

# Water Management Policy

Incorporating *Legionella* and *Pseudomonas aeruginosa*, “safe” hot water, cold water, drinking water and ventilation systems  
Management and Control

**Ref: CORP-0040-v4.1**

**Status: Ratified**

**Document type: Policy**

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# 1 Introduction

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The Trust accepts its responsibility under the Health and Safety at Work etc. Act 1974 and the Control of Substances Hazardous to Health Regulation 2002 (as amended), to take all reasonable precautions to prevent or control the harmful effects of contaminated water to residents, patients, visitors, staff and other persons working at or using its premises.

It is expected that this Policy will be complied with by all the Trust's Employees and by all appointed contractors, in whatsoever capacity, with or without contractual agreements.

## 2 Why we need this policy

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### 2.1 Purpose

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The purpose of this policy is to introduce:

- A structured procedure and reporting schedule for managing and controlling water safety incorporating Legionella, *Pseudomonas aeruginosa* and other waterborne pathogens; and
- Safe hot water management programmes in compliance with current guidelines (HTM's, HGN's, Model Engineering Specifications and Approved Codes of Practice), Legislation and Water Supply Regulations.

### 2.2 Objectives

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As required by the Health and Safety Commissions (2013) Approved Code of Practice (L8), the Trust undertakes to:

- Appoint persons to be managerially responsible;
- Identify and assess sources of risk;
- Prepare an action plan for preventing, reducing or controlling the risk;
- Implement and manage and monitor precautions;
- Keep records of the precautions implemented and will do so for each of the health care premises within the Trust's control.

## 3 Scope

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### 3.1 Who this policy applies to

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The Water Safety Group (WSG) has the overall responsibility for implementing these procedures to ensure that safe, reliable domestic hot and cold water supply, storage and distribution systems operate within the Trust.

This policy applies to all Trust premises whether owned or occupied by the Trust under lease or other Service Level Agreements (SLAs) and Private Finance Initiatives (PFI). Where buildings/areas occupied by Trust staff and/or patients are managed by others, the requirements of this policy remain applicable although implementation of the site specific risk management requirements is managed by local policies. It therefore remains the Trust's responsibility by the Estates Engineer –Specialist Services and Capital Development Manager to ensure that the requirements of this policy are notified to and complied with by all other parties described above.

## 4 Employers and Employees Duties

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

HSWA 2(1) requires employers to:

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

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

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

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

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

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

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## 5 Chief Executive

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The Chief Executive Officer has the overall responsibility for ensuring compliance with all statutory regulations and shall authorise the ratification of this Policy.

The Chief Executive is the “Duty Holder” for all issues relating to the Control of Water Quality at Tees Esk and Wear Valleys NHS Trust. The responsibilities of the duty holder are delegated in writing to the Director of Estates, although the accountability remains with the Chief Executive.

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## 6 Director of Estates

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The Director of Estates by accepting the responsibilities of the “Duty Holder” in writing shall;

- Appoint, in writing, the relevant Responsible Persons following confirmation that these persons has sufficient knowledge and have been appropriately trained;
- Appoint, in writing, an Authorising Engineer following confirmation that this person has sufficient knowledge and has been appropriately trained;
- Appoint in writing a Trust Water Safety Group (WSG) of Responsible Persons from all pertinent areas to take implementation responsibility for the control of the 'Water Quality' and to be legally accountable, on a joint and several liability basis, for assessing and controlling identified risks from Legionella and *Pseudomonas aeruginosa* and other waterborne pathogens and Safe Hot Water Management Programmes.
- Seek and allocate any funds or resources required to comply with the HSC Approved Code of Practice and Guidance L8 - *The Control of Legionella Bacteria in Water Systems Approved Code of Practice*;
- Ensure that the scope of the regulations are being fully addressed in terms of examinations and inspections

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## 7 Estates Responsible Person (Water)

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The Estates Officer by accepting the responsibilities of “Responsible Person (Water)” in writing shall;

- Supervise the Deputy Responsible Person (Estates);
- Deputise for the Duty Holder in their absence.
- Ensure that the Deputy Responsible Persons (Estates) have received the necessary training to ensure competence;
- Advise the Duty Holder on all matters relating to the Management & Control of Water Safety and Safe Hot Water Management and ensure that they are informed of all changes, or proposed changes, in the legislation/recommendations relating to Water Safety inclusive of Legionella, *Pseudomonas aeruginosa* and other waterborne pathogens which may affect the Trust, in general, and the buildings under their control.
- Ensure suitable and sufficient risk assessment is carried out by competent person(s) for water systems and air conditioning plant in line with BS8550 and the HSC Approved Code of Practice and Guidance L8 - *The control of Legionella Bacteria in Water Systems and The Health Technical Memoranda*, HTM04-01.

