# Drinking Water Dispensers and Ice – Making Machines Policy

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<td>Endorsing Body:</td>
<td>NHSL Infection Control Committee (LICC)</td>
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Extended by Corporate Policies team until March 2021 – COVID 19
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## CONSULTATION AND DISTRIBUTION RECORD

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| Consultation Process / Stakeholders: | • Executive Director, Planning, Property and Performance  
|                                        | • Deputy Duty Holder Water Safety  
|                                        | • Executive Director of NMAHPs  
|                                        | • Lanarkshire Infection Control Committee (LICC)  
|                                        | • Lanarkshire Water Safety Group (WSG)  
|                                        | • Lead Infection Control Doctor  
|                                        | • Health & Safety SALUS  
|                                        | • Authorising Engineer (Water)  
|                                        | • Head of Infection Prevention and Control (IPC)  
|                                        | • Director of PSSD (Designated Person)  
|                                        | • Deputy Director of PSSD(Operations) (Responsible Person Water)  
|                                        | • Consultant Public Health Medicine (CPHM) |

| Distribution: | • General Managers  
|              | • Operational Managers  
|              | • All staff through FirstPort – NHSL Web Portal |

## CHANGE RECORD

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1 INTRODUCTION

The microbiological quality of water or ice from a water dispenser or ice making machine may be of a poor standard, thereby posing a risk to patients, particularly those whose immune systems are compromised. The water and ice in the machines is not sterile. Microorganisms cited are Mycobacterium fortuitum, Enterobacter cloacae, Pseudomonas aeruginosa and Legionella pneumophila.

2 Aims, Purpose and Outcomes

2.1 Aims

The policy provides guidance for the installation, use, cleaning, maintenance and monitoring of drinking water dispensers and ice making machines within the NHS Lanarkshire.

This policy should be read in conjunction with Water Management Policy

2.2 Purpose

The Implementation and monitoring of this policy will ensure that the NHSL water dispensers and ice making machines protect patients, visitors, staff and the local community from exposure to risk.

3 SCOPE

The scope of the policy is to provide guidance to all healthcare professionals who care for patients at department and ward level.

The Healthcare Quality Assurance and Improvement Committee (HQAIC) retain overall corporate management responsibility for the Hospital Associated Infection (HAI) within NHSL and this policy document, the vehicle through which this is implemented, is managed and maintained on their behalf by the Water Safety Group.

3.1 Who is the Policy intended to Benefit or Affect?

NHSL staff, patients, visitors and other users that have access to the premises

3.2 Who are the Stakeholders?

NHSL staff, service users, carers and partner agencies

“NHS Lanarkshire take care to ensure your personal information is only accessible to authorised people. Our staff have a legal and contractual duty to keep personal health information secure, and confidential. In order to find out more about current data protection legislation and how we process your information, please visit the Data Protection Notice on our website at www.nhslanarkshire.scot.nhs.uk or ask a member of staff for a copy of our Data Protection Notice.”
4 Principal Content

4.1 Definitions

4.1.1 Drinking Water Dispensers

There are two basic types of drinking water dispenser:

a) Stand alone, using commercially available large bottles of water. These are now being phased out of use within the NHS Lanarkshire as they are very expensive to operate and have a poor record of water hygiene. It is essential that no water dispensers of this type are introduced into the NHS Lanarkshire.

Note: Under no circumstances will the use of “Free Standing” bottled water dispensers be allowed because of the Infection Risk.

b) Plumbed-in, mains fed type. These are supplied with water of mains quality and they are the only type acceptable to the Board. This type should be maintained by the appropriate department every six months as part of the pre-planned maintenance programme and records kept.

Drinking water dispensed from mains-fed water dispensers is defined by legislation as a food product and must be treated as such.

4.1.2 Ice-Making Machines

A machine that automatically produces ice

4.1.3 Healthcare Setting

Clinical: All areas where clinical treatment is delivered to patients covering primary and acute care, both in and out patient care. Where a room in an area provides clinical treatment to patients then this area is deemed to be clinical.

Non Clinical: All areas where no clinical treatment to patients is delivered. This will include engineering and other support areas that are essential to the delivery of clinical services.

