1 Introduction

The microbiological quality of water or ice from a water cooler or ice making machine may be of a poor standard, thereby posing a risk to patients, particularly those whose immune systems are compromised. The water and ice in the machines is not sterile.

2 Scope

The Trust expects all staff to comply with the principles contained within this policy. The scope of the policy is to provide guidance to all healthcare professionals who care for patients at department and ward level.

3 Aims

The policy provides guidance for the installation, use, cleaning, maintenance and monitoring of water coolers and ice making machines within the Trust.

4 Duties

All healthcare workers have a responsibility to ensure that they are compliant with this policy. Clinical Directors and Matrons, with the support of the DIPC and IPC teams, will ensure that this policy is applied.

5 Definitions

- IPCT – Infection Prevention and Control Team
- DIPC – Director of Infection Prevention and Control
- IPCC – Infection Prevention and Control Committee
- SSD – Sterile Services Department
- IT – Information Technology
- PAT Testing – Portable Appliance Testing (Electrical safety)

Other definitions are given throughout the policy.

6 Water coolers

6.1 Types of water cooler

There are two basic types of water cooler:
a. Stand alone, using commercially available large bottles of water. These have now been phased out of use within the Trust as they are very expensive to operate and have a poor record of water hygiene. It is essential that no water coolers of this type are introduced into the Trust.

b. Plumbed in, mains fed type. These are supplied with water of mains quality and they are the only type acceptable to the Trust. This type should be maintained by the Estates Department every six months as part of the pre-planned maintenance programme and records kept.

6.2 Installation of water coolers

6.2.1 Non-clinical areas
These include all areas where patients are not managed, such as administration, SSD, IT etc. In these areas a water cooler may be installed without reference to the IPCT. Such installations must be agreed with the Estates Department, the installation and revenue costs agreed and a maintenance contract entered into.

6.2.2 Clinical areas where only staff will consume water from the coolers
As with non-clinical areas a water cooler may be installed without reference to the IPCT. Again such installations must be agreed with the Estates Department, the installation and revenue costs agreed and a maintenance contract entered into. The machine must be prominently marked “For Staff Use Only”. The cooler must be located in a non-patient area such as an office or staff room.

6.2.3 Clinical areas where both staff and patients will drink from the cooler
All requests for water coolers intended for staff and patient use must be referred to the IPCT and Estates Department for discussion and agreement before an order is placed. All staff may consume water from the cooler. Patients may also do so if they would otherwise safely drink mains tap water.

6.3 Cleaning of water cooling machines

In Ward or Clinical areas it is the responsibility of Ward Managers or Heads of Departments to ensure:

- An adequate supply of single use disposable cups is always available.
- That water is not consumed directly from the cooler
- That drip trays are kept clean and dry at all times.

In public areas these responsibilities lie with Hotel Services.

6.4 Maintenance

Each cooler is maintained once a year by the Estates Department. The maintenance regime comprises of:
• Filter change
• The inside of the machine is cleaned
• P.A.T testing

Records are kept in the Estates Department.

7 Ice-making machines

These machines are used to supply ice for the following purposes;

• Cooling specimens such as blood samples collected for blood gases
• Ice packs

Ice obtained from ice-making machines has been shown to be of poor microbiological quality. Consequently ice from these machines must not be consumed and each machine must display a prominent notice stating “Not for human consumption”

Where ice is required for consumption, to cool drinks, water from a plumbed in water cooler must be used to make the ice. Ice from the freezer department of a domestic refrigerator may be given to patients who otherwise would safely consume mains tap water. An alternative would be the use of ice cube bags from commercial suppliers which are disposable after use.

Ice from either of these sources must not be given to patients who would normally be given/instructed to drink sterile water.

7.1 Requests for new ice-makers

All such requests must be discussed with both the IPCT and the Estates Department before an order is placed.

7.2 Cleaning of ice making machines

It is the responsibility of the Ward Manager or Head of Department to ensure that the ice compartment of a domestic refrigerator / freezer, and ice-making machines are kept clean. It is recommended that the ice tray of a domestic refrigerator is washed a minimum of once weekly with hot water and detergent. Cleaning schedules should be documented and records maintained.

For dedicated ice-making machines, ice must not be removed or handled by the hands of the user. A dedicated ice scoop must be provided for all machines. The scoop should be washed with detergent and hot water daily and dried thoroughly. Cleaning schedules should be documented and records maintained. This is the responsibility of the Ward Manager.

The ice storage compartments of both domestic refrigerator/freezer and/or dedicated ice-making machines must be cleaned by the department staff once a week with detergent and hot water. Cleaning schedules need to be documented and records maintained. Any ice and reservoir water in the
machine must be discarded. After cleaning, the compartment should be disinfected with hypochlorite solution at 100 parts per million, rinsed in cold tap water, and dried thoroughly before returning to use.