- Together with the WSG, consider each Risk Assessment Report and ensure the design, arrangement, implementation and management of all necessary Remedial Works required to allow the systems to comply with the current and relevant guidelines and legislation, and to ensure minimisation or control of the prevailing risk.
- Prepare and manage the implementation of the operational procedure for prevention or control of legionella. Ensure that these requirements are communicated to all affected staff;
- Ensure records are kept and maintained of the ongoing monitoring and control procedures for the prevention of legionella;
- Liaise with the Consultant Microbiologist and other appropriate professionals when conditions in the system(s) are outwith the control parameters;
- Report to the WSG quarterly and on the state of compliance and indicate any additional measures necessary to facilitate compliance;
- Ensure that all estates staff or nominated contractors involved in legionella risk assessment, control and audit are trained and competent, appropriate to their duties and responsibilities. Up to date records of training must be maintained;
- Ensure drawings of the systems are available and kept updated;

## **8 Estates Deputy Responsible Person (Water)**

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The Estates Engineering Officer by accepting the responsibilities of “Deputy Responsible Person (Water)” in writing shall;

- Deputise for the Responsible Person (Water)
- Together with the Responsible Persons (Water), considers each Risk Assessment Report and ensure the design, arrangement, implementation and management of all necessary Remedial Works required to allow the systems to comply with the current and relevant guidelines and legislation, and ensures minimisation or control of the prevailing risk;
- Ensures the design, arrangement, implementation and management of all Pre-Planned Maintenance Programmes (PPM) required to allow the systems to comply with the current and relevant guidelines and legislation, and ensures minimisation or control of the prevailing risk;
- Implements, maintains and manages a Log-Book system which operates a ‘Defect-Log’ designed to allow for the correct and timely management of any faults/shortfalls identified during the PPM visits and retain all data for five years;
- Considers the Log-Book and ‘Defect-Log’ and advises the Responsible Person (Estates), via a Quarterly Report of the status of the Water Safety Management & Control and Safe Hot Water Management Programme;
- Audits on a quarterly basis the locally implemented Water Safety Management & Control (PPM’s) at each site;
- Ensures competency of all contractors commissioned on Water Safety Management & Control and Safe Hot Water Management related projects;
- Ensures personnel training records are kept up to date;
- Ensure COSHH risk assessments have been completed and controls implemented, especially where cleaning and treatment chemicals are to be used;
- Ensure maintenance personnel are provided with suitable and appropriate RPE, PPE and trained in their proper use, especially during system and tank cleaning operations, see Health and Safety Manual COSHH Procedure;

- Ensure, where work in confined spaces is required, that the requirements of the Confined Spaces Regulations are implemented, see Health and Safety Manual Confined Spaces Procedure;
- Ensure that systems, where chemically treated, do not breach discharge conditions set out by Water Supply (Water Quality)(Scotland) Regulations 2001;
- Report promptly to the Responsible Person (Estates) any serious deviation outwith the control limits and implement the required action to return systems to normal operation

## 9 Estates Competent Persons

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Has received approved training and have sufficient experience and competence to service, maintain and clean water systems in a safe and effective manner. The Estates Competent Persons shall

- Ensure that all procedures, safe working practices and permits to work are followed and that any personal protective equipment or clothing is used;
- Promptly report all defects, unusual occurrences and other anomalies, as appropriate, to the Deputy Responsible Person (Water);
- Work with the Deputy Responsible Person (Water) and identify hazards and reduce risks by following safe working practices;
- Complete written records when required

## 10 IPC Responsible Person (Water)

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The Infection, Prevention and Control Officer (DIPC) by accepting the responsibilities of IPC Responsible Person in writing shall

- Appoint and Deputy to assist in the below tasks.
- Assists the WSG and the Responsible Person, Deputy Responsible Person (Water) in the implementation and management of water safety inclusive of Legionella, *Pseudomonas aeruginosa* and other waterborne pathogens and Safe Hot Water Management Programs, across all Trust premises.
- Advise all areas occupied by Trust patients the designate level of risk to patients from Legionella and *Pseudomonas aeruginosa* and other waterborne pathogens
- Advise the WSG with the strategic and operational management of water microbiological sampling.
- Agrees the contents of this policy and agrees any amendments with the Water Safety Group.

