



LEGIONELLA RESPONSIBILITIES DURING THE COVID-19 PANDEMIC

Who is at Risk?

Symptoms

Legislation & Guidance



WHO IS AT RISK?

What is Legionnaires Disease?

Legionnaires' disease is a potentially fatal form of pneumonia contracted by inhaling aerosols contaminated with legionella bacteria.

Who is at Risk?

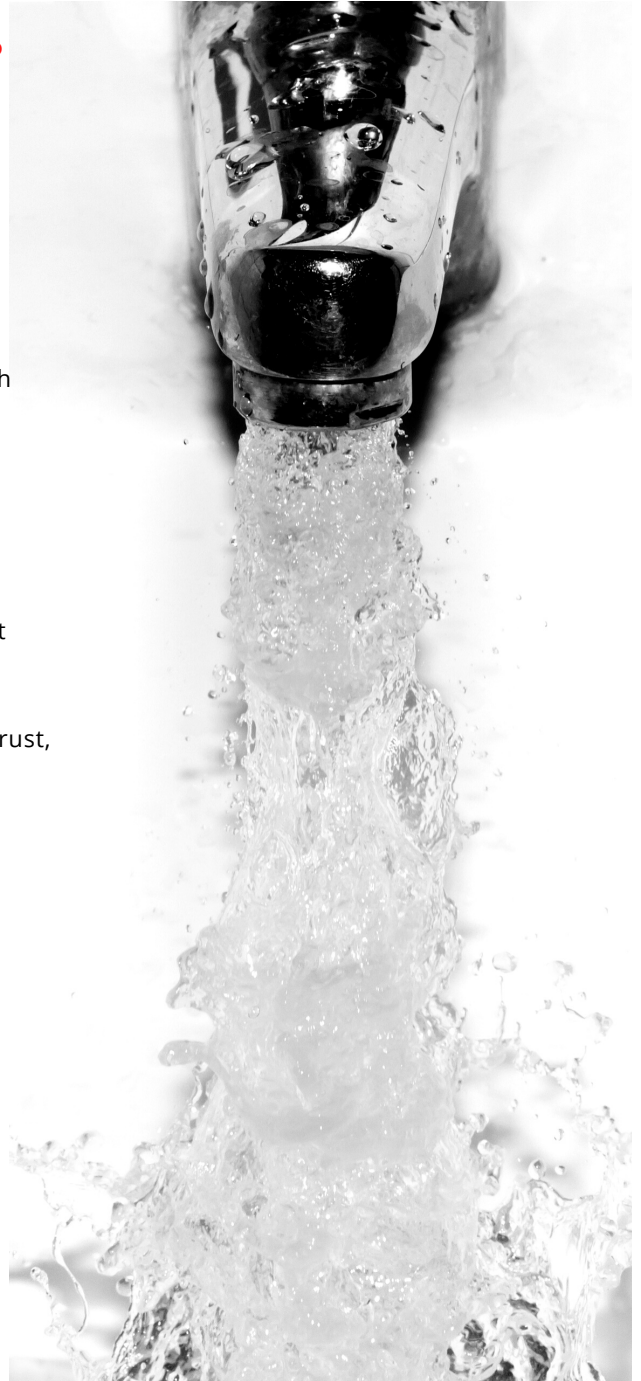
Everyone is susceptible to infection; the risk increases with age, but some people are at higher risk including:

- People aged over 45
- Smokers and heavy drinkers
- People suffering from chronic respiratory or kidney disease, diabetes, lung and heart disease
- Anyone with an impaired immune system Environment
- Water temperatures of 20°C - 45°C
- Stagnant water
- Systems containing nutrients for bacterial growth e.g. rust, sludge, sediment, scale, organic matter and biofilms

Symptoms

- Fever
- Loss of appetite
- Headache
- Tiredness
- Severe muscular aches
- Dry cough
- Breathlessness & confusion

Legionella bacteria thrive in certain conditions. When buildings become low in occupancy or shut completely (mothballed), the legionella risk increases.



LEGISLATION AND GUIDANCE

In general, systems are normally left filled with water for mothballing and not drained down as moisture will remain within the system enabling biofilm to develop where there are pockets of water or high humidity.

The systems should be recommissioned as though they were new, for example thoroughly flushed, cleaned and disinfected before being returned to use (extract from L8 guidance: HSG 274 Part 2, Paragraph 2.52).

Please visit <https://www.hse.gov.uk/pubns/books/l8.htm> to learn more on the approved code of practice and guidance for legionnaires' disease – L8: The control of legionella bacteria in water systems.

For general COVID-19 legionella guidance during the COVID-19 pandemic, please visit <https://www.hse.gov.uk/legionnaires/index.htm>

Low Occupancy Buildings

Where a building is still occupied, albeit at a lower occupancy than flushing should continue, but the additional low use outlets that may now exist should be included. Given the current situation with COVID-19, maintenance staff or specialist contractors may not be able to attend site to undertake monthly temperatures etc. In this case, consider opting for twice weekly flushing as a short-term measure to increase water turnover. Water temperatures still need to be maintained, but accessing buildings, especially those at higher risk of COVID-19 such as care environments may be difficult.

In these cases, consider taking flow and return temperatures from the calorifier(s) only to minimise building footfall. Where there are site dedicated staff (maintenance) monthly temperatures should be taken as normal and action any non-conforming temperatures.

Start-up Procedure (Motherball Buildings)

Building re-occupation after prolonged periods of no use is where the greatest risk lies if certain procedures are not followed:

2-3 Weeks Prior to Occupation

- Consider conducting a building chlorination, especially where cold water storage tanks are in place. The volume of stored water will have become stagnant and may have suffered thermal gain (>20°C)
- Consider taking Legionella samples to confirm if the bacteria exists - this allows time for action prior to building re-occupation
- If the quarterly showerhead cleaning and disinfection was due within the shutdown period, bring this up to date



2-3 Days Prior to Occupation

- Raise temperature of the calorifier(s) / hot water storage vessel(s) to 60°C
- Flush and purge all outlets until the temperature at the outlet stabilizes and is comparable to supply water and purge to drain

**Caution - Minimise exposure to aerosol by removing shower heads, covering spray taps with a clean cloth, placing clean plastic bag over fixed shower heads and cutting the corner of bag. Once flushing has started it should be continued until all outlets are back in regular use (twice weekly flushing in healthcare buildings).*

***Document all actions in the site logbook**