

WATER HYGIENE AND SAFETY POLICY

Previously: Control of Legionella Bacteria in Water Policy

Solent NHS Trust policies can only be considered to be valid and up-to-date if viewed on the intranet. Please visit the intranet for the latest version.

Purpose of Agreement	Health and Safety legislation requires employers to provide through design, operation and maintenance a safe and secure environment for employees and visitors. This document provides guidance to managers, staff and users on the safe storage, distribution and use of water in all healthcare settings. This document should be read in conjunction with the Infection Prevention and Control Policy.
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Amendments Summary:

Please fill the table below:

Amend No	Issued	Page	Subject	Action Date
Version 1	November 2019		Policy rewrite as previous version only referenced Legionella and no other bacteria – Legionella is not Trusts main concern any longer (therefore changed policy name). Guidance from 2016 has been incorporated.	December 2020

Review Log:

Include details of when the document was last reviewed:

Version Number	Review Date	Lead Name	Ratification Process	Notes
1	November 2019	Chris James	Policy Steering Group, Water Safety Group, Clinical Executive Group	

EXECUTIVE SUMMARY

This policy provides extensive guidance to ensure contractors, tenants, staff and management alike recognise the procedures and intent to be followed to ensure that all water systems, features and assets that consume or discharge water are effectively installed, maintained and used.

The policy outlines roles and responsibilities for the management and accountability of water safety by the Water Safety Group (WSG). It describes the risk assessment and review process in order to comply with health and safety legislation which in turn informs and defines the content of the Annual Water Safety Plan (WSP) which includes risk remediation.

The Trust operates a diverse range of clinical services in a variety of healthcare facilities each directly impacting the quality, usage and safety of water.

The policy sets out a clear protocol for assessing alterations to the built environment and general estate as well as any change of use and/or population in addition to areas that fall fallow during business as usual or modernisation. The Policy reinforces the critical aspect of maintaining water quality by the routine flushing of infrequently used outlets and the requirement to record and evidence these mandatory activities.

The policy identifies a protocol for microbiological monitoring of water systems and an approach to be followed where non-compliances are reported.

The policy also identifies a requirement and approach to be followed in the event of a designated legionella outbreak and the route of escalation to authorities and the wider community.

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WATER HYGIENE AND SAFETY POLICY

1. INTRODUCTION & PURPOSE

- 1.1 Waterborne pathogens are a recognised risk within complex healthcare settings and despite many being ubiquitously found they can present significant risk of harm to staff, visitors and particularly individuals under-going or recovering from clinical procedures or for those suffering long-term health conditions.
- 1.2 The Trust recognises that the elimination of bacteria such as Legionella, Pseudomonas aeruginosa, Stenotrophomonas maltophilia, Mycobacteria is beyond reasonably practicable but comprehensive measures and resources will be deployed to manage and control their proliferation and effects.
- 1.3 Solent NHS Trust recognises the legal obligations in relation to water hygiene and safety management under the health and safety legislation The Control of Legionella Bacteria in Water Systems (Doc L8), HSG 274 and the Health Technical Memoranda (HTM) 04-01 (Parts A, B & C respectively). By means of this policy and other supporting documents Solent NHS Trust aims to meet these requirements in so far as is reasonable practicable in all of its wholly owned estate, committing to provide and maintain safe and healthy working conditions, equipment and systems of work for all staff, patients and visitors, and to provide such resources, information, training and supervision as needed.
- 1.4 The management of water hygiene risks will be a continual commitment by the Trust involving regular management oversight, WSG meetings and technical sub-group progress meetings and a commitment to an annual independent management and operational review.
- 1.5 Independent Water Risk Assessments will be produced for each building on any Solent NHS Trust site and include all risk systems in line with prescribed industry guidance. These documents will subsequently be reviewed at monthly intervals by the WSG and the associated technical sub-group.