## 11 Capital Responsible Person (Water)

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The Capital Projects Officer, who has the appropriate knowledge, training and experience of hot and cold water supply, storage and mains services by accepting the responsibilities of "Responsible Person (Capital)" in writing shall:

- Appoint and Deputy to assist in the below tasks.
- Ensures that all new and altered water systems, including minor and major modifications/refurbishments, comply with the requirements of BS 8558:2015, L8, HTM 04-01, HTM 03-01 and HTM 01-05. In this respect, at the design stage and inform the Authorising Engineer (Water) of such works.
- Ensures that all Estates staff, contractors', sub-contractors' and Clerk of Works are competent and their interpretation of the requirements are suitably assessed and confirmed.
- Notifies the water undertaker of any such proposed installation of water fittings and has the water undertakers' consent before installation commences, as required by the Water Supply (Water Fittings) Regulations 1999. N.B It is a criminal offence to install or use water fittings without prior consent of the water undertaker for all new systems that include major modifications/refurbishments.
- Informs the Responsible Person, Deputy Responsible Person (Estates) of any forthcoming schemes and ensures that an appropriate flushing programme is in place and a record of flushing activity is maintained for the respective areas.
- Ensures that site installation and commissioning procedures are addressed as part of the project management process. These shall include all relevant sections as described in HTM 04-01 Section 16 and within BS 8558:2015.
- Ensures the procedures in the Water Safety Plan are followed.
- Ensures that all specific issues around quality control of the works on site are suitable managed.
- Ensures that while areas are under a contractors control that a competent member of the Estates Team completes the required element of the Log-book system.
- Witnesses tests and checks under the terms of contract.
- Ensures that Operating and Maintenance manuals and "as-built" drawings are provided for all building services installation, including commissioning data, disinfection certificates and biological analysis results. These shall include all relevant sections as described in HTM 04-01 Sections 18 and within BS 8558:2015.

## 12 Nominated Persons

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The members of the WSG by accepting the responsibilities of "Nominated Persons" in writing shall;

- Ensure that there is a proactive approach to organising, planning, controlling and reviewing Health & Safety. Further Health & Safety responsibilities of Managers are given in the Trust's Health & Safety Policy.
- Assist in the implementation and management of Water Safety inclusive of Legionella, *Pseudomonas aeruginosa* and other waterborne pathogens and Safe Hot Water Management Programmes, across all Trust premises.
- Ensure that the appropriate staff, under their control, are given suitable information, instruction and training with regard to water systems. Records should be maintained of training and competency.
- Notify the Responsible Person, Deputy Responsible Person (Estates) of any changes to period and/or type of use of any sections/areas under their control.
- Notify the Responsible Person, Deputy Responsible Person (Estates) of any section/areas shut-downs or vacations of sections/areas under their control

## 13 Wards/Department/Community Managers

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- The Managers, Clinical Leads, Heads of Department are to inform the Estates Department, when areas may lie vacant for more than 4 days. This allows the Estates Department to take the required risk management precautions and implement all appropriate processes and procedures.
- Ward/department/community managers have the responsibility of ensuring that all outlets are flushed according to the Water Safety Plan. Recording of this task is by paper records.
- The completed records will be audited on a monthly basis by the department Matron or Heads of departments.
- Where infrequently used facilities are deemed by the ward/department/community manager to be no longer required, they must notify, in writing, the Estates Department for removal.
- Notify the Estates Department of any changes to period and/or type of use of any sections/areas under their control.
- Notify the Estates Department of any section/areas shut-downs or vacations of sections/areas under their control.

## 14 Authorising Engineer (AE)

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The Authorising Engineer (AE) is an independent professional adviser to the healthcare organisation. The AE is appointed by the Duty Holder to provide services in accordance with Health Technical Memoranda guidance. This may vary in accordance with the specialist service being supported.

The AE acts as an assessor and makes recommendations for the appointment of Responsible Persons, monitors the performance of the service, and provides a 6 monthly audit to the WSG.

