



WATER MANAGEMENT PLANS FOR HEALTHCARE

The CMS memorandum applies to any facility that accepts Medicare/Medicaid dolars. The new standard and memorandum continue to tie funding to facilities that are properly implementing their plans. Consequently, managers should become familiar with this standard, but also the related standards and guidelines from ASHRAE, the Center for Disease Control, and the American Water Works Association. These apply to a I facilities whether or not they are healthcare related, and guide litigators as they cha lenge facilities.

There are four elements of performance (EPs) in the new Joint Commission standard. EP 1 states that the healthcare facility must have a water management program that has an individual or team responsible for its oversight and implementation. EP 2 defines the plan, repeating the requirements of ASHRAE 188, which is the industry standard for building owners and facility managers.

The highest risk for Legionnaires' disease comes from inhalation of the Legionella bacteria, which drives the design of a I WMPs. Al plans begin with a basic diagram of al water supply sources in a facility, highlighting any points that could aerosolize bacteriainfected water. This also includes problem areas such as decommissioned areas where water has been stagnant and a risk assessment risk based on residents' demographics.

Immunocompromised people are at much higher risk of contracting Legionnaires' disease: transplant recipients, people with diabetes, cancer, lung disease, etc. The standard also considers those over 50 to be at risk. Fina ly, the plan must give an overview of monitoring protocols and control measures.

by Benjamin Frieders bfrieders@zinkan.comm

COVID-19 may be top of mind these days, but facility managers should remember another type of infective pathogen: Legione Ia, a bacteria commonly found in restrooms, showers, water fountains, and ice machines. Failure to fo low regular maintenance routines wi I expose owners to litigation should an occupant contract Legionnaires' Disease, a super pneumonia that—like COVID—can be deadly.

Litigation is a risk to any facility, but healthcare and senior living facilities are at special risk, as the requirements for Legione la controls just got a lot stricter.

Know The New Water Management Standard

Effective January 1, 2022, the Joint Commission has a new standard ca led Environment of Care 02.05.02. The Centers for (CMS) 2017-/2018 Medicare and Medicaid Services memorandum required healthcare facilities to have a Water Management Plan (WMP) to address Legionela and other waterborne pathogens. In the latest release, the Joint Commission strengthened their stance and implemented new requirements. In addition, the Joint Commission is the enforcing arm of CMS; going forward audits for a I healthcare facilities are expected to be more extensive. The new guidance requires facilities to provide extensive documentation of maintenance activities and control measures.



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EP 3 covers how to follow a WMP. ASHRAE 188 contains general language about documenting the plan implementation. In EP 3, the new Joint Commission standard goes beyond that to specify that the results of a I monitoring activities must be documented. Examples of monitoring activities include:

- Recording the temperature of a hot water system.
- Recording chlorine levels or pH levels.
- Visually inspecting a decorative fountain or cooling tower for algae.

EP 3 also includes the requirement to define and document the corrective actions that should be taken if a test for Legione la fa ls outside the acceptable limits or if control limits are not maintained.

EP 4 requires that the program is reviewed annually and after any renovation, with documentation showing these reviews.

How To Test For Legionella

The WMP helps facilities meet the Centers for Disease Control (CDC) guidance on environmental testing that was updated in 2021. For the first time, it advises routine testing for Legione la. Routine testing establishes a baseline, enabling managers to know if their WMP is working.

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AUDITING FACILITY WATER MANAGEMENT PLANS

Managers need enough data to understand what's going on in the system. My company, ChemREADY, a provider of water treatment chemicals and consulting for Legione la prevention and overa I water treatment, usua ly recommends testing 10% of the hot water points-of-use (POU) (i.e., faucets, showers) on a rotating basis at least quarterly. However, testing 10% of fixtures may be difficult in a large building. A bare-minimum testing regimen would be two locations per floor at points nearest and farthest from hot water entry.

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Legionella Treatment

Remediations depend on the extent of Legione la colonization. The CDC has published a table that explains how to interpret test results: Legione la is either we I contro led, poorly contro led, or not contro led. Figure 1 (below) shows information taken from this table. A WMP can describe the actions required for each category. Understanding the requirements of Legione la Water Management Plans is essential to maintaining a safe facility and protecting it from litigation should an outbreak of Legione la occur. Fo low the tips in this article and get advice from an experienced Legione la consultant to ensure your facility meets these standards.

There are three escalating levels of remediation. First is point-ofuse filters. These have a 0.2-micron filter that acts as a physical barrier to bacteria. They can be insta led immediately on faucets and showers without a need to shut off water. However, they are costly and must be replaced over time, so they are usua ly used to buy time until full system remediation can be implemented.

Second is shock disinfection. This can be accomplished through a thermal heat and flush or hyperchlorination. Thermal heat and flush ki ls bacteria with temperatures above 160 degrees. This can be accomplished quickly but may have scalding concerns for workers and residents. Hyperchlorination is effective but requires water use restrictions facility-wide.

Third is secondary disinfection. While there is a minimal capital investment, the use of these systems provides consistent augmented doses of disinfectants like monochloroamine, and other EPA-approved disinfectants for drinking water.



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Summary.

nt-of- Visit the ChemREADY website for related links to CDC, ASHRAE, and AWWA.

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