2. SCOPE & DEFINITIONS

- 2.1 This policy applies to locum, permanent, and fixed term contract employees (including apprentices) who hold a contract of employment or engagement with the Trust, and secondees (including students), volunteers (including Associate Hospital Managers), bank staff, Non-Executive Directors and those undertaking research working within Solent NHS Trust, in line with Solent NHS Trust's Equality, Diversity and Human Rights Policy. It also applies to external contractors, agency workers, and other workers who are assigned to Solent NHS Trust.
- 2.2 This policy applies in totality to all Solent NHS Trust retained estate with the principles of good water hygiene being applicable to all areas where Solent NHS Trust operate and deliver healthcare services.
- 2.3 In the case of shared premises estate management, it is increasingly common for there to be several duty holders in one building. In such cases, duties may arise where persons or organisations have clear responsibility through an explicit agreement such as a contract or tenancy agreement.

- 2.4 The extent of the duty will depend on the nature of that agreement. For example, in a building occupied by one leaseholder, the agreement may be for the owner or leaseholder to take on the full duty for the whole building or to share the duty. In a multi-occupancy building, the agreement may be that the owner takes on the full duty for the whole building. Alternatively, it might be that the duty is shared where, for example, the owner takes responsibility for the common parts while the leaseholders take responsibility for the parts they occupy. In other cases, there may be an agreement to pass the responsibilities to a managing agent. Where a managing agent is used, the management contract should clearly specify who has responsibility for maintenance and safety checks, including managing the risk from waterborne hazards.
- 2.5 Where there is no contract or tenancy agreement in place or it does not specify who has responsibility, the duty is placed on whoever has control of the premises or part of the premises.
- 2.6 Solent NHS Trust is committed to the principles of Equality and Diversity and will strive to eliminate unlawful discrimination in all its forms. We will strive towards demonstrating fairness and Equal Opportunities for users of services, carers, the wider community and our staff.
- 2.7 The Authorising Engineer - Water will provide independent advice and an audit function but will be professionally registered and accredited to Incorporated or Chartered status and a member of an industry licencing body.
- 2.8 The Authorised/Responsible Person – Water will be from a senior operations management position within the Trust and be capable of influencing decision making relative to water hygiene and safety.
- 2.9 The Competent Person will be either directly or indirectly employed by the Trust and be appointed to carry out a range of practical tasks associated with water systems and quality.

3. PROCESS/REQUIREMENTS

3.1 Water Safety Group

The WSG carries the prime responsibility and authority for the management and decision-making processes required to up-hold water hygiene and safety throughout the Trust. The remit of the WSG encompasses but is not limited to the following:

- to work with and support the IPC team;
- to ensure effective ownership of water quality management for all uses;
- to determine the particular vulnerabilities of the at-risk population;
- to review the risk assessments;
- to ensure the Water Safety Plan is kept under review including risk assessments and other associated documentation;
- to ensure all tasks indicated by the risk assessments have been allocated and accepted;

- to ensure new builds, refurbishments, modifications and equipment are designed, installed, commissioned and maintained to the required water standards;
- to ensure maintenance and monitoring procedures are in place;
- to review clinical and environmental monitoring data;
- to agree and review remedial measures and actions, and ensure an action plan is in place, with agreed deadlines, to ensure any health risks pertaining to water quality and safety are addressed;
- to determine best use of available resources;
- to be responsible for training and communication on water-related issues;
- to oversee water treatment with operational control monitoring and to provide an appropriate response to out-of-target parameters (that is, failure to dose or overdosing of the system);
- to oversee adequate supervision, training and competency of all staff;
- to ensure surveillance of both clinical and environmental monitoring.

3.2 Water Risk Assessments

A risk assessment forms an integral component of the Water Safety Plan and is a legal requirement to identify potential hazards (which may be microbial, chemical or physical) in the system, risks of infection to patients, staff and visitors, and other indicators of water quality (for example, taste, odour, and appearance if intended for drinking). This process should be conducted in line with BS 8580.

