

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 or 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: _____ | |