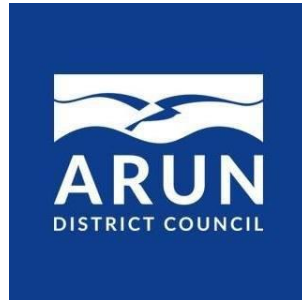


# Legionella Policy



<b>Name</b>	Legionella Policy
<b>Owner</b>	Chief Executive Officer
<b>Last Review</b>	June 2021
<b>Next Review</b>	June 2023
<b>Consultation Residents</b>	TBC
<b>Confidentiality</b>	Low
<b>Approval and Recommendation</b>	CMT
<b>Approval</b>	Resident Services and Well-being Committee

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## 1.0 Introduction and Policy Objectives

- 1.1 The key objective of this policy is to ensure our Councillors, Corporate Management Team, employees, partners and residents are clear on how we propose to comply with our legal and regulatory Legionella safety obligations. This policy provides a practical framework within which to meet these obligations
- 1.2 The policy is to be used to implement the obligations placed upon Arun to maintain a safe environment for residents and employees, within the home of each resident, and within all communal areas of buildings and other properties we own and/or manage.
- 1.3 The key objective of this policy is to ensure that our Councillors, Corporate Management Team, employees, partners and residents are clear on our legal and regulatory legionella obligations. This policy provides the framework our staff and partners will operate within in order to meet these obligations.
- 1.4 This policy forms part of our wider organisational commitment to driving a health and safety culture amongst staff and contractors (as detailed within our Health and Safety Policy). It will be saved on our shared drive and distributed to all relevant members of staff.

## 2.0 Scope

- 2.1 This policy is relevant to all our Councillors, employees, residents, contractors, stakeholders and other persons who may work on, occupy, visit, or use our premises, or who may be affected by our activities or services.
- 2.2 The policy should be used by all to ensure they understand the obligations placed upon Arun to maintain a safe environment for residents and employees within the home of each resident, and within all communal areas of buildings and other properties we own and/or manage. Adherence to this policy is mandatory.

## 3.0 Regulatory Standards, Legislation and Approved Codes of Practice

- 3.1 **Regulatory Standards** - We must ensure we comply with the Regulator of Social Housing's regulatory framework and consumer standards for social housing in England; the Home Standard is the primary one applicable to this policy.
- 3.2 **Legislation** - The principal legislation applicable to this policy is as follows:
  - The Health and Safety at Work Act 1974.
  - The Management of Health and Safety at Work Regulations 1999 (Management Regulations).
  - The Control of Substances Hazardous to Health Regulations 2002 (as amended) (COSHH).
- 3.3 **Approved Code of Practice (ACoP)** - The principal ACoP applicable to this policy is:

- ACoP L8 - 'Legionnaires' disease: The control of legionella bacteria in water systems' (4th edition 2013).

3.4 **Guidance** - The principal guidance applicable to this policy is as follows:

- HSG274 - Legionnaires' disease: Technical guidance Part 1: The control of legionella bacteria in evaporating cooling systems (2013).
- HSG274 - Legionnaires' disease: Technical guidance Part 2: The control of legionella bacteria in hot and cold water systems (2014).
- HSG274 - Legionnaires' disease: Technical guidance Part 3: The control of legionella bacteria in other risk systems (2013).
- INDG458 - Legionnaires' disease: A guide for duty holders Leaflet (HSE Books 2012).

3.5 **Sanctions** - Failure to discharge our responsibilities and obligations properly could lead to sanctions, including: prosecution by the Health and Safety Executive (the HSE) under the Health and Safety at Work Act 1974; prosecution under the COSHH Regulations; prosecution under the Corporate Manslaughter and Corporate Homicide Act 2007; and via a regulatory notice from the Regulator of Social Housing.

## 4.0 Additional Legislation

4.1 This policy also operates within the context of the following legislation:

- The Workplace (Health Safety and Welfare) Regulations 1992
- Construction (Design and Management) Regulations 2015
- Housing Act 2004
- Landlord and Tenant Act 1985
- Homes (Fitness for Human Habitation) Act 2018
- Data Protection Act 2018
- Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR)
- Public Health (Infectious Diseases) Regulations 1998
- Water Supply (Water Quality) Regulations 2016
- Water Supply (Water Fittings) Regulations 1999

## 5.0 Obligations

5.1 The Management Regulations and the Health and Safety at Work Act 1974 place a duty on us, as an employer and landlord, to ensure our employees and others affected by our undertakings (for example, residents), are not exposed to health and safety risks, including the risk from legionella.

5.2 We have a legal obligation under COSHH to prevent or control exposure to biological agents, including legionella.

5.3 Arun is the 'Duty Holder' as defined by ACoP L8 and we must take necessary precautions to prevent, reduce or control the risks of exposure to legionella.

