Water Hygiene Policy

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Contents

Section	Title	Pages
1.0	Introduction	
2.0	Purpose	
3.0	Values	
4.0	Definitions	
5.0	Scope	
6.0	Contribution to Plan A	
7.0	Legislative and regulatory framework	
8.0	Policy statements	
9.0	Roles and responsibilities	
10.0	Related policies and procedures	
11.0	Monitoring, assurance and review arrangements	

1.0 Introduction

1.1 This policy sets out our responsibilities in meeting the legal obligations which require us to deal with the risks associated with legionella bacteria within the properties we own or manage. Legionella bacteria can cause a potentially fatal form of pneumonia called Legionnaires' disease which is contracted by inhaling small droplets of water containing the bacteria.

1.2 The policy has been reviewed by an external Third Party to ensure that it covers all our responsibilities under current relevant legislation.

2.0 Purpose

The purpose of this policy is to ensure:

- Our homes and other buildings comply with health & safety legislation.
- Customers are safe in their homes.
- Customers affected by this policy are treated with respect and empathy.

3.0 Values

3.1 This policy is underpinned by the following values:

- Trust – being open and honest with customers by publishing our targets and performance.
- Respect – ensuring all customers are treated with respect, recognising the diverse views and needs of customers and accommodating these views and needs whenever possible.
- Innovate – continuous improvement to enhance the delivery of the water hygiene procedure.
- Working together – embracing customer feedback to further develop the water hygiene procedure.
- Own it - we will take ownership of our decisions and responsibilities, ensuring works are carried out professionally, ethically, and in line with our standards.

4.0 Definitions

4.1 The key terms used in this policy are defined below.

BOHS	British Occupational Hygiene Society.
Duty Holder	The owner of the non-domestic premises or the person or organisation that has clear responsibility for the maintenance or repair of non domestic premises, for example through an explicit agreement such as a tenancy agreement or contract.
Legionellosis	A collective term for diseases caused by legionella bacteria including the most serious Legionnaires' disease, as well as the similar but less serious conditions of Pontiac fever and Lochgoilhead fever.
LRA	Legionella Risk Assessment – an assessment which identifies the risks of exposure to legionella in the water systems present in a premises and the necessary control measures required.
COSHH	The Control of Substances Hazardous to Health Regulations 2002 (as amended).
Customer	Customers are defined as tenants and residents, living in our homes, that are eligible to access and receive services associated water hygiene.
Complaint	Any expression of dissatisfaction, however made, about the standard of service, actions or lack of action by the organisation, our own employees, or those acting on our behalf, affecting a resident or group of residents.
Operational Building	This refers to offices or buildings that are actively used but are not commercial building.
Non-operational Building	This refers to buildings where there is a communal area or shared space eg communal lounges or communal areas of flat blocks.

5.0 Scope

5.1 This policy applies to all social housing rental accommodation, low-cost home ownership homes (rent-to buy), other intermediate rent homes, non-domestic properties (communal lounges and operational and non operational buildings).

5.2 This policy does not apply to shared ownership, leasehold properties or commercial properties.

5.3 This policy is relevant to all our employees, customers, contractors, stakeholders and other persons who may work on, occupy, visit, or use our premises, or who may be affected by our activities or services.

5.4 The policy should be used by all to ensure they understand the obligations placed upon us to maintain a safe environment for customers and employees within the home of each customer, and within all communal areas of buildings and other properties we own and/or manage. Adherence to this policy is mandatory.

5.5 The Management Regulations and the Health and Safety at Work Act 1974 place a duty on us, as an employer and landlord, to ensure our employees and others affected by our undertakings (for example, tenants), are not exposed to health and safety risks, including the risk from legionella.

5.6 We have a legal obligation under COSHH to prevent or control exposure to biological agents, including legionella.

5.7 We are the 'Duty Holder' as defined by ACoP L8 and we must take necessary precautions to prevent, reduce or control the risks of exposure to legionella.

