

To minimise the risk of Legionella in your property
comply with the Health & Safety Executives publication –
“The control of Legionella Bacteria in Water Systems” (L8)

Brief facts:-

- Legionella is a bacterium that causes Legionnaires' disease, a form of pneumonia.
- It is typically spread by an airborne mist and is breathed in.
- The bacterium survives in water between the temperatures of 20-45°C where appropriate nutrients are available.
- Is dormant below 20°C and cannot survive in temperatures above 60°C.

The assessments process is:-

- Identify and assess significant sources of risk
- Prepare a scheme for preventing or controlling risk
- Implement and manage precautions
- Implement a safe system of working
- Keep records of the precautions implemented for each of the premises under your control

Things to check for:-

- Cold water tank present?:
 - ensure securely fitting lid;
 - tank insulated to ensure doesn't warm up in the Summer, but;
 - no insulation under the tank (to ensure it doesn't freeze up in Winter);
 - before let, and if property vacant for a while – flush enough cold water through the system to ensure tank fully emptied and re-filled with fresh water;
- all dead legs removed (water pipe that used to feed something now removed);
- shower heads kept clean and if necessary chlorinated (or replaced);
- any vulnerable people in occupation?

Be especially careful of

- student lets with a cold water tank in the loft. The water will be dormant during the Summer and will have warmed up;
- outside taps, not used enough to flush old water through;
- dead legs;
- old shower heads. Need to de-scale and clean with approved biocide solution – e.g. Titan Sanitiser

For more information see the HSE fact sheets (available on the web site):-

- Approved Code of Practice and guidance on regulations
- A brief guide for duty holders
- Audit checklist

LEGIONELLA TEMPLATE CHECKLIST

This risk assessment should be reviewed if any factors change.

Responsible Person: _____

Address of property assessed: _____

Date of Assessment: _____

Type of property	
- HMO	<input type="checkbox"/>
- Family Occupation	<input type="checkbox"/>
- Other	<input type="checkbox"/>

Facilities available	
- Number of bedrooms	<input type="checkbox"/>
- Number of bathrooms	<input type="checkbox"/>
- Number of showers	<input type="checkbox"/>
- Number of Jacuzzi baths	<input type="checkbox"/>
- Number of leisure Jacuzzi baths	<input type="checkbox"/>
- Is there a water tank?	<input type="checkbox"/> Yes <input type="checkbox"/> No
- Type of hot water system?	

Considerations	
<u>Vulnerable person if known</u>	
- Over 45's	<input type="checkbox"/>
- Chronic respiratory problems	<input type="checkbox"/>
- Kidney disease	<input type="checkbox"/>
- Diabetes	<input type="checkbox"/>
- Heart disease	<input type="checkbox"/>
- Impaired immune system	<input type="checkbox"/>



Water usage

Is daily water usage inevitable to turn over the entire system?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is cold water direct from mains (no stored water tanks)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is hot water fed from instantaneous heaters?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Components

<u>Shower heads</u> <ul style="list-style-type: none">- Replaced yearly- Replaced 2 yearly- Descaled and super-chlorinated six monthly.- Replace at change of tenancy	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Date: _____
<u>Jacuzzi bath</u> <ul style="list-style-type: none">- Instructions provided to tenants about descaling and cleaning.- Stagnant pipes flushed. e.g. premises vacant prior to new tenancy bringing hot water up to 50 °c at outlets.	<input type="checkbox"/> Date: _____

Summary of actions

Signature: _____ Print name: _____

Date: _____