- 3.2.1 The risk assessment must be carried out by a person or persons demonstrating adequate knowledge and experience of water systems. If the provision of risk assessments is contracted to an external organisation, it is recommended that those engaged to carry out any risk assessments associated with water safety should be able to demonstrate to the WSG their experience and competence in assessing specific risks from microbiological, chemical and physical hazards on the specific healthcare population as per the role defined in paragraph 4.7 of this policy. They should also be able to give advice on how to manage the systems/equipment to minimise the risks etc. It is the responsibility of the WSG to determine the method of demonstrating this competence. Core requirements including accredited training and personal examples of recent water safety risk assessments in the healthcare sector presented orally and/or by interview should be considered options.
- 3.2.2 The risk assessments that inform the Water Safety Plan should identify potential hazards caused by Legionella, Pseudomonas aeruginosa and other relevant pathogens, chemicals, temperature and events that may arise during supply, storage, delivery, maintenance and use of water in healthcare facilities.
- 3.2.3 Risk assessments will be reviewed at each WSG meeting and assurance gained that effective control strategies remain in place and that the vulnerable population has not significantly altered.

3.3 **Water Safety Plan**

The WSP is established from the formal risk assessment and details the written scheme by which the Trust sets out to achieve management and healthcare technical compliance in accordance with HTM 04-01 Part B and HSG 274 whilst adjusting to the actual and emerging dynamic risks.

- 3.3.1 The Water Safety Plan will be reviewed at least annually by the WSG and re-published.

3.4 **Microbiological Monitoring**

Routine microbiological sampling for legionella bacteria will be implemented in areas where there is a recognisable risk or where system control has known to have failed in accordance with the requirements of HTM 04-01 Part B Operational Management. Samples indicating a level of 20 CFU/litre will be reported to the WSG for discussion and action where required.

- 3.4.1 Microbiological sampling for *Pseudomonas aeruginosa* will be considered and reviewed by the WSG and when augmented care facilities are developed within the Trust analysis will be supported in accordance with requirements of HTM 04-01 Part C *Pseudomonas aeruginosa* – advice for augmented care units.
- 3.4.2 Water quality analysis will be undertaken on a non-routine basis and only where reports are received regarding poor taste or odour associated with water outlets.
- 3.4.3 The deployment of supplementary chemical water treatments to combat adverse microbiological outcomes will require full agreement from the WSG with appropriate risk assessments and operational maintenance regimes introduced and evidenced.

3.5 **Record Keeping**

To ensure that relevant statutory and mandatory performance checks and maintenance as defined by HTM 04-01 continue to be carried out and that adequate information is available for checking what is done in practice, records shall be kept and maintained for at least five years or for the life of the system where more appropriate.

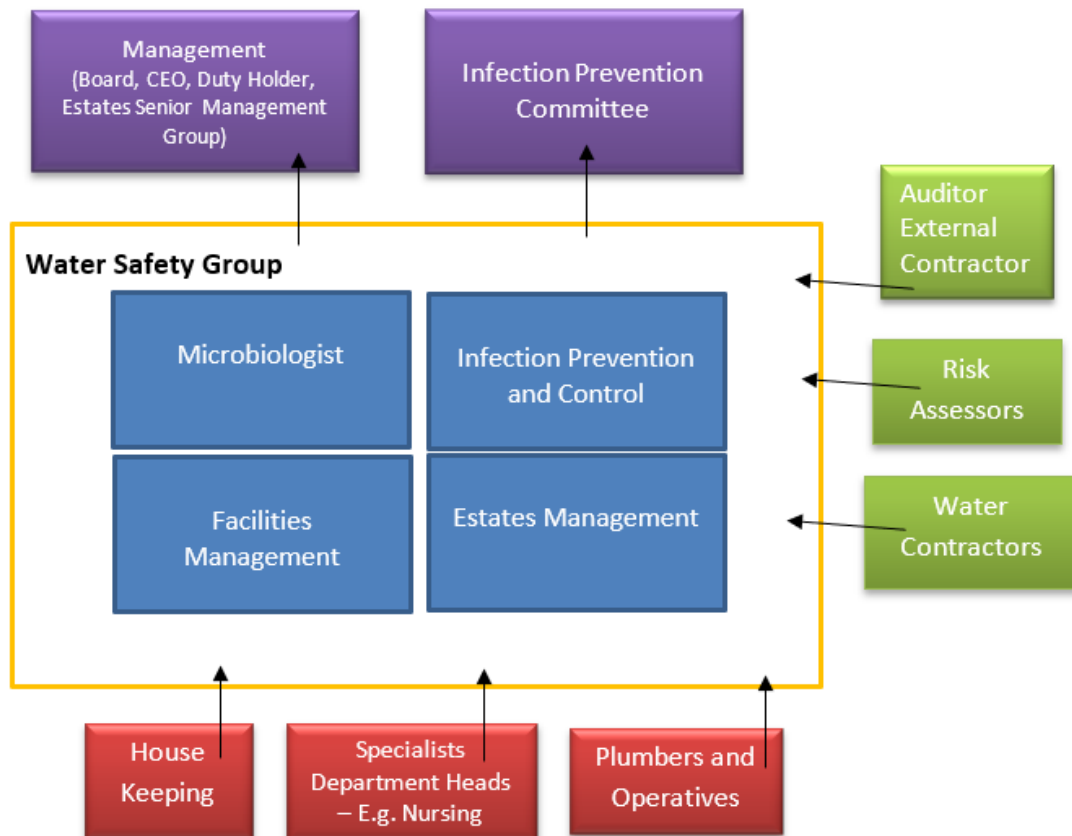
3.6 **PROCEDURES for CLOSURE (PERMANENT or TEMPORARY) of an AREA and RE-OCCUPANCY of a PREVIOUSLY CLOSED AREA**

