

POLICY CONTROL SHEET

(updated Jan 2009)

Policy Title And ID number	Legionella Policy Gen 6.28		
Sponsoring Director:	Chief Operating Officer		
Implementation Lead:	Director of Infection Prevention and Control		
Impact:	(a) <i>To patients</i>	Safe delivery of care inline with recommended best practice	
	(b) <i>To Staff</i>	Guidance to ensure safe practice and safe working environment	
	(c) <i>Financial</i>	PPM costs and Legionella testing	
	(d) <i>Equality Impact Assessment (EIA)</i>	Completed: Yes	
	(e) <i>Other</i>		
Additional Costs:		<i>Budget Code</i>	<i>Revenue or Non Revenue</i>
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	<i>Assistant Nursing Directors</i>		
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Legionella Policy

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ABBREVIATIONS

HIV	Human Immuno Deficiency Virus
AIDS	Acquired Immune Deficiency Syndrome

Legionella Policy

1. Statement of Intent

This policy outlines the strategic arrangements for the prevention and control of Legionella across the Trust premises and includes consideration and the protection of the neighbourhood surrounding Trust premises. Barnsley Hospital NHS Foundation Trust (Trust) is aware of and supports the contents, requirements and intentions of the Health and Safety at work etc (1974), COSHH (2002) and the control of Legionella bacteria in water systems approved code of practice (2000), HTM04-01 Health Technical memorandum 04.01 the control of Legionella, Hygiene “safe hot water, cold water and drinking water systems (parts a and b) associated UK regulations and guidance. To assess, prevent and control risks associated with the Legionella bacteria and subsequent development of Legionnaires disease from work activities and water systems on Trust premises.

2. Introduction

Legionella bacteria survive and multiply in water and have been shown to colonise water systems in buildings. Certain conditions improve and encourage growth i.e. water temperature between 20° c and 45°c , poor water flow and areas of water stagnation.

Legionella bacteria particularly Legionella pneumophila serogroup 1 can cause serious illness called Legionnaire’s disease. In order for the bacteria to result in illness the organism must be inhaled therefore the highest risk from Legionella bacteria in water is when water has been converted to aerosol. This can occur from various sources including showers, respiratory equipment, hoses etc, less well known is that a ‘fog’ of aerosols is generated when a bath or basin is filled. Aerosols can be generated from any water outlet and no water outlet can be considered free from potential risk. Aspiration of contaminated drinking water into the respiratory system has also been described as a mode of transmission. For some patients there is the additional risk of Legionella infection from the use of nasogastric tubes.

The number of bacteria that cause infection is unclear and is likely to vary from person to person. The risk increases if the number of Legionella in the air is high, the length of time a person is exposed and the general health of the individual.

3. Implementation

The policy will be applied to all areas of the Trust and should be used in conjunction with the prevention and control of Legionella working document held in Estates.

The Trust will continually review and develop practices in order to comply with all present and future Legionella control regulations and guidance within resources available.

That the risks from Legionella associated to Trust activities will be clearly identified and suitable control measures employed to protect as far as reasonably practical the health, safety and welfare of its staff, patients, clients, visitors, neighbourhood and contractors.

Equipment and plant will be adequately cleaned, disinfected and maintained according to its function so as to protect as far as reasonably practical the health and safety and welfare of its staff, patients, visitors and surrounding areas from Legionella.

All staff must be aware of their role in implementing the policy in their areas of work. Monitoring compliance will be via auditing, reviewing practise, carry out work place inspections and regular monitoring of the water system.