8 Training

Upon the installation of a water cooler or an ice-maker in a patient or ward it is the responsibility of the ward Manager or Head of Department to ensure they arrange the appropriate education and training for the use, cleaning and maintenance of the machine in compliance with the manufacturer’s instructions and guidelines.

9 Equality and diversity

The Trust is committed to ensuring that, as far as is reasonably practicable, the way we provide services to the public and the way we treat our staff reflects their individual needs and does not discriminate against individuals or groups on any grounds. This policy has been appropriately assessed.

10 Monitoring and compliance

<table>
<thead>
<tr>
<th>Standard / process / issue</th>
<th>Monitoring and audit</th>
<th>Method</th>
<th>By</th>
<th>Committee</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maintenance and cleaning of machines</td>
<td>As implemented by</td>
<td>Estates, Ward Managers and Hotel Services</td>
<td>Estates, Ward Managers and Hotel Services</td>
<td>IPCC</td>
<td>Three yearly or as required</td>
</tr>
</tbody>
</table>

11 Consultation and Review

This policy has been reviewed by members of the Infection Prevention and Control Team, Estates and the Water safety Group. It will be reviewed every three years or when significant changes make an earlier review necessary. Comments, queries and suggestions should be forwarded to the IPCT.

12 Implementation (including raising awareness)

Matrons/Sisters/Charge Nurses and Clinical Leads should ensure that staff are aware of this policy. This policy is available for staff to access via NUTH Intranet.

13 References


This form must be completed and attached to any procedural document when submitted to the appropriate committee for consideration and approval.

<table>
<thead>
<tr>
<th>Policy Title: Water Coolers and Ice-Making Machines Policy</th>
<th>Policy Author: Estates engineer and IPCN</th>
<th>Estates engineer and IPCN</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Does the policy/guidance affect one group less or more favourably than another on the basis of the following: (* denotes protected characteristics under the Equality Act 2010)</td>
<td>Yes/No?</td>
<td>You must provide evidence to support your response:</td>
</tr>
<tr>
<td>• Race *</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>• Ethnic origins (including gypsies and travellers)</td>
<td>No</td>
<td></td>
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<tr>
<td>• Nationality</td>
<td>No</td>
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<tr>
<td>• Gender *</td>
<td>No</td>
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<tr>
<td>• Culture</td>
<td>No</td>
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<tr>
<td>• Religion or belief *</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>• Sexual orientation including lesbian, gay and bisexual people *</td>
<td>No</td>
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<tr>
<td>• Age *</td>
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<td></td>
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<tr>
<td>• Disability – learning difficulties, physical disability, sensory impairment and mental health problems *</td>
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<td></td>
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<tr>
<td>• Gender reassignment *</td>
<td>No</td>
<td></td>
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<tr>
<td>• Marriage and civil partnership *</td>
<td>No</td>
<td></td>
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<tr>
<td>• Pregnancy and maternity *</td>
<td>No</td>
<td></td>
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<tr>
<td>2. Is there any evidence that some groups are affected differently?</td>
<td>Yes</td>
<td>Transplant / Immunocompromised Patients</td>
</tr>
<tr>
<td>3. If you have identified potential discrimination which can include associative discrimination i.e. direct discrimination against someone because they associate with another person who possesses a protected characteristic, are any exceptions valid, legal and/or justifiable?</td>
<td>No</td>
<td>Risk of Infection. Alternative built into local policies to address this e.g. use of sterile bottled water.</td>
</tr>
<tr>
<td>4(a). Is the impact of the policy/guidance likely to be negative? (If &quot;yes&quot;, please answer sections 4(b) to 4(d)).</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>4(b). If so can the impact be avoided?</td>
<td></td>
<td></td>
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<tr>
<td>4(c). What alternatives are there to achieving the policy/guidance without the impact?</td>
<td></td>
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<tr>
<td>4(d). Can we reduce the impact by taking different action?</td>
<td></td>
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</tbody>
</table>

**Comments:**

| Action Plan due (or Not Applicable): Not applicable |

Name and Designation of Person responsible for completion of this form: Ann Turner IPCN

Date: 05/02/14

Names & Designations of those involved in the impact assessment screening process: Ann Turner IPCN

(If any reader of this procedural document identifies a potential discriminatory impact that has not been identified on this form, please refer to the Policy Author identified above, together with any suggestions for the actions required to avoid/reduce this impact.)

For advice on answering the above questions please contact Frances Blackburn, Head of Nursing, Freeman, or, Karen Pearce, Senior HR Manager (Projects). On completion this form must be forwarded electronically to Steven Stoker, Clinical Effectiveness Manager, (Ext. 24963) steven.stoker@nuth.nhs.uk together with the procedural document. If you have identified a potential discriminatory impact of this procedural document, please ensure that you arrange for a full consultation, with relevant stakeholders, to complete a Full Impact Assessment (Form B) and to develop an Action Plan to avoid/reduce this impact; both Form B and the Action Plan should also be sent electronically to Steven Stoker within six weeks of the completion of this form.