

EPDWA GUIDELINES FOR THE PROVISION OF COOLERS IN HOSPITALS



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Foreword

The European Point of Use Drinking Water Association (EPDWA) is the Trade Association for the Point of Use (plumbed in) Watercooler Industry in Europe. It promotes the highest standards of installation, servicing, equipment and customer service in the Industry.

Introduction

The provision of drinking water in hospitals can be problematical. Hospitals are often very warm and patients need to be fully hydrated to help them recover. It is not surprising that the provision of water coolers to hospitals is becoming widespread. Plumbed in watercoolers convert potable mains into a cool refreshing drink for patients and staff.

However from discussions with hospital authorities and visits to hospitals by EPDWA, it is clear that many coolers have been purchased piecemeal and that many are not subject to servicing contracts – in fact many never get serviced at all – presumably for economic reasons. Also it must be noted some installations in the past have left something to be desired.

Hospitals

Hospitals are challenging locations for coolers:

- They are full of sick people who are more susceptible to infections and may indeed become infected by micro-organisms that do not affect the healthy. Of particular concern is the intestinal parasite *Cryptosporidium* that may be carried by mains water. This organism is a serious threat to the immunocompromised.
- Hospitals, by their nature have always contained unpleasant and dangerous micro-organisms in their environment. Following the advent of concerns about methicillin resistant *Staphylococcus aureus* (MRSA) and other bacteria in the hospital environment, hospital infection control staff are more sensitive than ever to the hygiene of devices supplied into hospitals. They will also have concerns regarding *Clostridium difficile*, *Pseudomonas aeruginosa* and *Legionella* spp as well as many other organisms. It is therefore vital that coolers are connected correctly to the right water supply, are of a design that will inhibit the picking up of contamination from the user and the hospital and that waterways are not allowed to become excessively warm.
- Coolers may be located in unsuitable locations and may not be supervised by hospital staff.
- Coolers may be 'cleaned' by untrained hospital staff or cleaning contractors that could result in contamination.
- Many coolers are not under servicing contracts.
- Hospital water supplies can be complicated and it is possible that coolers may be connected to unsuitable supplies.
- Access by cooler company staff for care and maintenance may be difficult.

Nursing Homes and Hospices

These establishments also require special attention for a number of reasons.

- They will contain terminally ill or elderly patients whose immune systems may be compromised or weak.
- Some patients may be confused and have poor personal hygiene.
- Plus the points made in the hospitals section.

In consequence the EPDWA has produced these Guide Lines for its members on the installation, servicing and use of coolers in hospitals, hospices and nursing Homes.

GUIDELINES

Preliminaries

- A visit should be made to discuss the siting of the coolers with the appropriate hospital etc authorities including the infection control department.
- A full site survey should be made to ensure that all coolers are connected to a suitable designated drinking water supply.

Installation

- **Connection must only be made to a confirmed potable drinking water supply. This must be confirmed by the Hospital Authorities**
- Installation must only be done by EPDWA qualified installation engineers. These same individuals must also have passed the EPDWA Hygiene Training course
- Installation must only be made using WRAS approved taps, pipework, valves etc
- Pipework must avoid excessively warm areas
- Microbore pipework must be less than 5 metres in length
- Installation pipework should be labelled clearly so there is no chance of it being damaged by hospital staff or other contractors.
- Installation to include a water block (leak detection device), one-way valve and water pressure regulator at the point of connection to the hospital supply.

Locations

1 High risk areas.

Coolers are not to be sited in following areas under any circumstances. Hospital authorities to be advised in writing of this requirement

- intensive care units
- neonatal units
- oncology units
- transplant units
- surgical wards
- operating theatres

2 Medium risk areas

Coolers to be installed in these areas only after discussion of the hazards posed with the infection control unit or caring authorities.

- hospices
- geriatric units
- general wards
- day rooms

3 Low Risk areas

Coolers can be placed in these locations in the same way as in other premises

- offices/administration
- staff areas
- outpatients
- public areas/waiting rooms

Special Instructions

Advice in writing to be supplied by cooler company to the effect that water from coolers should not be given to the moderately or severely immuno-compromised.

These would include:

- Patients with acute or chronic leukaemia, lymphomas and cancers under intensive chemotherapy
- Patients undergoing long term treatment with high doses of cortico steroids
- Organ Transplant recipients
- HIV/AIDS patients

Other Instructions to be supplied hospital staff

- Coolers not to be opened by hospital staff
- Coolers should not to be disconnected without warning the cooler company
- Coolers should not be switched off for more than a few minutes
- Coolers out of use for more than 2 weeks should be sanitised before reuse
- Coolers out of use for 2-14 days should be flushed through (volume depends on cooler) before recommencing use
- Disposable drinking cups should be kept in their protective sleeves or cup dispenser before use. Cups to be stored in a clean dry place before use
- The refilling of drinking bottles from the cooler tap should be discouraged as the bottle neck (which may be contaminated by the drinker) may come into contact with the tap.

Coolers.

- Supplier to be EPDWA member
- Coolers to be proofed against airborne contamination that is with sealed reservoirs with an air filter or pressurised direct chill piping
- Cooler water contact surfaces should be made of materials approved for water contact use

Filters

- Filters should be certificated for their intended purpose
- Filters should be changed at least every six months
- Filters should have 1 micron absolute performance to remove pathogenic cysts from the supply (e.g. Cryptosporidium)

Sanitisation

- All sanitisation staff should have passed the EPDWA hygiene training course
- All sanitisation staff should have passed the EPDWA Installation/sanitisation course.
- Sanitisation should be carried out at least every 3 months in hospitals. More frequent sanitisation may be advisable in some circumstances.
- Weekly spraying of taps with proprietary peroxide spray by hospital staff is recommended. The spray should be provided by the cooler supplier.
- Cooler company staff should be given special training on visiting hospitals.
- Members should supply a COSSH or similar risk assessment for the chemicals (including ozone) that will be taken into the hospital.
- All cooler sanitisation procedures should be documented and made available to customer on request.

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