The AE shall;

- Monitor the effectiveness of this Policy and the Water Safety Plan;
- Ensure that the specification, and the design engineer's competence and interpretation of the requirements are suitably assessed and confirmed and ensures that all contractors' competence and their interpretation of the requirements are suitably assessed and confirmed and will also ensure the Clerk of Works' competence and interpretation of the requirements;
- In conjunction with the appointed Responsible Person (Capital) contributes to the design process and ensures all water and air systems, implicated within the design remit, comply with the requirements of L8, HTM 04-01 and [BS 8558:2015](#).
- Provides a design compliance certificate and Installation Review memorandum;
- Carry out an audit and monitors during construction, to ensure upon completion, the scheme complies with the requirements;
- Supply training, advice and assistance in all Water Safety matters;
- Carry out a System and Process Audit on a six monthly basis, as instructed by the WSG

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## 15 Contractors

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Contractors are designated by the Estates Department, when required, to be responsible for the supply, installation, validation and verification of hot and cold water services, and for the conducting the installation checks and tests.

All contractors shall be members of Construction line and the Legionella Control Association.

All Contractors need to demonstrate and provide evidence of training and competence appropriate to their responsibilities. However, where a specialist contractor is required to carry out emergency remedial works and does not meet the membership criteria listed above, they may be employed by the discretion of the Chair of the WSG.

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## 16 Water Safety Group (WSG)

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The WSG is accountable to the Trust Board via the Infection Prevention Control Committee (IPCC). The Water Safety Group shall meet on a quarterly basis in line with the terms of reference set out in Appendix 1 of this document, which will be reviewed on an annual basis.

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## 17 Record Keeping

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To ensure that precautions continue to be carried out and that adequate information is available for checking what is done in practice, a record must be kept and maintained, as specified in the Water Safety Plan, for at least five years showing the information specified in the ACOP L8.

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## 18 How this policy will be implemented

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|---|
| <ul style="list-style-type: none"><li>• This policy will be published on the Trust's intranet and external website.</li></ul>   |
| <ul style="list-style-type: none"><li>• Line managers will disseminate this policy to all Trust employees through a line management briefing.</li></ul>               |
| <ul style="list-style-type: none"><li>• The policy will follow robust governance process which includes EMT, HSSF Group, IPC Group, and Water Safety Group.</li></ul> |

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### 18.1 Training needs analysis

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The WSG via the Responsible Persons shall ensure that staff, under their supervision, which are involved in, or associated with Water Safety Management & Control and Safe Hot Water Management, undertake regular in-depth accredited training courses at least every 2 years to ensure they are kept updated on new developments in the management and control of water services

Training is carried out at least every 2 years to ensure that the staff remain competent and fulfil their specific responsibilities. Attendance is recorded and maintained ready for inspection by the Heads of department.

Staff with specific responsibilities for actions to control the “Risk” must be given additional training in how to carry out those particular tasks.

Deputies must receive equivalent training and be deemed competent by the person whose function they are covering.

Individual records must be kept for these staff, and staff should not be allowed to perform their duties without supervision until they have been deemed competent via the completion of the accredited training. The level of knowledge should be regularly assessed and should be programmed and continuous rather than sporadic.

## 19 How the implementation of this policy will be monitored

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The Responsible Person (Water) within the Estates Department in conjunction with the Authorising Engineers (Water) will review this policy every 3 years or update as required to take account of new legislation, guidance, procedures, protocols, changes to personnel and also as a result of audit findings.

## 20 Related documents and associated documentation

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This policy shall be used in conjunction with current version of the Trust's Water Safety Plan (WSP) Incorporating Legionella, *Pseudomonas aeruginosa* and other Waterborne pathogens, 'safe' hot water, cold water, drinking water and ventilation systems Management and Control' and is in support of the Health and Safety Policy HS-001. It replaces the following document, which shall be removed:

Legionella Protocol ref CORP – 0040-V3

Other associated documents consist of, but shall not be limited to;

