

Water Interruption Contingency Plan

Plan / template | WAT-PLN-001

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Title	Water Interruption Contingency Plan
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Replaces	None (new document)
Standards and criteria supported	Standard 2B, criterion 2B.3
Evidence basis	E-009
Status of this document	Recommended best-practice model. A hospital may adopt, adapt or replace it with an equivalent that meets the same criteria.

At a glance: what to do

1. Know the stored water supply and where it is.
2. On interruption, tell clinical teams and restrict water use to essential purposes.
3. Use the stored supply for drinking and clinical care.
4. Restore the supply, flush outlets and retest before normal use.
5. Record the event and review the plan afterwards.

Stop and get help straight away if: the stored supply is running out and no replacement is arranged.

1. Purpose

To keep patients and staff supplied with safe water when the mains supply fails, and to restore normal use safely [EC].

2. Scope

Applies to	Facilities, clinical leads, and the chief executive
Locations	The whole facility
When	On any loss or reduction of water supply, and yearly review
Does not apply to	Dialysis water, covered by the dialysis service plan

3. Definitions and abbreviations

Term	Meaning in this SOP
Stored supply	Water kept in tanks or bottles for emergency use
Essential use	Drinking, medicines, wound care, hand hygiene, sterilisation and other care that needs safe water

4. Background and rationale

A water interruption affects drinking, hygiene and sterilisation. Planned responses prevent the most serious risks. Criterion 2B.3 requires a contingency plan, not an assumption that supply will continue.

5. Responsibilities

Role	Duties in this SOP	Competence needed
Facilities manager	Activates the plan; arranges supply; restores and retests	Facilities competence
Chief executive	Decides on closures or service changes	Executive leadership
Clinical leads	Tell their teams; prioritise essential use	Clinical management

6. Equipment, materials and resources

Item	Specification or standard	Check before use
Stored water supply	Volume set by the committee for the expected duration (EC)	Checked monthly
Bottled water for drinking	Stock set by the committee	In date
Contact list	Water supplier, testing lab, facilities staff	Current

7. Safety and infection prevention

- Do not drink, wash or prepare food with water not confirmed safe.
- Do not use water for sterilisation unless the supply is confirmed safe.

8. Before you start

- Check the stored supply and the contact list each month.

9. Procedure

Follow the steps in order. Where a step says "If", take the action for the case that applies. Do not skip a step. If a step cannot be done, use section 11 and section 12.

Step	Action	How to do it	Key point
1	Confirm the interruption.	- Confirm the loss of supply and the expected duration with the supplier. - Inform the chief executive and clinical leads at once.	Early confirmation allows early action.
2	Restrict use.	- Tell all areas to use stored water only for essential purposes. - Stop non-essential use such as garden or cleaning where it uses drinking water. - Put notices on all outlets.	Reducing demand extends the stored supply.
3	Supply essential needs.	- Use stored or bottled water for drinking and medicines. - Arrange delivery of additional water if the interruption lasts longer than the stored supply covers. - Check stored water quality as the plan sets (EC).	Stored water must still be safe to drink.
4	Restore and retest.	- Once supply returns, flush each outlet for the time set (EC). - Test the water before lifting restrictions (WAT-SOP-001). - Record the restoration and the test results.	Restoring supply does not mean the water is safe. Test first.
5	Review the event.	- Record the cause, duration and actions on the incident log. - Review the plan within 30 days and update it.	Each interruption shows where the plan needs strengthening.

Decision points

- If the interruption is expected to last beyond the stored supply, the chief executive decides on service changes or transfers.

10. Special situations

Situation	What to do
Dialysis or sterilisation services	Each service follows its own water plan, which must link to this one.

11. Problems and escalation

- Interruptions are reported to the chief executive at once and to the governing body at the next meeting.

12. Monitoring and compliance

What is checked	Target	How often	Who	If the target is missed
Stored supply checked monthly	100%	Monthly	Facilities manager	Escalate to chief executive
Plan reviewed yearly	Yes	Yearly	Facilities manager	Escalate to governing body
Interruptions with restoration tested before lifting restrictions	100%	Each event	Facilities manager	Review

13. Records

Record	Where it is kept	Kept for
Monthly stored-supply check	Facilities file	{{facility.records_retention_years}} years
Interruption record	Incident log	{{facility.records_retention_years}} years

14. Training and competence

- Facilities and clinical leads are briefed on the plan yearly, with a desktop exercise (EC).

15. Related documents

ID	Title	Relationship
WAT-SOP-001	Water Quality Testing and Safety	Testing before use
FAC-SOP-002	Failure Logging and Analysis	Interruptions are logged
GOV-PLN-002	Quality Improvement Plan	Review feeds the plan

16. Evidence

ID	Source and status
E-009	ASF Expert Committee consensus. Stored volume and flushing time are EC decisions.

EC = ASF Expert Committee consensus. Items marked EC are reviewed by the Committee each year.

17. Change history

Version	Date	What changed	Approver and signature
1.0	{{document.effective_date}}	First version	Approved by the ASF Expert Committee

Version	Date	What changed	Approver and signature
1.1	{{document.effective_date}}	Internal quality review: corrected cross-references, status wording and document control	Approved by the ASF Expert Committee