5.8 As the Duty Holder, we must:

- Carry out a risk assessment for all hot and cold-water systems, cooling plant and any other systems that can produce water droplets to identify and assess potential risks.
- Implement measures to either eliminate, reduce or control identified risks.
- Appoint a Responsible Person to take managerial responsibility for:
- Carrying out risk assessments.
- Producing written schemes of control (a practical, risk management document used to control the risk from exposure to legionella).
- Implementing the written scheme of control.
- Appoint a Deputy Responsible Person who will provide cover to the responsible person in their absence.
- Keep associated records for five years.

6.0 Contribution to Plan A

6.1 This policy supports our 'Providing Quality Sustainable Homes' strategy and its strategic vision of 'Tenants living in warm, safe, high quality, sustainable homes in a place they are proud to live'.

7.0 Legislative and regulatory framework

7.1 Legislation - The principal legislation applicable to this policy is as follows:

- The Health and Safety at Work Act 1974.
- The Management of Health and Safety at Work Regulations 1999 (the Management Regulations)
- The Control of Substances Hazardous to Health Regulations 2002 (as amended) (COSHH).
- Landlord and Tenant Act 1985
- Homes (Fitness for Human Habitation) Act 2018 ? The Occupiers' Liability Act 1984 ? Public Health (Infectious Diseases) Regulations 1988
- The Workplace (Health Safety and Welfare) Regulations 1992
- Water Supply (Water Fittings) Regulations 1999
- Housing Act 2004

- Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR)
- Construction (Design and Management) Regulations 2015
- Water Supply (Water Quality) Regulations 2018
- Data Protection Act 2018 Social Housing (Regulation) Act 2023
- Consumer Standards 2024 Annex 3 The Safety and Quality Standard

7.2 Approved Code of Practice (ACoP) – The principal ACoP applicable to this policy is:

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

7.3 Guidance – The principal guidance applicable to this policy is as follows:

- 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 brief guide for duty holders (2012).
- BS8580-1:2019 Water quality, risk assessments for Legionella control - Code of practice.

7.4 Regulatory Standards:

- Consumer Standards 2024 Annex 3
- The Safety and Quality Standard.
- The Social Housing (Regulation) Act 2023

7.5 Sanctions – Failure to discharge our responsibilities and obligations properly could lead to sanctions, including prosecution by the Health and Safety Executive (the HSE) under the Health and Safety at Work Act 1974; prosecution under the COSHH Regulations; prosecution under the Corporate Manslaughter and Corporate Homicide Act 2007; and via a regulatory notice from the Regulator of Social Housing.

8.0 Policy statements

8.1 We acknowledge and accept our responsibilities and obligations under the legislation outlined in Section 7.

8.2 We will review legionella risk assessments at no more than two-year intervals, or more frequently where a water system is likely to undergo change and is therefore a higher risk. Schemes will be assessed as high, medium or low risk.

8.3 Written schemes of control will be in place for all properties risk assessed as requiring controls to manage the risk of legionella exposure.

8.4 When properties become void, we will ensure the water system is ran through for a minimum of 10 minutes and either sterilise or replace the shower head and/or loop.

8.5 If we identify pipework 'dead legs' we will remove them within void properties and any properties where we are carrying out adaptations or planned investment work.

8.6 When we acquire properties (existing or new build) we will follow the same process as for void properties and remove any visible pipework 'dead legs' present when we take possession of the property.

8.7 We will operate a robust process for the management of immediately dangerous situations identified from the legionella risk assessment, water testing/monitoring regime or suspected legionella outbreak.

8.8 We will use the legal remedies available within the terms of the tenancy agreement should any customer, refuse access to carry out essential water hygiene related inspection and remediation works. Where customer vulnerability issues are known or identified we will ensure we safeguard the wellbeing of the customer, whilst ensuring the organisation can gain timely access to any property to be compliant with this policy.

8.9 We will operate effective contract management arrangements with the contractors responsible for delivering the service including; ensuring contracts/service level agreements are in place, conducting client-led performance meetings, and ensuring that contractors' employee and public liability insurances are up to date on an annual basis.

8.10 We will establish and maintain a risk assessment for water hygiene management and operations, setting out our key water hygiene risks and appropriate mitigations.

8.11 We will ensure there is a robust process in place to investigate and manage all RIDDOR notifications made to the HSE in relation to water hygiene safety and will take action to address any issues identified and lessons we have learned, to prevent a similar incident occurring again.

