and ventilation systems” at the South and Solihull Sector.

The Sector Specific Nominated Person:

- i. Shall have the overall responsibility for the implementation of this Policy local to their specific Sector.
- ii. Consider the Risk Assessment findings and prioritise any remedial works.
- iii. Ensure records of Risk Assessment and associated precautions are implemented and maintained.
- iv. Instruct and supervise the completion of all prioritised remedial work highlighted during the Risk Assessment or the review.
- v. Implement maintenance and inspection routines, as described in the Risk Assessment (or Risk Assessment Review) for the control of Legionella as required in the guidance documents listed in Section 2 of this Policy and other relevant and associated guidance documents.
- vi. Keep maintenance and monitoring records and make available for inspection. Written and computer records to be kept for 5 years.
- vii. Ensure record drawings of systems are available and kept updated.
- viii. Ensure the competence of staff or external contractors used for any aspect of monitoring and/or maintaining the precautions for Legionella control.
- ix. Manage and supervise external Contractors providing services pertaining to Legionellosis Management and Control including “safe” hot water, cold water, drinking water and ventilation systems in whatsoever capacity.
- x. Audit the *Sector Specific* implementation of The Trust’s Legionellosis Management and Control Policy and Procedures by Trust staff and appointed contractors. This shall be reinforced by external auditors.
- xi. Issue a “Compliance Report” to the Responsible Person, as requested, but at least on a 6 - Monthly basis.

Issued by:

Name:

Position:

Date:

Signature:

Accepted by:

Name:

Position:

Date:

Signature:



Appendix 5 - Appointment of Sector Specific Nominated Person – North

To:

From:

Date:

Re: *Appointment of **Sector Specific Nominated Person** for “Legionellosis Management and Control Procedural Document Including “safe” hot water, cold water, drinking water and ventilation systems” at the **North Sector**.*

The Trust nominates [NAME] as a Sector Specific Nominated Person for “Legionellosis Management and Control Procedural Document Including “safe” hot water, cold water, drinking water and ventilation systems” at the North Sector.

The Sector Specific Nominated Person:

- i. Shall have the overall responsibility for ensuring that the requirements of this Policy are adequately and correctly implemented by the appointed respective Contractors.
- ii. Consider the Risk Assessment findings and, together with the Contractor, prioritise any remedial works.
- iii. Ensure records of Risk Assessment and associated precautions are implemented and maintained by the Contractor.
- iv. Audit the completion of all prioritised remedial work highlighted during the Risk Assessment or the review.
- v. Audit the implemented maintenance and inspection routines, by the Contractor, as described in the Risk Assessment (or Risk Assessment Review) for the control of Legionella as required in the guidance documents listed in Section 2 of this Policy and other relevant and associated guidance documents.
- vi. Ensure that the Contractor keeps maintenance and monitoring records and that these are available for inspection. Written and computer records to be kept for 5 years.
- vii. Ensure that the Contractor maintains up-to-date record drawings of systems and that these are available for inspection.
- viii. Audit the competence of Contractor staff used for any aspect of monitoring and/or maintaining the precautions for Legionella control.
- ix. Manage, supervise and audit Contractors providing services pertaining to Legionellosis Management and Control including “safe” hot water, cold water, drinking water and ventilation systems in whatsoever capacity.
- x. Issue a “Compliance Report” to the Responsible Person, as requested, but at least on a 6 - Monthly basis.

Issued by:

Name:

Position:

Date:

Signature:

Accepted by:

Name:

Position:

Date:

Signature:



Appendix 6 - Appointment of Sector Specific Nominated Person – New Hospital Project

To:

From:

Date:

Re: *Appointment of **Sector Specific Nominated Person** for “Legionellosis Management and Control Procedural Document Including “safe” hot water, cold water, drinking water and ventilation systems” at the **New Hospital Project Sector**.*

The Trust nominates [NAME] as a Sector Specific Nominated Person for “Legionellosis Management and Control Procedural Document Including “safe” hot water, cold water, drinking water and ventilation systems” at the New Hospital Project Sector.

The Sector Specific Nominated Person:

- i. Shall have the overall responsibility for ensuring that the requirements of this Policy are adequately and correctly implemented by the appointed respective Contractors.
- ii. Consider the Risk Assessment findings and, together with the Contractor, prioritise any remedial works.
- iii. Ensure records of Risk Assessment and associated precautions are implemented and maintained by the Contractor.
- iv. Audit the completion of all prioritised remedial work highlighted during the Risk Assessment or the review.
- v. Audit the implemented maintenance and inspection routines, by the Contractor, as described in the Risk Assessment (or Risk Assessment Review) for the control of Legionella as required in the guidance documents listed in Section 2 of this Policy and other relevant and associated guidance documents.
- vi. Ensure that the Contractor keeps maintenance and monitoring records and that these are available for inspection. Written and computer records to be kept for 5 years.
- vii. Ensure that the Contractor maintains up-to-date record drawings of systems and that these are available for inspection.
- viii. Audit the competence of Contractor staff used for any aspect of monitoring and/or maintaining the precautions for Legionella control.
- ix. Manage, supervise and audit Contractors providing services pertaining to Legionellosis Management and Control including “safe” hot water, cold water, drinking water and ventilation systems in whatsoever capacity.
- x. Issue a “Compliance Report” to the Responsible Person, as requested, but at least on a 6 - Monthly basis.

Issued by:

Name:

Position:

Date:

Signature:

Accepted by:

Name:

Position:

Date:

Signature:



Appendix 7 - Routine Flushing of Water Outlets – Ward/Departmental Log Book

ROUTINE FLUSHING OF WATER OUTLETS (Updated September 2014)

Ward/Departmental Log Book

Date Issued

Department

Full Address

.....
.....
.....
.....

Estates contact – normal working hours.....

Estates contact – outside normal working hours.....



CONTROL OF LEGIONELLA PROCEDURES

Procedure for the Routine Flushing of All Occupied Ward/Department Water Outlets

1. Description of Task

To undertake flushing of all infrequently used water outlets and equipment, to discharge any stagnant water from all connected pipework.

2. Task to be Undertaken By

Nominated Ward/Department staff.

3. Normal Frequency

Twice weekly or as advised through local risk assessments.

4. Stores and Equipment

Log Sheet.

Floor Plan.

5. Procedure

- Nominated Ward/Department staff to run water to waste through each tap and shower for a **minimum of 3 minutes**. Toilets, sluice, bedpan machines, dishwasher, must run for 1 cycle.
- Check that water supplies are running hot and cold respectively from the tap or item of equipment and are running clear (note any discolouration of water on log sheet).
- Record results of flushing procedure and/or defects onto the log sheet, sign and date entry, and then forward to Ward/Department Manager.
- The check sheets will be subject to periodic audit by Infection Control and quarterly audit/reporting by Divisions.

6. Why Flush?

It is a requirement by the Health and Safety at Work Regulation and Trust Policy to prevent the growth of legionella in the water services.

