1. Policy Statement

NHS Greater Glasgow and Clyde acknowledges the danger of the risk of infection from water systems contaminated by legionella bacteria and will protect staff, patients and members of the public from infection as far as is reasonably practicable by minimising the proliferation of legionellae through the use of appropriate control measures. This policy will require the full co-operation of management and staff at all levels. The Chief Executive will appoint in writing, staff members with responsibilities for the implementation of this policy, in accordance with HSE Approved Code of Practice L8 ‘The Control of Legionella Bacteria in Water Systems’, and Scottish Health Technical Memorandum 2040, ‘The Control of Legionella in Health Care Premises’.

2. Duty Holder and Nominated Persons

The Chief Executive has overall responsibility for ensuring that NHS Greater Glasgow and Clyde premises comply with all statutory requirements and has an overriding duty of care as the Duty Holder under the Health and Safety at Work etc Act 1974.

The Sector Estates Managers will adopt the role of Nominated Person (Legionella), with responsibilities as defined in SHTM 2040.

3. Operational Plan for the Control of Legionella

NHS Greater Glasgow and Clyde will maintain a written Operational Plan, devised in accordance with HSE Approved Code of Practice L8 and Scottish Health Technical Memorandum 2040. The Operational Plan will include:

(1) The management structure identifying:
- The Nominated Persons, who have responsibility for implementing and maintaining the Policy and Operational Plan in the properties within their remit.
- The Deputy Nominated Persons, who have day-to-day responsibility at specified sites for the management of the water systems in accordance with the Policy and Operational Plan.
- The Infection Control Teams, responsible for advising on, and the monitoring of, infection control policy for Legionella.
- The Lead Professional (Legionella), who retains a managerial responsibility for ensuring audit, review and general guidance on Legionella policy and procedures.
(2) Identification of all systems, plant and equipment, which pose a potential risk.
(3) The specification for planned preventative maintenance regimes and testing.
(4) Details of ongoing monitoring and review systems to ensure correct implementation and operation of the Policy and Operational Plan, including details of the Professional Advisors Role.

4. Audit and Review

The Policy and Operational Plan shall be reviewed annually by the Area Health and Safety Forum. The review meeting shall be attended by the Lead Professional (Legionella) and the appointed Professional Advisor (Legionella). In addition the Board Infection Control Committee will review the documents annually.

5. Documentation

All Legionella documentation shall be kept within the Estates Department on each relevant site under the control of the Nominated Person or Deputy.

6. Approval

Signature: ........................................

Name: ........................................

Designation: ...................................

Date: ........................................

7. References

SHTM 2027 Hot and Cold Water Supply, Storage and Mains Services

SHTM 2040 The Control of Legionella in Healthcare Premises

HSE Approved Code of Practice (L8), The Control of Legionella Bacteria in Water Systems.

The Health and Safety at Work etc Act 1974

The Control of Substances Hazardous to Health Regulations 2002
1. Introduction

NHS Greater Glasgow and Clyde is committed to complying with all extant and developing legislation with regards to the control of Legionellae. The purpose of this Operational Plan is to specify the personnel, systems and procedures the organisation has put in place in order to minimise the risk from Legionellae. In addition a Written Scheme will be held at each relevant location, the Scheme providing the details of the actions required within the Operational Plan.

2. Risk Assessment

Suitable and sufficient risk assessments will be carried out on all properties within the remit of NHSS Greater Glasgow and Clyde. The risk assessment will identify and assess the risk of exposure to legionella bacteria from ventilation plant and water systems on the premises and any necessary precautionary measures to reduce or eliminate said risk.

An action plan containing the outstanding remedial works identified from the risk assessments will be maintained and reviewed on a quarterly basis and progress recorded. The action plan will be held by the Nominated Person (Legionella) and will also be contained within the Legionella logbook to be held on each site.