4.1.4 Service Provider: is a supplier that provides NHSL with equipment and term maintenance services.

4.2 General Principles

All requests for drinking water dispensers and ice making machines must be referred to the Head of Infection Prevention and Control (IPC), General Manager Procurement and the General Manager PSSD for discussion before ordering.
Drinking Water Dispensers and Ice - Machines Policy

- Types of machines available must be determined by General Manager Procurement and any purchase must be approved by a representative of the Water Safety Group.
- The stakeholder will maintain a list of all water dispensers and ice making machines and will keep maintenance records.
- Drinking water dispensers and ice making machines must be installed in strict accordance with manufacturer’s guidance and regulations.

4.3 Vulnerable Patients

The NHS Board does not permit from mains-fed dispensers to be given to moderately or severely immuno-compromised patients. Patients in this category include:

- acute or chronic leukaemia and lymphomas;
- cancer patients undergoing intensive chemotherapy;
- those with diseases requiring long-term treatment with high doses of corticosteroids;
- patients undergoing organ transplantation;
- HIV/AIDS patients.

4.4 Locations

Where the provision of equipment connected to the cold water service (from which the only aim is cooling the water supply without affecting in any way its quality) is restricted to where there is a proven need to supply chilled water or ice for the benefit of the patient.

4.4.1 Non - Clinical Areas

These include all areas where patients are not managed, such as administration, PSSD, IM&T etc. In these areas a dispenser/machine may be installed without reference to the Infection Control Teams.

Such installations must be agreed with the General Manager Procurement and General Manager PSSD, the installation and revenue costs agreed and a maintenance contract entered into.

4.4.2 Clinical Areas where only staff will consume water from the dispensers

As with non-clinical areas a dispenser/machine may be installed without reference to the Infection Control Teams.

Such installations must be agreed with the General Manager Procurement and General Manager PSSD, the installation and revenue costs agreed and a maintenance contract entered into. The dispenser/ machine must be prominently marked “For Staff Use Only”. The dispenser/machine must be located in a non-patient area such as an office or staff room.
4.4.3 Clinical areas where both staff & patients will drink from the dispenser

All requests for water dispensers or ice making machines intended for staff and patient use must be referred to the Head of Infection Prevention and Control (IPC), General Manager Procurement and General Manager PSSD for discussion and agreement before an order is placed. All staff may consume water from the dispenser. Patients may also do so if they would otherwise safely drink mains tap water.

4.5 Drinking Water Dispensers

Drinking water dispensers of the plumbed-in type supply chilled and filtered water of mains supply quality. This type of water dispenser is the only version that will be installed on NHSLs’ premises.

4.5.1 Mains - Fed Water Dispenser Selection

Where clinical need has been established for this equipment NHSL assesses the following in considering its selection:

- dispenser location – is this a suitable area for this type of dispenser?
- what is the potential frequency of use?
- the potential for pipework supplying these dispensers promoting the formation of bio-film when run in higher environmental temperature situations;
- is the dispenser of the type which minimises tap contamination?
- is the plumbing installation best practice and using Water Regulations Advisory Scheme (WRAS) approved components?
- is the filter carbon granular or block type with nominally 1 micron porosity?

4.5.2 Installation of Mains – fed water dispensers

All Install Rails to use Water Regulations Advisory Scheme (WRAS) approved materials an all installations to adhere to the following standards;

- EU Directive 98/83/EC (quality of water intended for Human Consumption)
- Water Supply (Water Fittings) Regulations 1999
- EU Directive 89/654/EC
- EU Directive 02/96/EC (Waste of Electronic and Electrical Equipment)

Prior to any installation, a site survey drawing, showing details of the proposed installation. No installation work will commence without the agreement of the stakeholder and PSSD.

Typical Install Rail to consist of;

- Isolator shut off valve (WRAS Certificate 0809053)
- Water Pressure regulator (WRAS Certificate 0809023)
- Water block (WRAS Certificate 0910035)
- Water block reset button
Once these issues have been considered and a suitable Drinking Water Dispenser has been installed in the correct manner, attention must turn to an appropriate cleaning and maintenance.

4.5.3 Cleaning of Drinking Water Dispensers

A major source of contamination of water from plumbed-in water dispensers arises from tap outlet contamination which is made worse by low usage, unclean dispenser environment, incorrect pipework installation and poor hygiene awareness of users.

In Ward or Clinical areas it is the responsibility of Senior Nurse/Ward Managers or Heads of Departments to ensure:

- An adequate supply of single use disposable cups is always available,
- that water is not consumed directly from the dispenser,
- that drip trays are kept clean and dry at all times and
- up to date records to be kept with Control Book Holder.

In public areas these responsibilities lie with the Departmental Manager.

