Water Hygiene Policy

1.0 Introduction

1.1 We place significant importance on the health, safety and welfare of staff, residents, visitors, and others who our business activities may affect. This Policy will ensure we manage our water systems to help reduce the risk from legionella and other bacteria.

1.2 Legionnaires' disease is a potentially fatal form of pneumonia. Everyone is susceptible to infection. Some people are at higher risk.

1.3 Legionnaires' disease is contracted by inhaling small droplets of water (aerosols), suspended in the air, containing the bacteria. Certain conditions increase the risk from legionella.

2.0 Objectives and scope

2.1 We are a 'duty holder' as defined by the Control of Substances Hazardous to Health Regulations, and the Approved Code of Practice (ACOP) L8. We will take precautions to reduce the risks of people being exposed to legionella by:

- Identifying and assessing sources of risk
- Managing any risks
- Preventing or controlling any risks
- Keeping and maintaining the correct records
- Carrying out any other duties as required.

2.2 This Policy relates to our employees, residents, contractors, stakeholders and other persons who our activities or services affect.

2.3 It covers all properties where we hold a maintenance and repairing responsibility.

2.4 Where our residents live in properties managed by third parties, we will manage the water hygiene in those properties in line with this Policy if it is detailed as our responsibility within the management agreement.

2.5 We're completing a review of properties managed by external managing agents during 2024 and will update this Policy as required.

3.0 Roles and responsibilities

- The Executive Director of Operations oversees sign-off and agreement of all Health & Safety (H&S) policies and chairs the Health and Safety Group where new polices get agreed.

- The Executive Director of Assets and Sustainability (EDAS) retains overall accountability for this Policy and implementation. Where the related management plan is a key instrument outlining specific processes and tasks by colleagues across the business.

- The Executive Team is responsible for ensuring adequate resources are made available to meet the Policy objectives. Southern Housing is the duty holder.

- The Director of Asset Compliance is responsible for delivery of the key Policy objectives and for achieving the associated targets.

- The Head of Asset Compliance is responsible for overseeing operational delivery, including the management of all contractors carrying out any works on shared water systems.

- The Compliance Managers (Water Hygiene) are responsible for operational delivery and will be assigned as the Responsible Person and Deputy Responsible Person.

- The Director of Health & Safety will direct Southern Housing in meeting the requirements of relevant legislation and is responsible for ensuring the Policy is reviewed and updated in line with legislation.

4.0 Policy principles

4.1 We will:

- Appoint one or more Responsible Persons to manage our water hygiene responsibilities
- Carry out a suitable and sufficient Water Hygiene and Legionella Risk Assessment (LRA) on all relevant properties
- Record the significant findings of each risk assessment
- Produce and implement written schemes of control, as necessary
- Keep appropriate records of any management and associated monitoring activities
- Allocate sufficient resource to manage water hygiene
- Provide information, instruction, training, and supervision to relevant employees to enable them to perform their duties
- Carry out an LRA on all new blocks following handover
- Ensure all works on our water systems are carried out by suitably competent persons
- Implement an appropriate audit and assurance program.

5.0 Legionella risk assessments

5.1 We will carry out an LRA on all offices, commercial buildings, blocks with communal areas, and blocks with a shared water system.

5.2 We will only permit a competent person to carry out our LRAs. We will only use specialist legionella contractors who are registered with the Legionella Control Association (LCA).

5.3 LRAs will be carried out in accordance with guidance document HSG274 and BS8580-1:2019.

5.4 We will record all remedial works in an electronic database and track them through to completion.

5.5 We will complete a new LRA when there is reason to suspect it is no longer valid.

5.6 We will complete a new LRA:

- Annually in care homes (registered with the CQC)
- Every two years in independent living, extra care, and supported schemes.

5.7 For all other categories of block, a LRA will be carried out once. These will however be repeated:

- When works affecting a shared water system have been completed e.g. shared storage to mains fed
- When the vulnerability profile of the residents (for the entire block) changes significantly e.g. change to older persons
- On receipt of new information about risks or control measures
- If a case of suspected / Legionnaires' disease is associated with the block.

5.8 We will not carry out individual LRAs to domestic dwellings unless there are exceptional circumstances.

5.9 We will carry out on-going monitoring and sampling activities as dictated by the LRAs, other than within the individual flats.

5.10 We will review all risk assessments every five years and specifically when there is reason to believe that the original risk assessment may no longer be valid.

6.0 Remedial actions

6.1 We will complete actions arising from LRAs and periodic monitoring within the timescales recorded, other than those suggested by the competent person that can be deferred to the next monitoring visit or RA.