4. Management Arrangements

4.1 Chief Executive;

- a. The Chief Executive has overall responsibility for all aspects of the quality of water supplies within his/her organisation.
- b. The Chief Executive is responsible for the appointment of designated staff, including the Infection Control Team (Legionella).
- c. The Chief Executive is responsible for the implementation of management procedures to ensure that compliance is continuing and not notional. On a day to day operational basis this responsibility will be delegated to the Director Responsible for Estates and facilities (Chief Operating Officer)
- d. The Chief Executive will appoint in writing a responsible person (Water)

4.2 Head of Estates and Facilities will;

Have ultimate responsibility to ensure that the correct systems are in place

- a. Co-ordinate and lead the Control of Legionella programme including convening emergency meeting in the event of unsatisfactory water sample results in conjunction with Infection Prevention and Control Team
- b. Chair Legionella meeting held twice a year

- c. Provide reassurance to the Chief operating officer that systems are in place and being monitored to control legionella
- d. Ensure that competent persons are in place within estates and facilities to control Legionella and that where necessary expert guidance is sort from external sources.
- e. Ensure good liaison takes place between Estates & Facilities and Infection Prevention and Control team.
- f. Make estates and facilities staff aware of the contents and consequences of this policy

4.3 **Deputy Director of Estates and Facilities will ;**

- a. Ensure that all new builds and upgrades conform to latest regulations and guidance to manage and eliminate Legionella.
- b. Ensure that during capital schemes the risk from Legionella is assessed and control measure are in place.
- c. Ensure good liaison takes place between Estates & Facilities and Infection Prevention and Control team.

4.4 **Responsible Person (Water) who is the Head of Estates (operational) Will;**

- a. Possess a thorough knowledge of the Control of Legionella and would ideally be a Chartered Engineer with appropriate training in water management particularly the control of Legionella.
- b. Be responsible for devising and managing the necessary procedures for the prevention of Legionnaire's Disease.
- c. Ensure that planned preventative maintenance is undertaken to reduce and control Legionella.
- d. Advise on the potential areas of risk and identifying where systems do not comply.
- e. Ensure current legislation and guidance relating to Legionella control is applied.
- f. Have prepared a written scheme/risk assessment for preventing and controlling the risk including an up to date plan or schematic diagram of the water system.

- g. Monitor the implementation and efficiency of procedures to prevent Legionella approving and identifying any changes to those procedures and maintaining adequate records.
- h. Responsible for calling upon and co-ordinating the activities of specialist in specific subjects such as water treatment and microbiology.
- i. Appoint a Responsible Person (Water) Delegate and ensure that sufficient training is provided to maintain competencies, keeping up to date with legislation and current guidance
- j. Liaise with the Infection Prevention & Control Team/Health & Safety Department.
- k. Participate and assist in the management and control of an outbreak.
- l. Liaise and co-operate with relevant authorities.
- m. Ensuring equipment that is to be permanently connected to the water supply is properly installed;
- n. Ensuring adequate operating and maintenance instructions exist and adequate records are kept.
- o. The Responsible Person (water) should be aware that manufacturers, importers, suppliers, installers and service providers have specific responsibilities that are set out in the Health and Safety Commission's (2000) Approved Code of Practice L8.
- p. Maintain an up to date operational procedure manual in Estates including safe systems of work and risk assessments.
- q. Consult with accredited Trade Union Health and Safety Representatives
- r. Ensure that evidence of compliance is available for inspection

4.5 **Responsible Person (Water) Delegate (Nominated Estates manager) will;**

- a. Act for the responsible person (Water) when the responsible person (Water) is unavailable.
- b. Carry out duties and responsibilities as delegated by the Responsible person (Water)
- c. Be qualified and deemed competent in the role
- d. Identify, assess and regularly review sources of risk including identifying where systems do not comply.

- e. Implement and manage the scheme or monitor an appointed consultant/third party/landlord.
- f. Monitor the effectiveness of the water hygiene system.
- g. Keep records of action taken and routine monitoring for at least 5 years.
- h. Attend regular training sufficient to maintain competencies keeping up to date with legislation and current guidance.
- i. Liaise with the Infection Prevention & Control Team/Health & Safety Department.
- j. Participate and assist in the management and control of an outbreak
- k. Consult with accredited Trade Union Health and Safety Representatives
- l. Make available all water sample results for the Infection Prevention & control team

4.6 **The Infection Prevention & Control Team will;**

- a. Be involved in the production of the policy and management procedures for the control of Legionella. Including calling for an emergency meeting in conjunction with estates if water results are unsatisfactory.
- b. Assist in the identification, assessment and control of risk associated with Legionella.
- c. Play an active role in outbreak management associated to Trust premises including convening an outbreak meeting as required (see appendix 1).
- d. Sign off all water biological testing results