Programmes

8.12 Operational, non-operational and other properties – We will ensure all communal blocks and other properties (excluding shared ownership, leasehold or commercial properties) that we own or manage are subject to an initial visit to establish whether a legionella risk assessment (LRA) is required. Thereafter, if an LRA is required, the property will be included on the LRA programme. If an LRA is not required, we will record this on our core asset register.

8.13 For all properties on the LRA programme, we will undertake LRAs and review the LRA every two years as a minimum, or more frequently where a water system is likely to undergo change and is therefore a higher risk.
LRAs will also be reviewed in the following circumstances:

- Change in building use.
- Change in internal layout of water system.
- Change in building occupation that increases the risk due to health.
- After a confirmed or suspected outbreak of Legionella.
- Following a water hygiene audit (if required).

8.14 Testing and monitoring - We will undertake testing and monitoring as set out within any written schemes of control (for example, monthly temperature checks).

8.15 Properties managed by others – We will obtain an LRA where our properties are managed by a third party. If the third party does not provide the LRA, we will carry out the inspection and obtain the LRA, and re-charge them for the cost of this work.

8.16 We will ensure there is a robust process in place for the management of any follow-up works required following the completion of an LRA or ongoing monitoring (where the work cannot be completed at the time of the assessment or check).

Data and Records

8.17 We will maintain a core asset register of all properties we own or manage, setting out which properties require an LRA. We will also set out which properties require ongoing testing and monitoring as prescribed by the written control scheme (for example, monthly temperature checks).

8.18 We will utilise data held within our CX system to ensure we consider tenant vulnerabilities, access requests and any other arrangements as part of our required compliance visits

8.19 We will operate a robust process to manage all changes to stock, including property acquisitions and disposals, to ensure that properties are not omitted from water hygiene programmes and the programmes remain up to date.

8.20 We will hold LRA inspection dates, LRAs, and testing and monitoring records against all properties on each programme. These will be held in the MRI Asset system for the applicable dates and a shared drive for the physical LRAs and records.

8.21 We will keep water hygiene logbooks electronically (or securely on site where practical), for all properties on the LRA programme.

8.22 We will keep all records for at least five years or for the duration that we own and manage the property. This will be in line with our document retention policy and have robust processes and controls in place to maintain appropriate levels of security for all water hygiene related data.

Diverse needs

8.23 We will make reasonable adjustments in how we deliver the service to customers' homes where a vulnerability would prohibit the works being carried out without adjusting the service. We will also make reasonable adjustments to how we communicate with customers based on their vulnerabilities.

Communication

8.24 We consider good communication essential in the effective delivery of water hygiene programmes, therefore we will ensure our customer engagement policy and communication programme supports customers in their understanding of water hygiene and legionella risk, advise them of how they can manage the risks within their properties, and to encourage them to report any concerns about water safety.

8.25 We will make reasonable adjustments in how we deliver the service to customers homes where a vulnerability would prohibit the service being carried out without adjusting the service. We will also make reasonable adjustments to how we communicate with customers based on their vulnerabilities.

8.26 We also aim to successfully engage with vulnerable and hard to reach customers. We will share information clearly and transparently and will ensure that information is available to customers via regular publications and information on our website.

8.27 We will display written schemes of control in communal areas of buildings where relevant to inform occupants how the risk of exposure to legionella bacteria is being managed and controlled.

Feedback and complaints

8.28 In line with the Complaints, Compliments and Feedback Policy, we will work with customers who have specific needs and vulnerabilities to make sure they can access the service, have their views listened to and receive their complaint response in a way that meets their needs.

8.29 Customers can provide feedback about the services they have received in respect of this policy. If a tenant is dissatisfied with the service they have received from us, they can make a complaint to us in line with our Complaints, Compliments and Feedback Policy.

