

Summary of ACoP L8 HSG274 Part 2 Changes

The New ACoP has removed the requirement to review the Legionella Risk Assessment (LRA) at least every two years, in order to focus more on **regular reviews when it is deemed necessary**.

Some of the triggers for a new Risk Assessment include:

- a change in the use of the building where the water system is installed;
- a change in the use of the water system;
- changes to the guidance or new information available about risks and control measures;
- changing of key personnel,
- where the control scheme is no longer controlling the growth of microorganisms; or where
- a case of legionnaires' disease/legionellosis has been associated with the system.

This is where greater emphasis is put on the control scheme which is generated from the risk assessment. In most cases this will be temperature control.

The monitoring programme should therefore be reviewed more thoroughly and in more depth. MBR360 is a perfect tool for this as it can help identify trends with temperature fails.

Annual review meetings with our customers will become more important, inspecting log information to help identify any site specific problems which may flag the need to review the LRA.

The new guidance HSG 274 part 2 has increased the number of sentinel outlets to help locate any low use areas which may affect the temperature control.

The secondary return system has also increased in focus, meaning that more return temperatures should be taken throughout the system and not only where it returns to the calorifier.



Legionnaires' disease

Part 2: The control of legionella bacteria in hot and cold water systems



This guidance is for dutyholders, which includes employers, those in control of premises and those with health and safety responsibilities for others, to help them comply with their legal duties. These include identifying and assessing sources of risk, preparing a scheme to prevent or control risk, implementing, managing and monitoring precautions, keeping records of precautions and appointing a manager responsible for others.

The guidance gives practical advice on the legal requirements of the Health and Safety at Work etc Act 1974, the Control of Substances Hazardous to Health Regulations 2002 concerning the risk from exposure to Legionella and guidance on compliance with the relevant parts of the Management of Health and Safety at Work Regulations 1999.

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As with the previous ACoP L8, the need to have the calorifier achieving temperature of $>60^{\circ}\text{C}$ (at all times) and, where required, the shunt pump should be activated when demand is at its lowest and the temperature within the calorifier is likely to be highest. This is often during the early hours of the morning.

The boiler plant (or other calorifier heat source) should be heating while the shunt pump is active to ensure a temperature of at least 60°C is achieved throughout the vessel for at **least one continuous hour a day**. This would be the same as ensuring the cold water is stored $<20^{\circ}\text{C}$ as well as the distribution system where temperature is the control measure.

Microbiological monitoring

HSG274 part 2 (paragraph 2.122)

In both hot and cold water systems, samples should be taken:

- if considered necessary by the risk assessment;
- from areas where the target control parameters are not met (ie where disinfectant levels are low or where temperatures are below 50°C (55°C in healthcare premises) for HWS or exceed 20°C for cold water systems);
- From areas subject to low usage, stagnation, excess storage capacity, dead legs, excessive heat loss, crossflow from the water system or other anomaly.)

HSG274 part 2 (Table 2.2)

This table gives Action levels following legionella sampling in hot and cold water systems. It also identifies where a review of the LRA may be required.

Smaller hot and cold water systems

With increasing the need for more sentinels on both the hot and cold systems in larger buildings and sampling where target controls are not being achieved, **the guidance has also reduced the frequency of test low risk systems in small buildings.**

- Non storage water heaters may not require temperature monitoring where it does not create an aerosol and there is a high turnover of water (in use frequently). This will be identified by the risk assessor when carrying out the Legionella risk assessment (LRA) and monitored by the responsible person.
- Point of use water heater (POU), storing no more than 15 litres can be set at 50°C (55 °C in healthcare premises) and the frequency of monitoring/ temperature checks will be set from monthly to six monthly. This will depend on the location and accessibility for users to adjust the temperature dial.

Types and application of hot and cold water systems

HSG274 part 2 (paragraph 2.2)

This section has expanded the need to refer to Health Technical Memorandum 04 (HTM 04) for more than Hospitals. It should also include Water systems in high risk locations (such as healthcare premises, care homes, residential homes and other situations where those exposed to the water systems are likely to be at high risk of infection.) This may also include special schools and with these

changes it would trigger the need to review the LRA in premises where there are susceptible persons.

Thermostatic mixing valves

HSG274 part 2 (paragraph 2.164)

The potential scald risk should be assessed and controlled in the context of the vulnerability of those being cared for. The approach will depend on the needs and capabilities of patients or residents. For most people, the scalding risk is minimal where water is delivered up to 50 °C at hand washbasins and using hot water signs may be considered sufficient, where a TMV is not fitted. However, where vulnerable people are identified and have access to baths or showers and the scalding risk is considered significant, TMV Type 3 (TMV3) are required.

Further advice on safe bathing can be found in the UK Homecare Association (UKHCA) guidance: Controlling scalding risks from bathing and showering.

HSG274 part 2 (Paragraph 2.75)

The use and fitting of TMVs should be informed by a comparative assessment of scalding risk versus the risk of infection from legionella. Where a risk assessment identifies the risk of scalding is insignificant, TMVs are not required.

The most serious risk of scalding is where there is whole body immersion, such as with baths and showers, particularly for the very young and elderly, and TMVs should be fitted at these outlets. Where a risk assessment identifies a significant scalding risk is present, eg where there are very young, very elderly, infirm or significantly mentally or physically disabled people or those with sensory loss, fitting TMVs at appropriate outlets, such as hand washbasins and sinks, is required.

Infrequently used outlets

Consideration should be given to removing infrequently used showers, taps and any associated equipment that uses water.

If removed, any redundant supply pipework should be cut back as far as possible to a common supply (eg to the recirculating pipework or the pipework supplying a more frequently used upstream fitting) but preferably by removing the feeding 'T'.

Infrequently used equipment within a water system (ie not used for a period equal to or greater than seven days) should be included on the flushing regime. In this situation, you should flush the outlets until the temperature at the outlet stabilises and is comparable to supply water and purge to drain.

Regularly use the outlets to minimise the risk from microbial growth in the peripheral parts of the water system, sustain and log this procedure once started.

For high risk populations, eg healthcare and care homes, more frequent flushing may be required as indicated by the risk assessment.

For any questions about how ACoP L8 HSG274 affects you, please contact your local HBE office on 0845 6399 673, email info@hberm.com or visit www.hberm.com

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