- 3.6.1 **Background.** Where part or all of a building is going to close for a period of greater than one week, the relevant clinical or project manager must notify the WSG of the details. Following a closure decision, negotiations between the relevant manager and the Authorised/Responsible Person (Water) must take place to ensure that the following procedure(s) are established and documented, and to clearly define what actions named individuals shall perform.
- 3.6.2 **Period of Closure.** The period of closure should be established at the earliest point in negotiations. The period for which an area is closed can play an important part on the cost implication and scale of works involved in a closure. The Estates Department will consider the implications of disconnecting the service pipework to the affected areas should the intended closure be expected to exceed 60 days.
- 3.6.3 **Partial Closure.** Where a partial closure is expected or identified the procedures identified in the subsequent paragraphs should be followed.

- 3.6.4 **Temporary Closure.** Where a closure is expected to not exceed 60 days a weekly Planned Preventative Maintenance (PPM) schedule will be implemented by Estates maintenance to run every tap for 2 minutes, three times weekly and flush every toilet three times weekly. Showers should be run 3 minutes daily or removed from service. The nominated individual should then complete the record sheet (WH01), signed by themselves and their relevant manager, the completed form being forwarded to the Responsible Person (Water).
- 3.6.5 Before the closed area is re-occupied the Estates Maintenance Department shall carry out an inspection and test of the water systems and report its condition to the Authorised/Responsible Person (Water) for any remedial works that may be required this may result in the requirement for chemical disinfection.
- 3.6.6 It is the responsibility of the relevant manager to notify the Estates Department of their intention to re-open a temporarily closed area.
- 3.6.7 **Indefinite Closure.** In the instance that part or all of a building is to close with no planned re-opening date, or where the closure period exceeds 60 days funding will be made available to the Estates Department in order to disconnect and drain the water services within the affected area. The relevant manager should be aware that considerable cost for modifications could be needed to achieve this requirement in some large properties.
- 3.6.8 **Detail of Works for an Indefinite Closure.** Where relevant, all water tanks associated with the affected area shall be drained, cleaned and dried out. All pipe work and devices shall be drained and where applicable domestic hot water calorifiers (or storage vessels) shall be opened up, cleaned and left open to the atmosphere. Pipe work shall be disconnected from the mains services and capped off, mains cold water services shall be isolated and capped off from the system and all relevant pipes drained.
- 3.6.9 Notices shall be posted throughout the affected area stating that all water services are disconnected.
- 3.6.10 **Re-occupation of an Indefinitely Closed Area.** In the event of re-occupation of an indefinitely closed area, full negotiations must take place between the relevant manager and the Estates Department prior to the re-occupation exercise.
- 3.6.11 **DETECTION AND CONTROL OF AN OUTBREAK OF LEGIONELLA**
- 3.6.12 **Definition of an outbreak.** A legionella outbreak is defined by the Health Protection Agency as two or more confirmed cases of Legionellosis occurring in the same locality within a six month period. Location is defined in terms of the geographical proximity of the cases and requires a degree of judgement. An outbreak can only be formally classified by the Public Health Service.
- 3.6.13 Any person, whatever their profession, should contact the local Infection Prevention and Control Team immediately, if they suspect that a potential for an outbreak of Legionella infection may be occurring within the Trust.
- 3.6.14 In the case of a suspected outbreak or confirmed case of Legionnaires Disease an emergency the water safety group meeting will be convened to form an action plan/ tracking sheet to control and manage the problem, liaising where appropriate to external authorities.

4. ROLES & RESPONSIBILITIES

- 4.1 **Duty Holder - The Chief Executive Officer** has overall responsibility for all matters of risk management; this includes Water Hygiene and Safety within the Trust. The Chief Executive Officer will also have overall responsibility for ensuring that sufficient resources are provided to enable the policy to be implemented and to remain effective.
- 4.2 **Designated Person** - is an individual appointed by a healthcare organisation (a board member or a person with responsibilities to the board, currently the Chief Finance Officer and Deputy CEO) who has overall authority and responsibility for the system of water safety within the premises and who has a duty under the Health and Safety at Work Act 1974 to prepare and issue a general policy statement, including the organisation and arrangements for carrying out that policy.
- 4.3 **Water Safety Group** - The WSG is a multidisciplinary group formed to oversee the commissioning, development, implementation and review of the Water Safety Plan. The aim of the WSG 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. 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 WSG has a direct governance and reporting route to the Infection, Prevention and Control Committee as well as that of the Estates Senior Management Group



- 4.4 **Water Safety Group** – Core membership of the WSG should be constituted from the Infection Prevention & Control Team, Facilities Management Team, Estate Management Team, Health & Safety Management and a Consultant Microbiologist where appropriate.
- 4.5 **Authorising Engineer (Water)** - An Authorising Engineer is appointed in writing by the Designated Person to take responsibility for the effective professional management of the industry safety guidance. The person appointed should possess the necessary professional registration and degree of independence from local management whilst not being an employee of the Trust.
- 4.6 **Authorised/Responsible Person** - An Authorised or Responsible Person (Water) is appointed in writing by the management on the formal assessment and recommendation of the Authorising Engineer (Water) in accordance with Health Technical Memorandum safety guidance and is responsible for the implementation and operation of the technical guidance and Water Safety Plan with regard to work on, or the testing of, defined water services and equipment.
- 4.7 **Competent Person (Water)** - is an individual appropriately trained, approved and appointed in writing by an Authorised/Responsible Person for defined work, possessing the necessary technical knowledge, skill and experience relevant to the nature of the work to be undertaken, who is able to prevent danger or, where appropriate, injury, and who is able to accept a permit-to-work from an Authorised Person (Water).

5. TRAINING

- 5.1 The WSG are responsible for implementing a programme of staff training to ensure that those appointed to devise strategies, carry out control measures and undertake associated monitoring are appropriately informed, instructed and trained. They should also be assessed as to their competency. It is also essential that they have an overall appreciation of the practices affecting water hygiene and safety and that they can interpret the available guidance and perform their tasks in a safe and technically competent manner. Water hygiene awareness will be a pre-requisite for many involved in the delivery of Hard and Soft FM services and elements will be established as mandatory requirements and validated by the Learning and Development Department. Technical competencies specific to Hard FM will be validated and managed by the Estate Maintenance Department Business Support Team.
- 5.2 The WSG are responsible for reviewing the competence of staff on a regular basis, and refresher training should be given; records of training attendance need to be maintained. Although training is an essential element of ensuring competence, it should be viewed within the context of experience, knowledge and other personal qualities that are needed to work safely. Competence is dependent on specific needs of individual installations and the nature of risks involved.
- 5.3 Individuals to whom tasks have been allocated (supervisors and managers as well as operatives) need to have received adequate training in respect of water hygiene and microbiological control appropriate to the task they are responsible for conducting. This will be reported to the WSG.

- 5.4 Any person working on water distribution systems or cleaning water outlets should have completed a water hygiene awareness training course so that they can gain an understanding of the need for good hygiene when working with water distribution systems and water outlets, and of how they can prevent contamination of the water supply and/or outlets.
- 5.5 Engineering competency for the appointed Authorised and Competent Persons will be reviewed by the Authorising Engineer as part of the independent management audit undertaken annually and recommendations for refresher training will fall from this external audit.

6. EQUALITY IMPACT ASSESSMENT AND MENTAL CAPACITY

- 6.1 A thorough and systematic assessment of this policy has been undertaken in accordance with the Trust's Policy on Equality and Human Rights.
- 6.2 The assessment found that the implementation of and compliance with this policy has no impact on any Trust employee on the grounds of protected characteristics.

Equality Impact Assessment – Refer to Appendix A

7. SUCCESS CRITERIA / MONITORING EFFECTIVENESS

- 7.1 The effectiveness of this policy will be determined by the analysis of adverse incident reports and the reporting of elevated microbiological outcomes.
- 7.2 The WSG will provide assurance by reviewing compliance to the requirements of HTM 04-01 (Parts A, B & C) and ensuring infection prevention and control protocols are observed.
- 7.3 Independent operation and management audits will be undertaken by the AE(W) annually and the audit recommendations presented and reviewed by the WSG routinely. Areas of significant risk will be escalated to the Infection Prevention Committee, Health and Safety Group and Estate Senior Management Group.
- 7.4 Local spotlight auditing of water hygiene effectiveness will also be undertaken by the Infection Prevention team and estates teams to highlight areas of concern and non-compliance. This will be reported via the WSG and Infection Prevention Committee.

8. REVIEW

- 8.1 This document may be reviewed at any time at the request of either staff side or management, but will automatically be reviewed 3 years from initial approval and thereafter on a triennial basis unless organisational changes, legislation, guidance or non-compliance prompt an earlier review.

9. REFERENCES AND LINKS TO OTHER DOCUMENTS

- 9.1 The Trust acknowledges the following sources of advice and reference:

- Legionnaires Disease – Control of Legionella Bacteria in Water Systems – Approved Code of Practice and Guidance (L8-Fourth Edition 2013) as amended
- Legionnaires Disease – A Guide for Employers (HSE) 2004 as amended
- Health and Safety at Work Etc. Act (HASAWA) 1974 (Sections 2,3,4)
- Reporting Incidents Diseases Dangerous Occurrences Regulations (RIDDOR) as amended
- The Water Act 2003
- Control of Substances Hazardous to Health Regulations (COSHH) 2002 as amended
- Health Protection Regulations 2010 as amended
- Water Supply (Water Quality) (England & Wales) Regulations 2000 as amended
- Water Supply (Water Fittings) Regulations 1999 as amended
- Notification of Cooling Towers and Evaporative Condensers Regulations 1992 as amended
- The Control of Legionella, hygiene, 'safe' hot water, cold water and drinking water systems HTM 04-01 Part A (Design Installation and Testing), Part B (Operational Management) and Part C (Pseudomonas aeruginosa – advice for augmented care units) as amended
- Safe Hot Water and Surface Temperatures – NHS Health Guidance Note 1998 as amended
- Management of Health & Safety at Work Regulations (2002) as amended
- Infection Control in the Built Environment (HBN 00-09) March 2013 as amended
- Health and Safety in Care Homes (HSE HS(G)220) 2001 as amended
- BS EN 806-5:2012 Specification for installations inside buildings conveying water for human consumption. Operation and Maintenance as amended
- BS1710-1984 Specification for identification of pipeline services as amended
- Food Safety Act 1990
- Heating and ventilation systems HTM 03-01: Specialised ventilation for healthcare premises as amended
- Water Management and Water Efficiency HTM 07-04 as amended
- National Health Service Model engineering specification D 08 Thermostatic mixing valves (Healthcare Premises) as amended
- PHLS- Hygiene for hydrotherapy Pools 1992 2nd Edition as amended
- Solent NHS Trust Ward Closure due to a Suspected or Confirmed Outbreak of Infection Policy as amended
- Reporting Adverse Incidents Policy
- Health and Safety Policy

Appendix: A

Equality Analysis and Equality Impact Assessment

Equality Analysis is a way of considering the potential impact on different groups protected from discrimination by the Equality Act 2010. It is a legal requirement that places a duty on public sector organisations (The Public Sector Equality Duty) to integrate consideration of Equality, Diversity and Inclusion into their day-to-day business. The Equality Duty has 3 aims, it requires public bodies to have due regard to the need to:

- **eliminate unlawful discrimination**, harassment, victimisation and other conduct prohibited by the Equality Act of 2010;
- **advance equality of opportunity** between people who share a protected characteristic and people who do not;
- **foster good relations** between people who share a protected characteristic and people who do not.