4.7 **Divisional Directors, Assistant Divisional Directors and Assistant Directors of Nursing will;**

- a. Ensure that this policy and procedure is fully adhered to within their area of responsibility
- b. Establish local procedures with advice and guidance to ensure local work instructions reflect best practice and current legislation and guidance related to the prevention and control of Legionella.
- c. Identify Legionella risk reporting to the 'responsible person (Water)
- d. Notify Estates and Facilities of all significant changes to room usage.
- e. Reduce the risk of stagnating water by removing all unused sinks, showers, baths, etc.

- f. During temporary closure of part or whole of a building make suitable provision for flushing the hot and cold water systems. Records will be maintained and retained for 5 years. Flushing includes running taps and showers for a period of 3 minutes and flushing WC cisterns. Twice a week in hospital premises and once a week in non patients areas. When frequent flushing is impracticable a full disinfection of the water system will be required and will need to be co-ordinated by Estates.
- g. Ensure that all respiratory equipment which requires the use of water is used correctly.
- h. Provide any required PPE.
- i. Managers will consult Estates and Infection Prevention & Control before the purchase of fountains and water features. If purchased, Managers will be responsible for ensuring that they are regularly maintained and cleaned. Records must be retained for inspection and auditing.
- j. Make staff aware of the contents and consequences of this policy

4.8 **Contracts Manager Facilities will;**

- a. Ensure that all taps, showers etc are frequently flushed with running water for a minimum of 3 minutes at least weekly but preferably twice weekly in clinical areas, except in areas which are not in use
- b. Liaise with Managers and Estates to ensure that areas which are closed for operational or estates reasons are receiving regular flushing of the water system.
- c. Ensure that the domestic services contract includes water system management functions, e.g. running taps and showers etc.
- d. Maintain records of water management functions carried out during periods of ward/department closure.
- e. Ensure that all contractors records are audited at least quarterly

4.9 **The Health and Safety Department will;**

- a. Assist staff in the risk assessment process.
- b. Participate in the outbreak control team
- c. Report staff acquired legionnaires disease under the Trusts reporting system for RIDDOR
- d. Consult with accredited Trade Union Health and Safety Representatives.

4.10 **Trade unions will;**

- a. Cooperate with management to ensure the premises and equipment are safe from Legionella
- b. Comment and review the Legionella policy

4.10 **Employees will;**

- a. Co-operate and assist with the implementation of this Policy, and its associated Procedures.
- b. Bring to the notice of management, any problems or failings associated with the control of Legionella.
- c. Attend training as required.
- d. Make themselves aware of, and follow, safe systems of work and control methods (including personal protective equipment) provided for their safety and the safety of others.
- e. Promptly report all incidents concerning the risks or exposure to Legionella in accordance with the Trusts Policy and Procedure on reporting incidents.
- f. Report any adverse ill health effects arising from Legionella to both the Health & Safety Department and the Occupational Health department.
- g. Seek specialist advice as necessary.
- h. Disinfect and manage equipment which may generate aerosols including water features, specialist baths, respiratory equipment etc.

4.11 **Occupational Health will;**

- a. Participate in any staff screening that may be required
- b. Attend and participate in outbreak meetings
- c. Liaise with the Infection prevention and control team
- d. Informing the Infection Prevention and Control team of staff who have been diagnosed as positive for Legionella

5. Competence

Those who are appointed to carry out the control measures and strategies should be suitably informed, instructed and trained and their suitability assessed. They should be properly trained to a standard which ensures that tasks are carried out in a safe, technically competent manner. Regular refresher training must be given. All training records will be retained.

6. Risk Assessment

A Risk Assessment **shall** be carried out whenever, water is stored and used in a way which may create a reasonably foreseeable risk of Legionellosis.