4.5.4 Planned Preventative Maintenance

Each dispenser is maintained every six months by the Service Provider. The Maintenance regime comprises of:

- Maintenance Procedure,
- Filter change
- The inside of the machine is cleaned / sterilised
- Portable Appliance Test
- up to date records to be kept with Control Book Holder.

All of the maintenance actions should be undertaken by British Water Cooler Association (BWCA) trained operative.

There should be a log sheet kept to allow recording of:

- dispenser description and serial number;
- dates of maintenance;
- type of sanitation carried out (including name of any chemical agent used);
- signature of operative.
- user awareness

Heads of Departments/Ward Managers should also evidence issued staff guidance on maintaining ‘good hygiene’ practices when using the dispenser.

It is essential that these maintenance procedures are implemented immediately the dispenser is put into service and continued at the detailed frequencies for the duration of the operation of the equipment.
4.6 Ice - Making Machines and Ice from Freezer Compartments

These machines are used to supply ice for the following purposes e.g.

- Cooling specimens such as blood samples collected for blood gases
- Ice packs
- Use for the treatment of patients

Ice obtained from ice-making machines has been shown to be of poor microbiological quality. Consequently ice from these machines **must not be consumed** and each machine must display a prominent notice stating “Not for human consumption”.

Where ice is required for consumption, to cool drinks, water from a plumbed in water dispenser must be used to make the ice. Ice from the freezer compartment of a domestic refrigerator may be given to patients who otherwise would safely consume mains tap water. An alternative would be the use of ice cube bags from commercial suppliers which are disposable after use.

**Ice from either of these sources must not be given to patients who would normally be given or instructed to drink sterile water.**

4.6.1 Cleaning of ice making machines

It is the responsibility of the Ward Manager or Head of Department to ensure that the ice compartment of a domestic refrigerator / freezer, and ice-making machines are kept clean. It is recommended that the ice tray of a domestic refrigerator is washed a minimum of once weekly with hot water and detergent. Cleaning schedules must be programmed, documented and records maintained. All of which required to be signed and dated. Any ice and reservoir water in the machine must be discarded. After cleaning, the compartment should be disinfected with hypochlorite solution at 100 parts per million, rinsed in cold tap water, and dried thoroughly before returning to use. This is the responsibility of the Ward Manager.

For dedicated ice-making machines, ice must not be removed or handled by the hands of the user. A dedicated ice scoop must be provided for all machines. The scoop should be washed with detergent and hot water daily and dried thoroughly.

The ice storage compartments of both domestic refrigerator/freezer and/or dedicated ice-making machines must be cleaned by the department staff once a week with detergent and hot water.

4.7 Requests for New Drinking Water Dispenser or Ice-Making Machines

All such requests must be approved with Head of Infection Prevention and Control (IPC), General Manager Procurement and the General Manager PSSD before an order is placed.
4.8  **Training and Competence**

Upon the installation of a water dispenser or an ice-maker in a patient or ward environment it is the responsibility of the Head of Department or Ward Manager to ensure they arrange the appropriate education and training for the use, cleaning and maintenance of the machine in accordance with this policy, the manufacturer’s instructions and guidelines.

4.9  **Policy Development & Consultation**

Development of the policy has been undertaken by the General Manager Property and Support Services Division in consultation with the Head of Infection Prevention and Control (IPC), Senior Infection Control Nurse/Infection Control Doctor (ICD), Consultant in Public Health Medicine (CPHM) and Lanarkshire Infection Control Committee.

5  **Roles and Responsibilities**

NHSL recognises a duty to take all reasonable measures necessary to prevent the exposure of patients, visitors, staff and the local community to risks associated with contaminated water.

All staff are responsible for complying with the organisation’s arrangements for safe water management, including the implementation of local management controls in order to comply with this policy. NHSL’s Infection Control Committee (LICC) with the support of the Water Safety Group (WSG), Infection Control and PSSD Teams will ensure that this policy is applied in line with Section Q, (Managing the Risk of Legionella Infection in NHS Lanarkshire Health Care Settings) of the Standard Infection Control Precautions (National Infection Prevention and Control Manual) and Water Management Policy.

5.1  **Accountabilities and Responsibilities**

5.1.1  **NHS Board**

NHSL Lanarkshire Board has a statutory requirement to take all steps to minimise the risks to which patients, staff and others are exposed, as a result of the Board’s undertakings.

5.1.2  **The Chief Executive** holds ultimate responsibility and accountability for compliance with this policy within NHS Lanarkshire.