Equality Impact Assessment (EIA) is a tool for examining the main functions and policies of an organisation to see whether they have the potential to affect people differently. Their purpose is to identify and address existing or potential inequalities, resulting from policy and practice development. Ideally, EIAs should cover all the strands of diversity and Inclusion. It will help us better understand its functions and the way decisions are made by:

- **considering the current situation**
- **deciding the aims and intended outcomes of a function or policy**
- **considering what evidence there is to support the decision and identifying any gaps**
- **ensuring it is an informed decision**

Equality Impact Assessment (EIA)

Step 1: Scoping and Identifying the Aims

Service Line / Department	Estates & Facilities/Estate Maintenance	
Title of Change:	Water Hygiene and Safety Policy	
What are you completing this EIA for? (Please select):	Policy	<i>(If other please specify here)</i>
What are the main aims / objectives of the changes	To ensure that all individuals within the Solent NHS Trust estate and buildings, whether patient, client or staff are protected from the risk of waterborne pathogens in accordance with statutory requirements.	

Step 2: Assessing the Impact

Please use the drop-down feature to detail any positive or negative impacts of this document /policy on patients in the drop-down box below. If there is no impact, please select "not applicable":

Protected Characteristic	Positive Impact(s)	Negative Impact(s)	Not applicable	Action to address negative impact: <i>(e.g. adjustment to the policy)</i>
Sex			X	
Gender reassignment			X	
Disability			X	

Age			X	
Sexual Orientation			X	
Pregnancy and maternity			X	
Marriage and civil partnership			X	
Religion or belief			X	
Race			X	

If you answer yes to any of the following, you MUST complete the evidence column explaining what information you have considered which has led you to reach this decision.

Assessment Questions	Yes / No	Please document evidence / any mitigations
In consideration of your document development, did you consult with others, for example, external organisations, service users, carers or other voluntary sector groups?)	Yes	Infection Prevention Water Safety Group Responsible Person – Water Head of Facilities Management Specialist Water Hygiene Contractor/Assessor
Have you taken into consideration any regulations, professional standards?	Yes	Health and Safety Executive statutory documentation, Legionella Control Association, Health Technical Memorandum (04-01) and Independent Water Risk Assessments

Step 3: Review, Risk and Action Plans

How would you rate the overall level of impact / risk to the organisation if no action taken?	Low	Medium	High
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
What action needs to be taken to reduce or eliminate the negative impact?			
Who will be responsible for monitoring and regular review of the document / policy?			

Step 4: Authorisation and sign off

I am satisfied that all available evidence has been accurately assessed for any potential impact on patients and groups with protected characteristics in the scope of this project / change / policy / procedure / practice / activity. Mitigation, where appropriate has been identified and dealt with accordingly.

Equality Assessor:	Chris James	Date:	01/12/2020
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Additional guidance