3. General

The following systems have been identified as those, which may pose a threat from Legionellae and will therefore be addressed as such by the risk assessment at each location:

Domestic Hot Water Systems, Domestic Cold Water Systems, ‘Wet’ Components in Ventilation Systems, Cooling Towers, Evaporative Condensers, Hydrotherapy Pools, Cassette Air Conditioning Units, Water Features, Medical Gases Systems, Ice Making Machines, and any other systems and/or equipment prone to water stagnation or other forms of microbiological contamination.

Preventative maintenance systems will be kept up to date in line with current versions of SHTM 2040 (Control of Legionella) SHTM 2027 (Hot & Cold Water Supply) and also the HSE Approved Code of Practice L8. These documents will be regarded as the minimum standard to be maintained, noting that the present Scottish Health Technical Memorandums are subordinate to the HSE Approved Code of Practice L8.

A Legionella logbook will be held for each site and will be held by the Deputy Nominated Person (Legionella). This will contain records of all checks, tests and test results, and also a record of all storage tanks, distribution pipe work, calorifiers and fittings. Relevant schematic system drawings (showing these systems “as fitted”) will also be held.
Only staff or contractors who have appropriate training and experience will undertake work on water systems. Relevant in-house staff will receive initial training on the control of Legionella and will have basic principals reinforced through regular group refresher training at 3 yearly intervals. Training records will be held for all relevant staff at the appropriate Estates Office.

Nominated Persons and Deputy Nominated persons will receive initial formal training and written appointment for the duties involved with formal refresher training on a 3 yearly basis.

When new water systems are being installed or existing systems modified the design shall be in line with current guidance to eliminate features that could encourage the growth of micro-organisms. New systems and /or plant shall adhere to SHTM 2040 Part 4 – Validation and Verification. Existing systems will be examined as part of the initial risk assessment and appropriate remedial action implemented where necessary.

4. Management Structure

A management structure is required in order to ensure that the systems and procedures implemented for the control of legionella can be properly managed. The NHS Greater Glasgow and Clyde Legionella management structure is as shown on Appendix No 1.

The Nominated Person will have overall responsibility for ensuring that the requirements of the Policy and Operational Plan are implemented throughout the properties within their remit. The Deputy Nominated Persons will ensure the correct day to day operation of the Policy and Operational Plan for the sites they are responsible for.

A Professional Advisor (Legionella) will be commissioned in order to provide ongoing professional expert advice to all appointed staff. An annual independent review of operational procedures shall be carried out by the Professional Advisor and a report submitted to the Lead Professional (Legionella).

A Legionella Control Team for each Sector, consisting of the Nominated Person, Infection Control Doctor or Microbiologist, Health & Safety Advisor, Lead Infection Control Nurse and Clinical Service Representatives as appropriate, shall be appointed in writing by the Chief Executive. The function of the Control Team will be to manage infection control practices and procedures for Legionella for the properties within their remit.

5. Routine Water Sample Testing for Legionella Bacteria.

Routine sampling and testing will be carried out as specified in paragraph 185 of HSE Approved Code of Practice L8 and particularly in those areas where immunologically compromised patients* exist and in water systems where a biocide is used as a control measure as opposed to thermal control measures.

*The definition of ‘immunologically compromised patient’ is somewhat loose, therefore, individual wards/patient areas will be risk assessed with respect to the likely susceptibility that their particular patient group has to acquiring legionella infections.
The results of the testing will be actioned in accordance with paragraph 189, table 4 of HSE Approved Code of Practice L8.

Detection of Legionella bacteria will be recorded on an Incident Report form which will include assessment of the risk rating and identification of the appropriate remedial action. See Section 8 for further details.

6. Maintenance and Testing

Maintenance and testing routines for all relevant plant and systems will be in place at each property, and will be compliant with the requirements of HSE Approved Code of Practice L8 and Scottish Health Technical Memorandums 2040 and 2027.

Maintenance and testing will only be carried out by trained, competent personnel, who are familiar with the risks associated with Legionella.

Records of all planned maintenance and testing activities will be held at each relevant site.