The Chief Executive shall delegate the responsibility for the overseeing the safe operation of the water systems to the Director Strategic Planning & Performance.

5.1.3  **The Director of Strategic Planning and Performance** is responsible on behalf of the Chief Executive, for overseeing the safe operation and management of the
Drinking Water Dispensers and Ice - Machines Policy

water systems and setting the strategic direction of the NHSL Board to ensure compliance with legislation and mandate.

5.1.4 Director of Nursing Midwifery and Allied Health Professionals is responsible for supporting the Lanarkshire Infection Control Committee (LICC) to provide assurance that arrangements are in place to reduce the risk of health care associated infection.

5.1.5 Lanarkshire Infection Control Committee (LICC) is responsible for providing assurance to the Chief Executive and Board that arrangements are in place to reduce the risk of health care associated infection.

All policies written by the Water Safety Group must be endorsed by the LICC

5.1.6 Director PSSD is responsible for managing the operational areas of the safe operation and management of the water systems, chairing the Water Safety Group and directing the strategic requirements defined by the Director of Strategic Planning and Performance.

5.1.7 The General Manager Procurement is responsible for: implementing this policy, embedding best procurement practice to ensure staff follow the relevant standing financial Instructions.

5.1.8 Directors of Hospital Services/General Managers are responsible for the implementation of this policy in their area of responsibility and ensure;

- the risk control measures to control drinking water systems are implemented,
- the NHS Board’s Health and Safety Committee is appropriately informed of the effectiveness of the control system and is made aware timeously of any problems being experienced in the operational procedures and
- operational arrangements are regularly monitored.

5.1.9 Senior Nurses (Head of Departments)/Charge Nurses (Ward Managers) are responsible ensuring;

- that there are arrangements for identifying, evaluating and managing risk(s) associated with the management of drinking water systems,
- resources are provided for the implementation of the policy and procedures and
- there are arrangements in place for the effective monitoring of any incident(s) involving drinking water systems.
- full and effective implementation of this policy and subsequent procedure,
- provide a safe working environment in line with health and safety legislation,
- arrangements are in place for identifying, evaluating and managing risks,
- where applicable provide sufficient resources to train staff effectively and
- that incidents relating to infection from drinking water systems are monitored and reported through the Lanarkshire Infection Control Committee
- that the drinking water dispenser does not became a Little Used Water Outlet (LUWO).
Drinking Water Dispensers and Ice - Machines Policy

- that every approved Drinking Water Dispenser is recorded on the asset register and maintenance records are in place
- that all the up to date records to be kept with Control Book Holder

5.1.10 **The Deputy Director PSSD (Operations)** has the day-to-day responsibility for controlling and managing any identified risk associated with the safe operation and management of the water systems.

5.1.11 **The Head of Maintenance Services** is responsible for ensuring;

- that every approved Drinking Water Dispenser is recorded on the asset register and maintenance records are in place;
- that written schemes and risk assessments are in place and reviewed regularly or when alterations have occurred;
- that any significant change which affects the technical aspects of procedures and or safe operation of the installed services is communicated to the General Manager PSSD and other relevant people.

- that all maintenance records are maintained and kept up to date;
- that standards are maintained by regularly checking maintenance records and all staff conducting maintenance are competent to do so.

5.1.12 **Lead Consultant Microbiologist** is a member of both the Water Safety Group and Lanarkshire Infection Control Committee (LICC). The Consultant will advise on related infection control policy and water quality issues.

5.1.13 **Maintenance Manager** is responsible for the day to day safe operation and management of the water systems within his area and ensure;

- that their responsibilities are implemented,
- all work is carried out, in compliance with the maintenance department,
- compliance with the NHSL Water Management Policy and Procedure for control of Legionella, hygiene, "safe" hot water, cold water and drinking water systems and
- all work activity undertaken is done so by adopting a safe system of work, safe means of access and the wearing of any personal protective equipment required.

6 **Resource Implications**

None
7 Communication Plan

Following endorsement by the NHSL’s Infection Control Committee (LICC) the policy will be displayed on the NHSL’s intranet (Firstport). The raising of Policy awareness will be carried out via induction and mandatory training, Risk Management, Occupational Health & Safety, Divisional Management Team.

The policy will be communicated as follows:

- The interpreting and translating page on Firstport
- Regular reminders in the staff briefing and toolbox talks
- All Senior managers will be briefed on the policy

8 Assurance and Compliance Quality Improvement – Monitoring and Review

8.1 Monitoring

Arrangements for monitoring the effectiveness of this policy and compliance with SHTM 04-0, ACOP L8 and HSG 274 parts 1 and 2 for each site shall be put into place by the Head of Maintenance Services.

