

Document Title:	USE OF WATER COOLERS STANDARD OPERATING PROCEDURE		
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Document type:	SOP	To be followed by: (Target Staff)	All Staff & Trust Users
Ratification Issue Date: (Date document is uploaded onto the intranet)	13 th December 2018	Review Date:	12 th December 2021
Developed in response to:	<ul style="list-style-type: none"> • HTM 04-01: The Control of Legionella Hygiene, "Safe" hot water, cold water and drinking water system • Approved Code of Practice L8 – The Control of Legionella Bacteria in Water Systems • Health and Social Care Act (2008) Hygiene Code • Support for Staff Involved in the Use of water Coolers 		
Contributes to HSC Act 2008 (Regulated Activities) Regulations 2014(Part 3); and CQC Regulations 2009 (Part 4) CQC Fundamental Standards of Quality and Safety:			8, 10
Issuing Division/Directorate:	Estates and Facilities Management		
Author/Contact: (Asset Administrator)	Sam Wallace, Estates Operational Manager (MEHT Water Responsible Officer)		
Hospital Sites: (tick appropriate box/es to indicate status of policy review i.e. joint/independent)	<input checked="" type="checkbox"/> MEHT <input type="checkbox"/> BTUH <input type="checkbox"/> SUH		
Consultation:	(Refer to page 2)		
Approval Group / Committee(s):	n/a	Date:	n/a
Professionally Approved by: (Asset Owner)	Greg Niccol, Head of Compliance	Date:	24 th October 2018
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Executive and Clinical Directors (Communication of minutes from Document Ratification Group)	Date: December 2018	Distribution Method:	Trust Intranet/ Internet

Consulted With:	Post/ Approval Committee/ Group:	Date:
Simon Shelter	PFI Contracts Manager	October 2018
Andy Wright	Domestic Services Manager	
Sian Olivo	Interim Associate Director Infection Prevention Control	
Georgina Sawyer	Deputy Domestic Services Manager	
Kim Hillman	Procurement Lead	
Sam Wallace	Estates Operations Manager	

Related Trust Policies (to be read in conjunction with)	Cleaning Policy Decontamination Policy Legionella Policy Food Hygiene Policy
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Document Review History:			
Version No:	Authored/Reviewer:	Summary of amendments/ Record documents superseded by:	Issue Date:
0.1	Alan May	Working draft	19th November 2014
1.0	Alan May		10 th June 2015
1.1	Dan Cope	Amendment to appendix	2 nd February 2018
2.0	Sam Wallace	Full review	13 th December 2018

Index

- 1. Purpose**
- 2. Introduction**
- 3. Aims**
- 4. Scope**
- 5. Roles & Responsibilities**
- 6. Water Coolers**
- 7. Procurement, Installation & Maintenance of Water Coolers**
- 8. Training**
- 9. Contacts**
- 10. Auditing**
- 11. Communication and Implementation**
- 12. Equality Impact Assessment**
- 13. References**
- 14. Appendices**

Appendix A: Request for Water Cooler
Appendix B: Annual Policy Audit Tool
Appendix C: Equality Impact Assessment

1. Purpose

- 1.1 This operational procedure will enable Mid Essex Hospitals NHS Trust to comply with all relevant legislation and guidance, in particular the HTM 04-01: The Control of Legionella Hygiene, "Safe" hot water, cold water and drinking water system, the Approved Code of Practice L8 – The Control of Legionella Bacteria in Water Systems and the & Health and Social Care Act (2008) Hygiene Code.

2. Introduction

- 2.1 The microbiological quality of water from a water cooler may be of a poor standard, thereby posing a risk to patients, particularly those whose immune systems are compromised.

3. Aims

- 3.1 The aim of the Standard Operational Procedure is to provide a formal process:
- for the use of water coolers within the Trust
 - to ensure the water coolers are maintained and cleaned on a consistent basis
 - for the replacement and purchasing of water coolers

4. Scope

- 4.1 This operational procedure applies to all staff that are required to use and procure water coolers within the Trust.