Protected characteristic		Who to Consider	Example issues to consider	Further guidance
1.	Disability	A person has a disability if they have a physical or mental impairment which has a substantial and long term effect on that person's ability to carry out normal day today activities. Includes mobility, sight, speech and language, mental health, HIV, multiple sclerosis, cancer	<ul style="list-style-type: none"> Accessibility Communication formats (visual & auditory) Reasonable adjustments. Vulnerable to harassment and hate crime. 	Further guidance can be sought from: Solent Disability Resource Group
2.	Sex	A man or woman	<ul style="list-style-type: none"> Caring responsibilities Domestic Violence Equal pay Under (over) representation 	Further guidance can be sought from: Solent HR Team
3	Race	Refers to an individual or group of people defined by their race, colour, and nationality (including citizenship) ethnic or national origins.	<ul style="list-style-type: none"> Communication Language Cultural traditions Customs Harassment and hate crime "Romany Gypsies and Irish Travellers", are protected from discrimination under the 'Race' protected characteristic 	Further guidance can be sought from: BAME Resource Group
4	Age	Refers to a person belonging to a particular age range of ages (eg, 18-30 year olds) Equality Act legislation defines age as 18 years and above	<ul style="list-style-type: none"> Assumptions based on the age range Capabilities & experience Access to services technology skills/knowledge 	Further guidance can be sought from: Solent HR Team
5	Gender Reassignment	" The expression of gender characteristics that are not stereotypically associated with ones sex at birth" World Professional Association Transgender Health 2011	<ul style="list-style-type: none"> Tran's people should be accommodated according to their presentation, the way they dress, the name or pronouns that they currently use. 	Further guidance can be sought from: Solent LGBT+ Resource Group
6	Sexual Orientation	Whether a person's attraction is towards their own sex, the opposite sex or both sexes.	<ul style="list-style-type: none"> Lifestyle Family Partners Vulnerable to harassment and hate crime 	Further guidance can be sought from: Solent LGBT+ Resource Group
7	Religion and/or belief	Religion has the meaning usually given to it but belief includes religious and philosophical beliefs, including lack of belief (e.g Atheism). Generally, a belief should affect your life choices or the way you live for it to be included in the definition. (Excludes political beliefs)	<ul style="list-style-type: none"> Disrespect and lack of awareness Religious significance dates/events Space for worship or reflection 	Further guidance can be sought from: Solent Multi-Faith Resource Group Solent Chaplain
8	Marriage	Marriage has the same effect in relation to same sex couples as it has in relation to opposite sex couples under English law.	<ul style="list-style-type: none"> Pensions Childcare Flexible working Adoption leave 	Further guidance can be sought from: Solent HR Team
9	Pregnancy and Maternity	Pregnancy is the condition of being pregnant or expecting a baby. Maternity refers to the period after the birth and is linked to maternity leave in the employment context. In non-work context, protection against maternity discrimination is for 26 weeks after giving birth.	<ul style="list-style-type: none"> Employment rights during pregnancy and post pregnancy Treating a woman unfavourably because she is breastfeeding Childcare responsibilities Flexibility 	Further guidance can be sought from: Solent HR team

Appendix: B

Water Hygiene Record Sheet

Flushing of Infrequently Used Outlets

Note: Infrequently or little used water outlets are deemed to be those that are not subjected to a regular and on-going pattern of use (i.e. several events daily). The regular operation of water outlets within healthcare premises is proven to enhance the management of good quality water hygiene and reduce the associated risk to patients and staff.

Showers should be flushed daily for a period of 3 minutes or more, whilst other water outlets should be operated on a cycle of 3 times weekly for a minimum of 2 minutes at each outlet point.

Records should be retained locally for review and inspection by the Water Safety Group and archived to the Estates Department.

Site/Building/Ward	Room No.	Outlet Type SH = Shower WHB = Basin SK = Sink TT = Toilet O = Other	Operative Name	Date of Flush	Signature of Operative

Appendix: C

Estates and Facilities – Water Services Notification Form

Building: {insert building name}

Ward/Area: {insert the ward/area name}

Point of Contact: {insert name}

Telephone Number: {Insert Point of Contact's telephone number}

In accordance with current Trust Policy, I wish to advise the Estates and Facilities Team and their appointed maintenance contractor(s), that the following has been identified/requested and could affect the water system in the above building/area:

...{Insert details e.g. Building being vacated}.....

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

The planned start date is: {Insert date}


The planned end date is: {Insert end date, or N/A – as applicable}

The following table should be completed, at the initial stages of consultation, to establish all the actions that are required to ensure that water services are maintained and any risks highlighted.

Action Required	By Whom	Date to be completed by

Copies of this form should be held by the Estates maintenance contractor and within the building log-book for future reference. Additional copies should be forwarded to the Trust Estates and Facilities Team.

Appendix: D

<div style="display: flex; justify-content: space-between; align-items: center;"> Legionella Outbreak Action Plan/Tracking Sheet  </div>					
Date	Description and location of Incident	Action plan/ Recommendations	Responsible Person	Daily Progress Update	Action on going/Completed