Where monitoring identifies deficiencies, recommendations and action plans will be developed and any required changes implemented accordingly. The results of each monitoring exercise and progress on these actions will be reported to the Water Management Safety Group.

To ensure the water management policy is being applied appropriately the water management regime is reviewed and monitored operationally by the Head of Maintenance Services and the Consultant Microbiologist/Head of Infection Prevention and Control /Senior Infection Control Nurse on a periodic basis:

Checks will be carried out by

- Compliance audits of documentation maintained by the Senior Infection Control Nurse/Maintenance Manager
- compliance audits to ensure water outlets are as described in the water management procedures,
- checks to ensure that the monthly reports are being used to inform Maintenance Services when services are underutilised, relocated, altered or discontinued.
- Reviews carried out on regular basis by the Control Book Holder.

Non-compliance issues and associated risks will be reported by Maintenance Services to the Water Safety Group.
8.2 Audit

The NHSL Water Safety Group shall ensure that an annual audit is carried out on the water management arrangements for each hospital site. The scope of the audit will be agreed by the Head of Support Services.

NHSL Authorising Engineer is commissioned under SHTM04-01 Part B to carry out the annual audit.

8.3 Review

The NHSL Water Safety Group will carry out an annual review of the Hospital Services management arrangements and make recommendations, where appropriate, to further develop the Water Management Strategy, and to facilitate continual improvement and good practice. The outcome of the review will be presented to the LICC and reported to the Chief Executive.

The NHSL Water Safety Group will review this Policy every 2 years, or when circumstances dictate.

Senior Nurses/Head of Departments Charge Nurses/Ward Managers Charge Nurses and Clinical Leads should ensure that staff are aware of this policy. This policy is available for staff to access via Firstport Intranet.

9 Equality and Diversity Impact Assessment

The NHSL is committed to ensuring that, as far as is reasonably practicable, the way we provide services to the public and the way we treat our staff reflects their individual needs and does not discriminate against individuals or groups on any grounds. This policy has been appropriately assessed.

This policy meets NHS Lanarkshire’s EDIA

(Tick box)

10 Summary or Frequently Asked Questions (FAQs)

There is no requirement for an FAQ’s list to be read in conjunction with this Policy.
11 References

- Health and Safety at Work etc Act, 1974
- Workplace (Health, Safety and Welfare) Regulations 1992;
- Provision and Use of Work Equipment Regulations 1998;
- The Management of Health and Safety at Work Regulations,
- Control of Substances Hazardous to Health (COSHH) Regulations,
- NHS Reform (Scotland) Act;
- Public Health (Infectious Diseases) Regulations,
- Water Supply (Water Quality) Regulations,
- Water Byelaws (Scotland) 2000;
- The Health and Safety Commission’s Approved Code of Practice and guidance ACoP L8, Legionnaires’ disease. The control of legionella bacteria in water systems
- Food Safety Act, 1990
- Water Supply (Water Fittings) Regulations,
- British Standard BS8558; Guide to design, installation, testing and maintenance of services supplying water for domestic use within building and their curtilages,
- British Standard BS856: Specification for installation inside buildings conveying water for human consumption,
- IMS132:- NHS Lanarkshire’s Water Management Policy
- British Standard BS8580; Risk assessment for legionella control,
- National Infection Prevention Control Manual Health Protection Scotland
- NHSL Control of Infection Manual,
- Section B – The Role of the Occupational Health and Safety Service
  in the Prevention and Control of Infection
- Section Q – Managing the Risk of Legionella Infection in NHSL Healthcare Settings
- Scottish Health Technical Memorandum 04-01 Part A
- Scottish Health Technical Memorandum 04-01 Part B
- CEL letter CEL 08 (2013) dated 3 May 2013 ‘Water sources and potential infection risks to patients in high-risk areas – revised guidance’;
- National Services Scotland guidance for neonatal units (NNUs) (levels 1,2,3), adult and paediatric intensive care units (ICUs) in Scotland to minimise the risk of Pseudomonas aeruginosa infection from water.
- British Water Cooler Association (BWCA) current Code of Practice;
- British Water Cooler Association (BWCA) ‘Guidelines for the location, use and servicing of (Bottled Water) & Mains-fed Water Dispensers in Hospitals, Hospices & Nursing Homes’;