5. Roles and Responsibilities

- 5.1 **DIPC:** It is the responsibility of the DIPC to provide professional guidance with the purchase and use of water coolers and agree any changes to method practices.
- 5.2 **Estates Management:** It is the responsibility of the Estates Management to ensure water coolers are installed in accordance with manufacturer guidelines and comply with HTM 04-01 Controlling Legionella.
- 5.3 **Infection Prevention Team:** It is the responsibility of the Infection Prevention Team to provide guidance relating to the cleaning process in accordance with the manufacturer's decontamination instructions
- 5.4 **Ward Sister/Department Manager:** It is the responsibility of the Ward Sister/ department Manager to ensure:
- ward/department staff have received the appropriate training and follow correct procedures when using water coolers
 - report any faults or concerns of the water coolers to the Facilities Helpline on ext 6000 immediately
- 5.5 **Domestics Manager:** It is the responsibility of the Domestics Manager to ensure water coolers are cleaned as part of the departments cleaning schedule.

6. Water Coolers

6.1 Types of Water Coolers

- 6.1.1 *Stand Alone Water Coolers*: these require replaceable bottles of water from a commercial supplier. The water quality of these coolers may be poor and their running costs high due to replacement of water bottles. In addition, adequate storage space for bottle water can become a problem. **These types of water coolers must not be used in a clinical environment without authorisation from the Infection Prevention Lead.**
- 6.1.2 *Plumbed in Water Coolers*: these provide water from mains supply and quality and is therefore deemed acceptable for use in clinical environment.

6.2 Cleaning Water Coolers

- 6.2.1 It is the responsibility of the Domestic department to consistently clean the water cooler in clinical areas as part of the ward/departments cleaning schedule as follows:
- water cooler trays are cleaned on a daily basis
 - all parts of water coolers are cleaned on a weekly basis and recorded on a water cooler cleaning record held within ward/clinical department Cleaning Folder or at the water cooler location.
- 6.2.2 Cleaning regime must include the clean of drip trays and all surfaces which must be kept dry and water not allowed to pool within.

6.3 Disposable Cups

- 6.3.1 Disposable cups should be purchased as part of the ward/department weekly consumable top-ups and agreed with the Materials Management Team.
- 6.3.2 It is the responsibility of the ward/department to ensure the cup levels are maintained at the water coolers for use.

7. Procurement, Installation and Maintenance of Water Coolers

- 7.1 All water coolers must be purchased via the Supplies department to ensure the appropriate equipment is supplied and maintenance contract put in place. A formal process to sign off the purchase of water coolers must be authorised by the Infection Prevention Team and Estates department as seen in Appendix A.
- 7.2 All plumbed in water coolers must be assessed and fitted by the Estates department in accordance with Legionella guidance and Approved Code of Practice L8 (ACoP).
- 7.3 Designated drinking water systems and outlet water temperatures must be monitored on a monthly basis by the Estates department. As far as reasonably practical cold water temperatures should not exceed 20 degrees centigrade.
- 7.4 All plumbed in machines are sanitised and filters changed on a six monthly basis and bottled sanitised on a quarterly basis under the water cooler supplier contract.

- 7.5 In the event of the water cooler breaking down, departments should contact the Facilities Helpline on ext. 6000.

8. Training

- 8.1 All staff must be trained in the use and cleaning of water coolers as part of their local induction/training requirements.
- 8.2 Competency will be measured annually or when a training need is identified.

9. Contacts

- 9.1 If you experience any difficulties or concerns regarding the use of water coolers, the numbers below may be able to help.
- Helpline (logging faults) Ext. 6000
 - Infection Prevention Team Ext. 6398
 - Domestic Services Ext. 4047

10. Auditing

- 10.1 An audit of this standing operational procedure will be undertaken by the Estates & Facilities Quality Assurance team on an annual basis and results reported to the Water Safety Management Group.

