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# Legionella Policy and Procedures

This policy statement is based on the HSE’s Approved Code of Practice L8 and technical guidance HSG 274 Part 2, and the HPS Literature Review and Recommendations [1,2,3] and **together with the practice’s written control scheme** constitute the practice’s policy on legionella control.

Several species of bacteria in water systems can cause infections, including the potentially fatal Legionnaires’ disease pneumonia caused by legionella bacteria. Infection is usually caused by breathing in small droplets of water contaminated by the bacteria. The disease is not usually passed from one person to another. Everyone is potentially susceptible to infection, but some people are at higher risk, for example those over 45 years of age, smokers, heavy drinkers, those suffering from chronic respiratory or kidney disease and people whose immune system is impaired [1].

Legionella bacteria are widespread in the environment and as such can contaminate and grow in water systems such as cooling towers and hot and cold-water services. The bacteria survive low temperatures and can thrive at temperatures between 20oC and 45oC. At temperatures outside their growth range, the growth of legionella bacteria is greatly reduced, and they are killed by high temperatures.

As dental unit water lines (DUWLs) are particularly prone to the formation of biofilm, the use of disinfectant biocides and regular flushing can help avoid biofilm accumulation, thereby limiting the growth of legionella.

To comply with Health and Safety legislation and for the safety of patients, staff and visitors, this practice conducts a legionella risk assessment of the practice’s water systems, including the dental chair units and dental unit water lines. This is used to inform the practice’s written control scheme, which includes:

* A description of the water system (including pipework, pumps, valves, cold water supply/storage tanks, hot water generation/storage tanks, sinks, toilets, showers, air-conditioning units, DUWLs)
* The person responsible for carrying out the risk assessment and managing the implementation of the written scheme
* Any significant findings of the risk assessment and modifications to eliminate the risks
* The safe and correct operation of the water system
* Details of the control measures used to minimise the risk of legionella exposure (e.g. how to monitor water temperature using a calibrated thermometer, including the frequency of monitoring)
* The checks carried out to ensure the risks are being managed, including their frequency
* An action plan to be followed if the written scheme is shown to be ineffective thereby increasing the risk of colonisation, or there is a significant legionella breach. The plan will include who should be notified. (e.g. Health Board contact)

The risk assessment and written control scheme are reviewed [state frequency as advised by the competent person who carried out the risk assessment] and whenever it is suspected that the assessment is no longer valid (e.g. a change to the practice’s water systems; checks indicate control measures are no longer effective; there is a significant legionella breach; case(s) of legionella infection suspected or confirmed to be associated with the practice’s water system).

The risk assessment and written control scheme concern all of the practice’s water systems. These include cold and hot water supplies to sinks and toilets, and DUWLs [air-conditioner unit, showers], which require specific control measures to mitigate the risk of legionella growth and potential infection.

## Responsibilities

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| --- | --- | --- |
| **Title** | **Role** | **Name** |
| Duty holder | Responsible for ensuring a legionella risk assessment is carried out and that suitable precautions are in place |  |
| Risk assessor | Conducts the legionella risk assessment to inform the written control scheme |  |
| Responsible person | Has day-to-day responsibility for controlling any identified risk from legionella bacteria |  |
| Health Board contact | Individual to contact for advice regarding legionella.Dentists should alert their local Health Board if there is an increased risk of legionella colonisation. Such scenarios might be:   e.g. consistently high water temperature over a period of time, out with parameters as determined by Legionella Risk Assessment/Written Control Scheme   e.g. prolonged failure of control measures as outlined by Legionella Risk Assessment, such as not flushing of lines.   |  |

All staff are made aware of legionella, the risk of infection from water systems and how these have been assessed and are mitigated through the implementation of control measures described in the written control scheme. Staff are trained in legionella risks and control measures at induction, training is refreshed [state frequency] and competence is confirmed annually by observing individuals carrying out written control procedures.

Control procedures are followed to reduce the risk of microbial growth, including in DUWLs (see control procedures below).

## References

1. [Legionnaires’ disease: the control of legionella bacteria and water systems](https://www.hse.gov.uk/pubns/books/l8.htm) (Approved Code of Practice L8, Fourth edition, 2013) Health and Safety Executive
2. [HSG 274 Legionnaires’ disease Part 2: The control of legionella bacteria in hot and cold water systems](https://www.hse.gov.uk/pubns/books/hsg274.htm) (2014) Health and Safety Executive
3. [Literature and Recommendations: Management of Dental Unit Waterlines](http://www.hps.scot.nhs.uk/web-resources-container/literature-review-and-recommendations-management-of-dental-unit-waterlines/) (version 1.2, 2019) Health Protection Scotland. Antimicrobial Resistance and Healthcare Associated Infection Scotland

## Control Procedures

With reference to the written control scheme, document here details of any procedure required to implement legionella control measures in the practice related to, for example the cold and hot water system, toilets, air conditioning units, showers, dental unit waterlines. These procedures should include the recording of their completion.

### Dental Unit Waterline Procedure [adapt as per manufacturer’s instructions]

* Wear appropriate PPE.
* At start of every day, flush each DUWL for 2-4 minutes
* Between patients, flush each DUWL for 30 seconds
* At the end of each day flush each DUWL for 2-4 minutes
* [Insert details as per equipment and biocide product manufacturers’ instructions, including the amount of product and frequency of use]
* [Insert details about removal, decontamination and storage of water bottles as per manufacturer’s instructions]
* Log completion daily

Policy & procedures last updated:

Date of next review:

Name and/or designation:

Signature: