

Water Coolers and Ice-Making Machines Policy

Effective November 2009

Review November 2012

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

2. Water Coolers

2.1 Types of Water Cooler

Some water coolers in the Trust are of the stand-alone type requiring replaceable bottles of water from a commercial supplier. The water quality from these machines may be poor and their running costs high due to the need to replace the water bottles regularly. Adequate storage space for the bottled water is often a problem also. The systems must undergo routine maintenance on a six monthly basis as part of their contract and the maintenance records held locally

Consequently within the clinical area it is essential that **no new machines of this nature are purchased, leased or installed, or new contracts entered into**. Areas which already have these should replace the water cooler with a more suitable type as part of a regular maintenance programme, (see below). The Infection Prevention and Control Team (IPCT) will advise areas where the highest priority should be given for replacement.

The recommended type of water cooler is one which is plumbed-in and supplies water of mains quality. This type of machine should be maintained six monthly by the Estates Department as part of a pre-planned maintenance programme and records kept. All new installations of water coolers should be machines of this type.

2.2 Installation of Water Coolers

2.2.1 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, but with Estates Department provided of course that funds, an appropriate location and a maintenance contract is maintained (see above) are agreed and in place at time of installation

2.2.2 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, but with Estates Department. The machine **must** be marked prominently with a notice stating **“For Staff Use Only”**. The water cooler must be situated in a non-patient area such as an office or staff room.

2.2.3 Clinical areas where both staff and patients will consume water 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 before ordering.

All staff may consume water from the cooler. Patients may also do so provided that the machine is a plumbed-in type and if patients would otherwise safely consume mains tap water.

Patients must not consume water from the bottled water type of machine.

2.3 Cleaning of Water Cooler Machines

It is the responsibility of the Ward Manager or Head of Department to ensure that the following is maintained:-

- Always provide and use single-use disposable cups,
- That water is not consumed directly from the cooler;
- All water coolers should be fitted with a cup filler and not a drinking nozzle or outlet
- Always wash hands before use

Some freestanding machines have drip trays. These should be emptied regularly throughout the day, kept clean and dry at all times

3 Ice-making machines

3.1 Use of 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 or dedicated drinking water outlet must be used to make the ice. Ice from the freezer compartment of a domestic refrigerator may be given to patients who would otherwise 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.

3.2 New Request for Ice-Makers

All new requests for ice-making machines must be discussed with the IPCT, and Estates Department before ordering.

3.3 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/or ice-making machine 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

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.

4 Maintenance

All plumbed-in water coolers (or ice-making machines) must be assessed and fitted by the Estates Department in accordance with current national *Legionella* guidance and Approved Code of Practice L8 (ACoP). Designated drinking water systems and outlet water temperatures must be monitored on a monthly basis. Temperatures must be maintained within 2⁰c of incoming mains water temperatures.

5 Monitoring

Compliance with this policy is measured by the Trust's Accreditation Tool

Bibliography

Approved Code of Practice L8 – The Control of *Legionella* bacteria in Water Systems (2001) Health & Safety Executive

Health Building Memorandum (HBM) 04-01: Water Systems: The Control of Legionella, Hygiene, "Safe" Hot Water, cold Water and Drinking Water Systems. Part A: Design, Installation and Testing. Part B: Operational Management

NuTH Accreditation Audit Tools

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THE NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST
IMPACT ASSESSMENT – SCREENING FORM A

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

Policy Title:	Water Coolers and Ice Making Machines	Policy Author:	S Morgan, Nurse Consultant Infection Prevention & Control
		Yes/No?	You must provide evidence to support your response:
1.	Does the policy/guidance affect one group less or more favourably than another on the basis of:	No	
	• Race	No	
	• Ethnic origins (including gypsies and travellers)	No	
	• Nationality	No	
	• Gender	No	
	• Culture	No	
	• Religion or belief	No	
	• Sexual orientation including lesbian, gay and bisexual people	No	
	• Age	No	
	• Disability – learning difficulties, physical disability, sensory impairment and mental health problems.	No	
2.	Is there any evidence that some groups are affected differently?	Yes	Transplant recipients/immunocompromised patients
3.	If you have identified potential discrimination, are any exceptions valid, legal and/or justifiable?	Yes	Risk of infection. Alternative built into local policies to address this e.g. use of sterile bottled water
4(a).	Is the impact of the policy/guidance likely to be negative? (If “yes”, please answer sections 4(b) to 4(d)).	No	
4(b).	If so can the impact be avoided?		
4(c).	What alternatives are there to achieving the policy/guidance without the impact?		
4(d)	Can we reduce the impact by taking different action?		

Comments:	Action Plan due (or Not Applicable): Not Applicable
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Name and Designation of Person responsible for completion of this form: Nurse Consultant Infection Prevention & Control Date: November 2009

Names & Designations of those involved in the impact assessment screening process: S Morgan Nurse Consultant Infection Prevention & Control

(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 Helen Lamont, Deputy Director Nursing & Patient Services, or, Christine Holland, Senior HR Manager. 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.