#### 5.4 As the Duty Holder, we must:

- Carry out a risk assessment for all hot and cold water systems, cooling plant and any other systems that can produce water droplets to identify and assess potential risks.
- Implement measures to either eliminate, reduce or control identified risks.
- Appoint a Responsible Person to take managerial responsibility for:
  - Carrying out risk assessments;
  - Producing written schemes of control (a practical, risk management document used to control the risk from exposure to legionella); and
  - Implementing the written scheme of control.
- Appoint a Deputy Responsible Person who will provide cover to the responsible person in their absence.
- Keep associated records for five years.

## 6.0 Statement of Intent

- 6.1 We acknowledge and accept our responsibilities and obligations under the legislation outlined in Section 5.
- 6.2 We will review legionella risk assessments every two years for sheltered schemes or temporary accommodation schemes, or more frequently where the risk assessor recommends this. Schemes will be assessed as high, medium or low risk.
- 6.3 Written schemes of control will be in place for all properties risk assessed as requiring controls to manage the risk of legionella exposure.
- 6.4 When properties become void the water system will be flushed and recommissioned before the property is let, and the shower head replaced or sterilised.
- 6.5 We will carry out checks to identify pipework 'dead legs' and remove them within void properties.
- 6.6 We will operate a process for the management of immediately dangerous situations identified from the legionella risk assessment or water testing/monitoring regime.
- 6.7 We will use the legal remedies available within the terms of the tenancy and lease agreement should any resident, leaseholder or shared owner refuse access to carry out essential legionella related inspection and remediation works. Where resident vulnerability issues are known or identified we will ensure we safeguard the wellbeing of the resident.
- 6.8 We will operate contract management arrangements with the contractors responsible for delivering the service, including; ensuring contracts/service level agreements are in place, conducting client-led performance meetings, and ensuring that contractors' employee and public liability insurances are up to date on an annual basis.
- 6.9 We will establish and maintain a risk assessment for legionella management and operations, setting out our key legionella risks and appropriate mitigations.

- 6.10 We will ensure there is a process in place to investigate and manage all RIDDOR notifications made to the HSE in relation to legionella safety.

## 7.0 Inspection Programmes

- 7.1 **Communal blocks and other properties** - We will ensure all communal blocks and other properties (supported schemes/offices/shops/depots) that we own or manage are subject to an initial visit to establish whether a legionella risk assessment (LRA) is required. Thereafter, if an LRA is required, the property will be included on the LRA programme. If an LRA is not required, we will record this on our core asset register.
- 7.2 For all sheltered schemes and temporary accommodation, we will undertake LRAs and review the LRA every two years, or more frequently where a water system is likely to undergo change and is therefore a higher risk.
- 7.3 LRAs will also be reviewed in the following circumstances:
- Change in building use.
  - Change in internal layout of water system.
  - Change in building occupation that increases the risk due to health.
  - After a confirmed or suspected outbreak of Legionella.
  - Following a legionella audit (if required).
- 7.4 **Domestic properties** - As of April 2021 circa 40% of our domestic stock had been risk assessed. We will undertake an annual programme of five per cent sample surveys in domestic properties. These will be prioritised according to the perceived level of risk (based on design, size, age and type of water supply).
- 7.5 **Testing and monitoring** - We will undertake testing and monitoring (for example, monthly temperature checks) as set out within any written schemes of control.

## 8.0 Follow-up Work

- 8.1 We will ensure there is a process in place for the management of any follow-up works required following the completion of an LRA or ongoing monitoring (where the work cannot be completed at the time of the assessment or check).

## 9.0 Record Keeping

- 9.1 We will maintain a core asset register of all properties we own or manage, setting out which properties require a LRA. We will also set out which properties require ongoing testing and monitoring as prescribed by the written control scheme (for example, monthly temperature checks).
- 9.2 We will operate a process to manage all changes to stock, including property acquisitions and disposals, to ensure that properties are not omitted from legionella programmes and the programmes remain up-to-date.

- 9.3 We will hold LRA inspection dates, LRAs, and testing and monitoring records against all properties on each programme. These will be held in the Geometra system.
- 9.4 We will keep legionella log books electronically (or securely on site where practical), for all properties on the LRA programme.
- 9.5 We will keep all records for at least five years, and have robust processes and controls in place to maintain appropriate levels of security for all legionella related data.

## **10.0 Resident Involvement and Engagement**

- 10.1 We consider good communication essential in the effective delivery of legionella programmes, therefore we will establish a resident engagement strategy and communication programme. This will support residents in their understanding of legionella risks, advised them of how they can manage the risks within their properties, and to encourage them to report any concerns about water safety.
- 10.2 We also aim to engage with vulnerable and hard to reach residents. We will share information clearly and transparently and will ensure that information is available to residents via regular publications and information on our website.
- 10.3 We will display written schemes of control in communal areas of buildings to inform occupants how the risk of exposure to legionella bacteria is being managed and controlled.