The following monitoring and review procedures will be in place in order to ensure the correct implementation and operation of the NHS Greater Glasgow and Clyde Legionella Policy and Operational Plan.

7.1 Annual Sector Compliance Review/Audit.

The Nominated Person will be responsible for the formal review of the implementation of the Operational Plan within the sites under their remit, the purpose being to determine the correct operation of the control measures in place and their efficacy. An annual review meeting will be held at which all members of the Legionella Control Team, Deputy Nominated Persons(s), Nominated Person (Chair) and Lead Professional (Legionella) will attend. The recommendations arising out of the review will be recorded and implemented at the soonest available opportunity. Progress on the implementation of the Action Plan arising from Legionella risk assessments will be a standing item on the meeting agenda.

The annual review meeting will include a review of the NHSGG&C Policy and Operational Plan.

7.2 Quarterly Sector Audit.

The Nominated Person will on a quarterly basis, through the Deputy Nominated Person(s), make inspections and checks to establish that the necessary preventive and protective measures (control measures) are in place and effective. Records of the inspections and checks will be held and signed off by the Nominated Person. Inspections and checks will include:

(1) Progress assessment of Action Plans
(2) Confirmation and evidence that all testing regimes are in place and functioning.
(3) Confirmation and evidence that all planned and corrective maintenance requirements are being completed.
(4) Assessment of incomplete Incident Reports (i.e. those where the remedial action identified has not been fully actioned).

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7.3 Breakdown of Control Measures

Should breakdown of the control measures occur, the Nominated Person, in conjunction with the Deputy Nominated Person(s), will investigate the causes of breakdown and identify and prioritise the remedial action required through a Critical Incident Review, including all members of the Legionella Control Team. This will be documented by the Nominated Person and held on file for record purposes.

8. Incidents of Legionella Contamination

Where Legionella bacteria is detected within any plant and/or systems within properties under their remit, the Deputy Nominated Person will, in conjunction with and under the advice of, the local Legionella Control Team, investigate accordingly in order to determine the cause of the contamination and identify and prioritise any remedial action required.

The event will be recorded within an Incident Reporting Form (raised by the Deputy Nominated Person) which will be processed as per the normal reporting procedures and actioned appropriately. The risk rating called for within the Incident Report will be agreed with the appropriate members of the Infection Control Team.

The Nominated Person (Legionella) will retain a file of all such Incident Reports, subdividing the file into complete and incomplete reports.

Local Legionella Control teams will agree the locations of ‘high risk’ areas within their premises, that is, those areas occupied by patients who are particularly susceptible to infection. Where Legionella bacteria are detected in high risk areas, the risk assessment carried out shall take account of this and will call for more stringent remedial action than for all other areas. A list of high risk areas will be contained within the Written Scheme for the site.

The detection of legionella bacteria in a system is not notifiable hence information relating to an event will therefore be contained within the local Legionella Control Team and actioned accordingly. Any Incident Report resulting in a ‘High’ or above risk rating will call for a Critical Incident Review which will be supported by an Investigation Report.


A single case of Healthcare Associated Legionnaires Disease should be reported to the HSE via RIDDOR (Reporting of Injuries Diseases and Dangerous Occurrences Regulations 1995).

An outbreak of Legionnaires Disease is defined as two or more confirmed cases of infection occurring in the same locality within a six month period.
The procedures to be followed in the event of an outbreak will be as defined within the HSE Approved Code of Practice L8, 'The Control of Legionella Bacteria in Water Systems' Appendix 2, 'Action in the Event of an Outbreak'.
Distribution

Copies of this Policy and Operational Plan are distributed as follows:

Board Infection Control Committee (Chair)
Lead Professional (Legionella)
Nominated Persons - Legionella
Deputy Nominated Persons - Legionella
Legionella Control Team Members
Director of Facilities
General Managers (Facilities)
Professional Advisor (Legionella)
Lead Health and Safety Advisor
Head of Capital Projects