Sampling and Management Plan for Healthcare Facilities: Guidance and Template

Version: 1.0

**New York State Department of Health**

**Bureau of Water Supply Protection**

Sampling and Management Plan for Healthcare Facilities: Guidance and Template

Prepared for:

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# Facility Information

## Facility Location

|  |  |
| --- | --- |
| Hospital name |  |
| Street address |  |
| Building name (if applicable) |  |
| City, Town or Village |  |
| County |  |
| ZIP code |  |
| Latitude-Longitude (if available) |  |

## Point of Contact

|  |  |
| --- | --- |
| Name |  |
| Title |  |
| Phone number |  |
| Email address |  |

## Developer of Sampling and Management Plan

### Point of contact

|  |  |
| --- | --- |
| Point of contact name |  |
| Title |  |
| Phone number |  |
| Mobile phone number |  |
| Email address |  |

### Address of Company

|  |  |
| --- | --- |
| Company name |  |
| Address 1 |  |
| Address 2 |  |
| City, State, ZIP code |  |
| Phone number |  |
| Website (if available) |  |

## Effective Date of Sampling and Management Plan

|  |  |
| --- | --- |
| Beginning date of SMP |  |
| Ending date SMP |  |

## Facility Information

|  |  |
| --- | --- |
| How many potable cold water systems are in the facility? |  |
| How many potable hot water systems are in the facility? |  |
| What is the source(s) of potable water provided to the facility? |  |
| Are there any water reuse systems in the facility? |  |

# Personnel Roles and Responsibilities

## SMP Team Members

|  |  |
| --- | --- |
| Name |  |
| Title |  |
| Employer or company (outside contractor) |  |
| Address |  |
| Telephone |  |
| Email address |  |

## SMP Team Functions

|  |  |
| --- | --- |
| **Function** | **Individual charged** |
| Maintenance program administrator |  |
| Physical facilities management |  |
| Engineering |  |
| Infection Control |  |
| Clinical representative |  |
| Laboratory contact |  |
| External consultant |  |

# Building Water Systems Descriptions

## Potable Water Systems List

|  |  |  |
| --- | --- | --- |
| **Water system designation** | **Location or portion of building** | **Purpose** |
|  |  |  |
|  |  |  |
|  |  |  |

## Potable Water Systems Descriptions

Description:

# *Legionella* Sampling Plan

|  |  |  |
| --- | --- | --- |
| **Sample location designator** | **Sample type** | **Comments** |
|  |  |  |
|  |  |  |
|  |  |  |

## Non-Medical Equipment Sampling

|  |  |  |
| --- | --- | --- |
| **Equipment** | **Water type** | **Sampling procedure and schedule** |
|  |  |  |
|  |  |  |
|  |  |  |

## Infrastructure Equipment Sampling

|  |  |  |
| --- | --- | --- |
| **Infrastructure item** | **Potential for contact** | **Sampling procedure and schedule**  **(excluding cooling towers)** |
|  |  |  |
|  |  |  |
|  |  |  |

# Potable Water System Monitoring

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Control point** | **Maximum, minimum or range** | **Value** | **Frequency monitored** | **Corrective action** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

# Potable Water System Maintenance

## *Hot Potable Water System Maintenance*

|  |  |
| --- | --- |
| **System component** | **Procedures/action** |
|  |  |
|  |  |
|  |  |

## Cold Potable Water System Maintenance

|  |  |
| --- | --- |
| **System component** | **Procedure/action** |
|  |  |
|  |  |
|  |  |

# Procedures for Responding to Sampling Exceedances

**Decision algorithm for *Legionella* sampling results**



|  |  |
| --- | --- |
| **Procedure designator** | **Description of procedure/activity** |
| 1 |  |
| 2 |  |
| 3 |  |

# Procedures in Event of Nosocomial Illnesses

|  |  |
| --- | --- |
| **Procedure designator** | **Procedure/activity** |
| 1 |  |
| 2 |  |
| 3 |  |