## **11.0 Key Roles and Responsibilities**

- 11.1 The Chief Executive has overall governance responsibility for ensuring this policy is fully implemented in order to ensure full compliance with legislation and regulatory standards. The Chief Executive will recommend this policy to the Residential and Well Being Committee for formal approval and adoption. This policy will be reviewed every two years (or sooner if there is a change in legislation or regulation).
- 11.2 For assurance that this policy is operating effectively in practice, the the Residential and Wellbeing Committee will receive regular updates on its implementation, legionella safety performance and non-compliance.
- 11.3 The Director of Services will receive monthly performance reports in respect of legionella safety and ensure compliance is being achieved. They will also be notified of any non-compliance issue identified.
- 11.4 The Group Head of Residential Services has strategic responsibility for the management of legionella safety, and ensuring compliance is achieved and maintained. They will oversee the implementation of this policy.
- 11.5 The Interim Asset Manager has operational responsibility for the management of legionella safety and will be responsible for overseeing the delivery of these programmes. The Interim Asset Manager is the Responsible Person.
- 11.6 The Compliance Co-ordinator is the Deputy Responsible Person who will provide cover to the Interim Asset Manager (Responsible Person) in their absence.

- 11.7 Neighbourhood Housing Services will provide support where gaining access to properties is difficult.

## 12.0 Competent Persons

- 12.1 As we must appoint a Responsible Person (Interim Asset Manager) and a Deputy Responsible Person (Compliance Co-ordinator), they should both be trained, instructed, and informed to the same level and should assist in the frequent monitoring of written control schemes. Therefore, they should hold a relevant qualification such as the BOHS P901 - Management and control of building hot and cold water services or the HABC Level 2 Award in Legionella Awareness (or equivalent). If they do not have these already, they will obtain them within 12 months of the approval of this policy.
- 12.2 Only suitably competent consultants and contractors, registered with the Legionella Control Association (or equivalent), will undertake LRAs, prepare written schemes of control and undertake works in respect of legionella control.
- 12.3 Only suitably competent consultants and contractors, registered with the Legionella Control Association (or equivalent), will undertake third party technical quality assurance checks.
- 12.4 All contractor checks will be undertaken during procurement and then on an annual basis and evidenced appropriately.

## 13.0 Training

- 13.1 We will deliver training on this policy and the procedures that support it, including: team briefings; basic legionella awareness training; and on the job training for those delivering the programme of LRAs and legionella testing and monitoring, as part of their daily job. All training undertaken by staff will be formally recorded.

## 14.0 Performance Reporting

- 14.1 We will report robust key performance indicator (KPI) measures for legionella safety. These will be provided to CMT on a monthly basis and to the Residential Services and Well Being Committee a quarterly basis. As a minimum, we will report:

**Data - the total number of:**

- Properties - split by category (domestic, communal blocks and other properties);
- Properties on the LRA programme;
- Properties not on the LRA programme;
- Properties with a valid and in date LRA;
- Properties without a valid and in date LRA;
- Properties due an LRA within the next 30 days; and



- Completed, in-time and overdue follow-up works/actions arising from the programme.

**Narrative - an explanation of the:**

- Current position;
- Corrective action required;
- Anticipated impact of corrective action; and
- Progress with completion of follow-up works.

**In addition:**

- The number of RIDDOR notifications to the HSE with regards to water safety.

## 15.0 Quality Assurance

- 15.1 We will ensure there is a programme of third party quality assurance audits to five per cent of LRAs. Annual audits will be undertaken to all systems identified as a high risk.
- 15.2 We undertake internal desktop audits to 100 per cent of all certification.
- 15.3 We will carry out an independent audit of legionella safety at least once every two years, to specifically test for compliance with legal and regulatory obligations and to identify any non-compliance issues for correction.

## 16.0 Non-Compliance Escalation Process

- 16.1 Our definition of non-compliance is: any incident which has the potential to result in a potential breach of legislation or regulatory standard, or which causes a risk to health or safety. All non-compliance issues will be reported and escalated as soon as possible, and no later than 24 hours after the incident occurred, or becoming aware of it.
- 16.2 Any non-compliance issue identified at an operational level will be formally reported to the Group Head of Residential Services in the first instance, who will agree an appropriate course of corrective action with the Director of Services and report details of the same to the Chief Executive
- 16.3 In cases of serious non-compliance, Chief Executive will consider whether it is necessary to disclose the issue to the Regulator of Social Housing as required by the regulatory framework, or any other relevant organisation such as the Health and Safety Executive.

## 17.0 Glossary

17.1 This glossary defines key terms used throughout this policy:

- **BOHS:** British Occupational Hygiene Society.
- **Duty Holder:** the owner of the non-domestic premises or the person or organisation that has clear responsibility for the maintenance or repair of non-domestic premises, for example through an explicit agreement such as a tenancy agreement or contract.
- **Legionellosis:** a collective term for diseases caused by legionella bacteria including the most serious Legionnaires' disease, as well as the similar but less serious conditions of Pontiac fever and Lochgoilhead fever.
- **LRA:** Legionella Risk Assessment - an assessment which identifies the risks of exposure to legionella in the water systems present in a premises and the necessary control measures required.