Actions will be completed within the following timescales:

Urgent – within a week
High risk – three months
Moderate risk – six months
Low risk 12 months

6.2 We will measure action resolution times from the date the competent person completes the risk assessment on-site.

7.0 Inspection and monitoring

7.1 We will conduct inspection and monitoring activities as set out below:

Frequency	Activity	By	Recorded in
Weekly	Flushing of little used outlets – staffed sites	SH Site Staff	Logbook or relevant central database/Tracker
Weekly	Flushing of little used outlets – un-staffed sites	Contractor	Contractor system and or Apex/Tracker
Monthly	Temperature checks of calorifier flow and return, sentinel and communal outlets		
Quarterly	Clean, descale and sterilise shower heads		
Six-monthly	CWST Visual Inspection (CQC and High-Risk Properties) Sampling in High-Risk Properties Expansion Vessel Flushing		
12-monthly	Sampling, hot water Calorifier inspection, TMV Servicing, Visual Inspection of CWSTs 12 monthly check of dwellings (in blocks) tap temperatures on rotational basis where served by a shared system		

8.0 Domestic dwellings

8.1 We consider the risks from hot and cold-water systems in most domestic properties with no shared water system to be low. This is owing to regular water usage and turnover.

8.2 We will implement simple, proportionate, and appropriate control measures to ensure the risk remains low.

9.0 Void properties

9.1 We will conduct an inspection of the water storage and distribution system in void properties and resolve any issues prior to handover. We will flush all outlets weekly for at least five minutes and not more than seven days prior to occupation.

9.2 We will put in place an appropriate regime to ensure the risk of legionella is controlled in long term void properties, i.e. total drain down of the system.

10.0 Thermostatic mixer valves

10.1 In order to address the increased risk of scalding, we will install Thermostatic Mixer Valves (TMVs) to hot water outlets which are accessible by specific vulnerable persons.

10.2 TMVs must be positioned as close to the point of use as possible and the temperature set to between 38°C and 46°C. They will be serviced annually.

11.0 Record keeping

11.1 We will keep appropriate and up to date records and certification relating to the management of Legionella.

11.2 We will hold records electronically within an online cloud-based portal, asset database, and other systems as appropriate.

11.3 We will keep records in line with our Records & Data Retention Policy.

12.0 Competent Persons and training

12.1 We will ensure suitable and sufficient training has been completed by personnel identified within the Water Hygiene Management Plan.

12.2 We shall appoint a Responsible Person and a Deputy Responsible Person. We will ensure they hold, or be working towards, a relevant qualification.

12.3 We will only use suitably competent consultants and contractors, from our Approved Suppliers List, who are registered with the Legionella Control Association. We will use them to undertake LRAs, monitoring, and undertake remedial works relating to legionella control.

13.0 Resident communication

13.1 We will provide our residents with appropriate information to help them contribute to the control of legionella in their homes. Information and advice is also provided on our website.

14.0 Regulatory standards, legislation, and Approved Codes of Practice

14.1 The principal legislation applicable to this Policy is:

- Health and Safety at Work etc. Act, 1974
- The Management of Health and Safety at Work Regulations 1999
- The Control of Substances Hazardous to Health Regulations 2002.

14.2 The principal Approved Code of Practice applicable to this Policy is:

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

14.3 The principal guidance documents applicable to this Policy are 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).

14.4 We will comply with the Regulator of Social Housing's Home Standard.

14.5 We will only use Water Regulations Approval Scheme (WRAS) approved products.

15.0 Water Hygiene Management Plan

15.1 We will write and maintain a Water Hygiene Management Plan. The plan will explain how we will achieve the aims set out within this Policy.

16.0 Performance reporting

16.1 Detailed below are the performance indicators reported on the asset compliance scorecard. This will be reported to the Executive Team monthly, Board quarterly, and PAS HSG bi-monthly.

- % Blocks with Valid Risk Assessment on File Where Required
- No. Blocks Without Valid Risk Assessments
- No. Blocks Requiring Risk Assessment
- % Sampling & monitoring visits on time
- No. Sampling & monitoring visits not on time
- No. Overdue Legionella Actions (High Risk)
- No. Overdue Legionella Actions (Non-High Risk)
- No. of properties with an up-to date written scheme

17.0 What we've done to ensure this Policy is fair

17.1 We've carried out an Equality Impact Assessment to consider the positive and negative impacts this Policy may have on people with protected characteristics under the Equality Act 2010.

17.2 We recognise some residents may need adjustments due to a language barrier, disability, cultural need, or vulnerability. In these circumstances, in line with our Reasonable Adjustments & Vulnerable Needs Policy, we'll work with residents to ensure we consider their specific needs, on a case-by-case basis, provided it doesn't compromise health and safety to individuals or homes. This includes working in partnership with other agencies to ensure we manage and mitigate any known risks of safety and wellbeing.

17.3 We aspire to embed diversity and inclusion within the culture of our business activities.

18.0 Review

18.1 We'll review this Policy every two years, or sooner if required.

Policy controls
Version 1.1 – effective 7 October 2025