Competent Persons

8.30 The competency of persons delivering this policy are outlined below:

Competent Person	Qualification/Accreditation Required
Responsible Person – Compliance & Cyclical Works Manager	BOHS P901 – Management and Control of Building Hot and Cold-Water Services or Level 2 Award in Legionella Awareness (or equivalent) or Level 4 VRQ Diploma in Asset and Building Management.
Deputy Responsible Person – Facilities & Cyclical Works Manager	BOHS P901 – Management and Control of Building Hot and Cold-Water Services or Level 2 Award in Legionella Awareness (or equivalent) or Level 4 VRQ Diploma in Asset and Building Management.
Contractors undertaking LRA's or undertaking works in respect of water hygiene and legionella control	Relevant qualifications and registered with the Legionella Control Association

9.0 Roles and responsibilities

9.1 Roles and responsibilities under this policy are outlined below.

Board	The Board has overall governance responsibility for this policy. As such, the Board will formally approve this policy and review it every two years, or earlier if there is a change in legislation or regulation. Board will receive quarterly performance reports containing high-level performance metrics measuring the effectiveness of this policy.
Audit and Risk Committee	The Audit and Risk Committee have a specific focus on Awaab's Law, compliance and disrepair, ensuring repair activity is supported by robust internal controls and risk management arrangements. The Committee provides independent oversight and assurance ensuring compliance with legislative and regulatory requirements. Any significant issues, risks outside of tolerance, or matters requiring strategic direction will be escalated to the Board for consideration and decision.
Executive Management Team	EMT will be notified of any significant, continued, non-compliance with this policy. EMT will receive at least quarterly performance reports containing high level performance metrics measuring the effectiveness of this policy.
Executive Director of Finance and Investment	The Executive Director of Finance and Investment has strategic responsibility for the management of water hygiene and ensuring compliance is achieved and maintained. The Executive Director of Finance and Investment will receive monthly performance reports containing high-level performance metrics measuring the effectiveness of this policy.
Executive Director of Corporate Services	The Executive Director of Corporate Services is designated as the health and safety lead as defined by the Social Housing (Regulation) Act 2023.

Director of Property Services	The Director of Property Services is responsible for overseeing the operational delivery of the policy, monitoring compliance performance, and providing assurance that effective arrangements are in place to manage radon risks and maintain compliance with legislative and regulatory requirements.
Head of Property Services	The Head of Property Services has operational responsibility for the implementation and oversight of this policy.
Compliance and Cyclical Works Manager	The Compliance and Cyclical Works Manager has operational responsibility for the management of water safety and will be responsible for overseeing the delivery of these programmes.

9.2 This policy will be communicated to employees via our intranet. Those responsible for implementing the policy will where required receive appropriate training, advice, and/or guidance.

10.0 Related policies and procedures

10.1 This policy should be read in conjunction with the following documents:

Water Hygiene Procedure (July 2026)	The Water Hygiene procedure sets out the process we will follow to identify, manage and/or mitigate risks associated with hot and cold-water systems that may cause exposure to legionella bacteria.

11.0 Monitoring, assurance and review arrangements

11.1 Assurance on compliance with this policy will be gained by the following methods and timescales:

Type of assurance	Key source	Frequency
Management assurannce	Perfromance CX report Contract perfromance meetings Pentana perfromance dashboards	Weekly Monthly Monthly
Corporate Oversight	Perfromance report Landlord health and safety	Monthly to Executive Director of Finance and Investment Quarterly to Board Quarterly to Audit and Risk Committee
Independent Assurance	Internal audit	2 years

The requirements set out in the Tenant Satisfaction Measures (TSMs) are not applicable within the scope of this policy as there are no communal shared water supplies to domestic properties.

11.2 The following information will be included in the landlord health and safety compliance report to Audit and Risk Committee:

Data – the total number of:

- Properties – split by category (domestic, communal and others).
- Properties requiring a monthly monitoring visit.
- Properties with a valid and in date monthly monitoring visit.
- Properties without a valid and in date monthly monitoring visit.
- Properties due a monthly monitoring visit within the next 30 days.

Narrative - an explanation of the:

- Current position.
- Corrective action required.

11.3 We undertake internal desktop audits to 100 per cent of all certifications.

11.4 We will carry out an independent audit of water hygiene safety at least once every two years, to specifically test for compliance with legal and regulatory obligations and to identify any non-compliance issues for correction.

11.5 This policy will be reviewed every 2 years, unless there is significant development that would require a more urgent review e.g. new legislation or regulation.