- i. The Construction (Design and Management) Regulations 2007 (CDM)
- ii. the Building Regulations 2010 (and associated amendments)
- iii. CIBSE Guide G Public Health and Plumbing Engineering
- iv. The Water Regulations Advisory Scheme's (WRAS) 'Water Regulations Guide', and any other requirements of the local water undertaker;
- v. The Water Supply (Water fittings) Regulations 1999.
- vi. The Water Supply (Water Quality) Regulations 2000.
- vii. BS 1710 – 1984 - Specification for identification of pipeline services.
- viii. BS 8558:2015 provides complimentary guidance to [BS EN 806](#). It is a guide to the design, installation, testing, operation and maintenance of services supplying water for domestic use within buildings and their curtilages.
- ix. BS EN 806-5:2012 Specification for installations inside buildings conveying water for human consumption - Operation and maintenance.
- x. BS EN 806-1:2000 Specifications for installations inside buildings conveying water for human consumption -General.
- xi. BS EN 806-2:2005 Specifications for installations inside buildings conveying water for human consumption – Design.
- xiii. BS EN 806-3:2006 Specifications for installations inside buildings conveying water for human consumption - Pipe sizing. Simplified method.

- xiv. BS EN 806-4:2010 Specifications for installations inside buildings conveying water for human consumption – Installation.
- xv. BSi PD 855468:2015 - Guide to the flushing and disinfection of services supplying water for domestic use within buildings and their curtilages: September 2015.
- xvi. Legionnaires' disease - The Control of Legionella bacteria in water systems Approved Code of Practice and guidance on regulations L8 (Fourth Edition) 2013.
- xvii. Health and Safety Guidance 274 Parts 1-3 2013.
- xviii. The Control of Legionella, hygiene, “safe” hot water, cold water and drinking water systems HTM 04-01 Part A, B and C.
- xix. Water Systems - *Pseudomonas aeruginosa* Advice for augmented care units HTM04-01.
- xx. Heating and ventilation systems Health Technical Memorandum 03-01: Specialised ventilation for healthcare premises.
- xxi. Decontamination in primary care dental practices HTM01-05.
- xxii. HTM 04-01; including HTM 04-01: Supplement – Performance specification D 08: thermostatic mixing valves (healthcare premises) 2015 edition
- xxiii. Department of Health 'Performance requirements for building elements used in healthcare facilities Version:0.6:England'
- xxiv. HBN 00-10 Part C Sanitary assemblies 2013.
- xxv. Model Engineering Specification C07 1997 rev 3.
- xxvi. Health Building Note 13 – Sterile Service Departments – 2004.
- xxvii. PHE Hospital waters - how to ensure high quality microbiological testing: April 2014
- xxviii. Public Health England (PHE) – Examining food, water and environmental samples from healthcare environments – Microbiological Guidelines:2013.
- xxix. BS7592:2008 – Sampling for Legionella bacteria in water systems – Code of practice.
- xxx. World Health Organisation (WHO) – Water Safety in buildings:2011.
- xxxi. BS 8580:2010 – Water Quality – Risk assessments for Legionella Control – Code of Practice.

## 21 Document Control

Date of approval:	10 March 2021	
Next review date:	28 February 2025	
This document replaces:	CORP-0040-v4 Water management policy	
Lead:	Name	Title
	George Watson	Engineering Officer Specialist Services
Members of working party:	Name	Title
This document has been agreed and accepted by: (Director)	Name	Title
	Paul Foxton	Director of Estates and Facilities
This document was approved by:	Name of committee/group	Date
	Infection Prevention and Control Committee (virtually)	04 March 2021
This document was ratified by:	Name of committee/group	Date
	Senior Leadership Group	10 March 2021
An equality analysis was completed on this document on:	16 February 2021	

### Change record

Version	Date	Amendment details	Status
4	02 Aug 2017	Full review in line with legislation and best practice to cover the management of water systems, including control of Legionella and Pseudomonas	Withdrawn
4	18 Jun 2020	Review date extended from 02 Aug 2020 to 02 Feb 2021	Withdrawn
4	21 Jan 2021	Review date extended till 30 April 2021	Withdrawn
4.1	10 Mar 2021	Minor updates to positions and responsibilities.	Published
4.1	15 Mar 2024	Review date extended till 31 Aug 2024	Published
4.1	Oct 2024	Review date extended till 28 Feb 2025	Published

## 22 Equality Analysis Screening Form

Please note; The Equality Analysis Policy and Equality Analysis Guidance can be found on InTouch on the policies page

Name of Service area, Directorate/Department i.e. substance misuse, corporate, finance etc.	Estates and Facilities Management			
Name of responsible person and job title	Kenneth Tench, Head of Estates and PFI			
Name of working party, to include any other individuals, agencies or groups involved in this analysis				
Policy (document/service) name	Water Safety Policy			
Is the area being assessed a;	Policy/Strategy	<input checked="" type="checkbox"/>	Service/Business plan	<input type="checkbox"/>
	Procedure/Guidance			Code of practice
	Other – Please state			
Geographical area	Trust Wide			
Aims and objectives	The purpose of this Policy is to introduce a structured Procedure and Reporting Schedule, for the Management and Control of Water Safety incorporating Legionella, <i>Pseudomonas aeruginosa</i> and other waterborne pathogens.			
Start date of Equality Analysis Screening	16/02/2021			
End date of Equality Analysis Screening	16/02/2021			

**You must contact the EDHR team as soon as possible where you identify a negative impact.** Please ring 0191 3336267/3542

1. Who does the Policy, Service, Function, Strategy, Code of practice, Guidance, Project or Business plan benefit

Patients, Staff, Visitors and FM Provider

2. Will the Policy, Service, Function, Strategy, Code of practice, Guidance, Project or Business plan impact negatively on any of the protected characteristic groups below?

NO

<b>Race</b> (including Gypsy and Traveller)	Yes/No	<b>Disability</b> (includes physical, learning, mental health, sensory and medical disabilities)	Yes/No	<b>Sex</b> (Men, women and gender neutral etc.)	Yes/No
<b>Gender reassignment</b> (Transgender and gender identity)	Yes/No	<b>Sexual Orientation</b> (Lesbian, Gay, Bisexual and Heterosexual etc.)	Yes/No	<b>Age</b> (includes, young people, older people – people of all ages)	Yes/No
<b>Religion or Belief</b> (includes faith groups, atheism and philosophical belief's)	Yes/No	<b>Pregnancy and Maternity</b> (includes pregnancy, women who are breastfeeding and women on maternity leave)	Yes/No	<b>Marriage and Civil Partnership</b> (includes opposite and same sex couples who are married or civil partners)	Yes/No

**Yes** – Please describe anticipated negative impact/s

**No** – Please describe positive impacts/s

Implementing of the protocol will ensure a suitable and sufficient process is to be followed in the event of a fire developing at RPH

<p>3. Have you considered other sources of information such as; legislation, codes of practice, best practice, nice guidelines, CQC reports or feedback etc.? If 'No', why not?</p>		<p><b>Yes</b></p>		<p><b>No</b></p>	
<p><b>Sources of Information may include:</b></p> <ul style="list-style-type: none"> <li>• Feedback from equality bodies, Care Quality Commission, Equality and Human Rights Commission, etc.</li> <li>• Investigation findings</li> <li>• Trust Strategic Direction</li> <li>• Data collection/analysis</li> <li>• National Guidance/Reports</li> </ul>			<ul style="list-style-type: none"> <li>• Staff grievances</li> <li>• Media</li> <li>• Community Consultation/Consultation Groups</li> <li>• Internal Consultation</li> <li>• Research</li> <li>• Other (Please state below) HTMs, Fire Code.</li> </ul>		
<p>4. Have you engaged or consulted with service users, carers, staff and other stakeholders including people from the following protected groups?: Race, Disability, Gender, Gender reassignment (Trans), Sexual Orientation (LGB), Religion or Belief, Age, Pregnancy and Maternity or Marriage and Civil Partnership</p>					
<p><b>Yes</b> – Please describe the engagement and involvement that has taken place</p>					
<p><b>No</b> – Please describe future plans that you may have to engage and involve people from different groups</p>					
<p>5. As part of this equality analysis have any training needs/service needs been identified?</p>					

Yes/ <del>No</del>	Please describe the identified training needs/service needs below  Staff need to undertake Fire Safety Training.				
A training need has been identified for;					
Trust staff	Yes/ <del>No</del>	Service users	<del>Yes</del> /No	Contractors or other outside agencies	Yes/ <del>No</del>
<b>Make sure that you have checked the information and that you are comfortable that additional evidence can provided if you are required to do so</b>					
The completed EA has been signed off by: You the Policy owner/manager: Type name: GEORGE WATSON					Date: 16/02/2021
Your reporting (line) manager: Type name: Kenneth Tench					Date: 16/02/2021