11. Communication and Implementation

- 11.1 The SOP will be made available on the Trust's intranet & website.
- 11.2 The SOP will be issued to senior operational managers for them to disseminate within their wards and departments.
- 11.3 The approved policy will be notified in the Trust's Staff Focus that is sent via e-mail to all staff.

12. Equality Impact Assessment

- 12.1 The Trust is committed to the provision of a service that is fair, accessible and meets the needs of all individuals.
(Refer to Appendix C)

13. References

Approved Code of Practice L8 – The Control of Legionella Bacteria in Water Systems
HTM 04-01 - The Control of Legionella Hygiene, "Safe" hot water, cold water and drinking water system

Health and Social Care Act (2008) Hygiene Code.

REQUEST FOR WATER COOLER

Ward / Department Details		
Ward / Department Name		
Contact Name	Print:	Signature:
Contact Tele No.		
Date		
Ward/Departmental Budget Code		
Water Cooler Details		
Location to be installed		

Please email your completed form to: Julie.Connell@meht.nhs.uk

For Office Use		
Estates Management	Name:	Date of Approval:
Supplies Management	Name:	Date of Approval:
Infection Prevention	Name:	Date of Approval:

Estates & Facilities Management

Annual Policy Audit Tool: Standard Operational Procedure for the use of Water Coolers

Policy Ref.	Audit Question	Answer	Comments/Actions
Next Review Date.	What is the review date of the policy and has this date passed?	Date: Yes/No	
6.2.1	Is the water cooler visibly clean?	W/C 1:	
		W/C 2:	
		W/C 3:	
		W/C 4:	
		W/C 5:	
		W/C 6:	
		W/C 7:	
		W/C 8:	
		W/C 9:	
		W/C 10:	
6.2.1	Where the weekly cleaning records maintained in the departments Cleaning Folder?	W/C 1:	
		W/C 2:	
		W/C 3:	
		W/C 4:	
		W/C 5:	
		W/C 6:	
		W/C 7:	
		W/C 8:	
		W/C 9:	
		W/C 10:	

6.3	Were there disposable cups available at the water cooler for use?	W/C 1:		
		W/C 2:		
		W/C 3:		
		W/C 4:		
		W/C 5:		
		W/C 6:		
		W/C 7:		
		W/C 8:		
		W/C 9:		
		W/C 10:		
7.4	Under the suppliers contract, has the plumbed machines been sanitised and filters changed on a six monthly basis; or bottled machines been sanitised on a quarterly basis?	W/C 1:		
		W/C 2:		
		W/C 3:		
		W/C 4:		
		W/C 5:		
		W/C 6:		
		W/C 7:		
		W/C 8:		
		W/C 9:		
		W/C 10:		
		W/C 2:		
		W/C 3:		
		W/C 4:		
		W/C 5:		
		W/C 6:		
		W/C 7:		
		W/C 8:		
		W/C 9:		
		W/C 10:		

Date of Audit:	
Name & Job Title of Lead Auditor:	
Signature:	

Date of Next Water Quality Group Results Submitted:	
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Appendix C: Preliminary Equality Analysis

This assessment relates to: (please tick all that apply)

A change in a service to patients		A change to an existing policy		A change to the way staff work	
A new policy		Something else (please give details)	A formal review of the existing policy		

Questions	Answers
1. What are you proposing to change?	Nothing different from existing policy
2. Why are you making this change? (What will the change achieve?)	n/a
3. Who benefits from this change and how?	
4. Is anyone likely to suffer any negative impact as a result of this change? If no , please record reasons here and sign and date this assessment. If yes , please complete a full EIA.	n/a
5. a) Will you be undertaking any consultation as part of this change? b) If so, with whom?	n/a

Preliminary analysis completed by:

Name	Jo Mitchell	Job Title	Head of QA (MSB)	Date	7 Nov 2018
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