The risk assessment **shall** take account of the following:

- The potential for aerosol formation
- Water temperature
- Means of preventing or controlling the risk

The likely risk to those who will inhale water droplets. For health care organisations, the susceptibility to the population exposed to Legionella can be divided into three categories:-

High Risk – Speciality Departments concerned with the treatment of susceptible patients with:-

- Head/Neck Cancer
- Bone Marrow Transplant
- Renal Dialysis
- Leukaemia
- Organ Transplant
- AIDS/HIV
- Immuno-suppression
- Respiratory conditions
- ITU
- NNU

Moderate Risk – Other health care premises

Low Risk – Non-Health care premises, e.g. office blocks

Systems which are susceptible to colonisation by Legionella, and which incorporate means for creating and disseminating water droplets, should be identified, and the risk they present should be assessed. Risk should

be assessed not just for the routine operation or use of the system, but also in instances of unusual circumstances, breakdown, abnormal operation and commissioning.

Water testing for the presence of Legionella cannot form the basis of a Legionellosis risk assessment.

7 Personal Protective Equipment

The appropriate Personal Protective equipment e.g. gloves respiratory and eye protection, aprons etc, will be available for use. It is the responsibility of the employer to monitor the correct and safe working of the protective measures and employees are responsible to follow such procedures.

8 Record Keeping

The Trust will maintain adequate records to demonstrate that precautions continue to be carried out and that adequate information is available for checking what is done in practice a record **shall** be kept for five years.

Precautionary measures and treatments, monitoring results and remedial work **shall** be logged and signed or initialled by the person who has carried out the work. Sufficient information **shall** be recorded to show what measures have been taken and how they have been monitored.

Contractors will be monitored and compliance with all relevant legislation will be enforced.

**Action in the Event of a Suspected
Outbreak of Legionnaires Disease (outbreak plan)**

- 1 Legionnaires' Disease is not a notifiable disease in England and Wales. However, the Consultant in Communicable Disease Control should be informed.
- 2 Cases of Legionellosis may attract the requirements of the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (RIDDOR).
- 3 The Responsible Person (Water) will usually be informed of a suspected case of Legionnaires' Disease possibly associated with healthcare premises by either the Infection Prevention & Control Team (Legionella) or the local Consultant in Communicable Disease Control.
- 4 Where an outbreak is suspected in England and Wales, the Consultant in Health Protection at the Health Protection Unit must be informed. The Consultant has the responsibility for the co-ordination of the investigation of outbreaks of notifiable diseases, and is a central figure in liaison with local authorities and other appropriate agencies. An outbreak team will be appointed.
- 5 The Health and Safety Executive may be involved in the investigation of outbreaks under the Health and Safety at Work etc. Act 1974. Local Authority Environmental Health Officers may also be involved
- 6 In the case of a suspected outbreak of Legionnaires' Disease, it is essential that systems are not drained or disinfected before samples have been taken.
- 7 The Responsible Persons (Water) role is to guide the investigation team to the various water systems within a building and in particular, to the points from which samples can be taken.

The investigation will concentrate upon all potential sources of Legionella infection, including:-

- the domestic hot and cold water distribution
- wet spray cooling water systems
- showers or spray washing equipment
- drainage systems and traps

- spas, whirlpool baths or therapy pools
 - humidifiers in ventilation systems
 - cooling coils in air-conditioning systems
 - fountains and sprinklers.
- 8 The Responsible Person (Water) must be able to provide details of all associated equipment, including all documentation, as well as advising on the extent of servicing on the site, and by locating taps and sample points.
- 9 The Responsible Person (Water) must also identify the locations of any medical equipment used for dental care, respiratory therapy and within haemodialysis units, etc.
- 10 Off-site information will also be required, such as whether there have been any local excavation or earthmoving works, alterations to water supply systems, or drainage systems or any other factors which may have a bearing on the site. The address and telephone number of the nearest weather station will be required – this is likely to be a local airport, University or College department.
- 11 The investigation team is responsible for identifying the cause of infection and will advise on cleaning, disinfection, any modifications and long-term control measures.
- 12 The Responsible Person (Water) Will inform the accredited Trade Union Representatives the outcome of any investigations in compliance with Health and Safety legislation.