

Model Communication  
Plans for Hospitals—  
*Legionella* and  
Legionnaires' Disease

November 2001

Department of Human Services  
Public Health Division

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## **Feedback**

The Department welcomes feedback on this document. Comments can be made in writing to the *Legionella* Risk Management Project within the Public Health Division, or via e-mail to [lrmp@dhs.vic.gov.au](mailto:lrmp@dhs.vic.gov.au)

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## **Disclaimer**

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# 1 Introduction

## 1.1 About the Package

These documents have been produced by the Department of Human Services to assist hospitals in developing detailed communication plans for adverse events related to cooling tower or warm water systems, as recommended in the *Guide to Developing Risk Management Plans for Cooling Tower Systems and Supplementary Notes for Hospitals*.

The package consists of:

- A **model policy** that could be adopted by a hospital or health service
- A template for developing a detailed **communication plan**.

The policy is intended to describe the broad principles and approach that a hospital or health service would take in relation to these matters. Details are then set out in a communication plan.

The documents assume the hospital concerned has both cooling tower and warm water systems. However, the information is equally applicable where only warm water systems exist—just delete the references to cooling towers.

Electronic versions of the documents can be downloaded in Microsoft Word 2000 format from [www.legionella.vic.gov.au](http://www.legionella.vic.gov.au) and used to develop local plans.

## 1.2 Bacterial Test Results and Communication

The package describes an approach to the issue of *Legionella* control that is quite transparent. However, a clear distinction has been made in dealing with a high Heterotrophic Colony Count (HCC), as opposed to the detection of *Legionella* in a cooling tower system.

Heterotrophic Colony Counts reflect the total bacterial load in the sample of water, measured as the number of colony forming units per millilitre (CFU/mL). It indicates to those responsible for the system the extent of microbiological control. A high HCC level of greater than 100,000 CFU/mL is an indicator that the system is moving out of control and requires immediate intervention<sup>1</sup> to reduce the potential for *Legionella* to grow. A high HCC level does not however have any direct relationship to disease or ill health.

<sup>1</sup> Such action is a mandatory requirement of the Health (*Legionella*) Regulations 2001.

# 1 Introduction

The detection of *Legionella* can have severe public health consequences, because of the potential for a cooling tower or warm water system to discharge aerosols containing the *Legionella* bacteria and for the bacteria to be inhaled and cause Legionnaires' disease in susceptible individuals.

## 1.3 Developing Communication Plans

While this package is designed as an aid to efficient development of communication plans, it is critical that there is local ownership of the finished plans. It is important to establish a process that involves all stakeholders in the development of both policy and plan. An existing Occupational Health and Safety Committee might oversee the development of both, as a way to achieve broad understanding and ownership of the outcomes and the process.

Ideally, one plan can be developed that covers all of the systems managed by the hospital in an identical fashion, but there may be circumstances where a different approach is needed for particular systems or incidents.

# 2 Model Policy

## Communication of *Legionella* and Legionnaires' Disease-Related Issues<sup>2</sup>

### 2.1 Scope

This policy describes the way in which the hospital will deal with microbiological test results (and particularly the detection or non-detection of *Legionella*) relating to either a hospital cooling tower or warm water system.

### 2.2 Context

#### 2.2.1 *Legionella* Bacteria and Legionnaires' Disease

*Legionella* bacteria are relatively common in the natural environment, but when they find a mechanism for growth and transmission to the lungs of susceptible people and cause Legionnaires' disease, the bacteria then becomes a serious public health issue.

Cooling towers or showers (or potentially any other warm water outlet) discharge very fine aerosols that may contain *Legionella*. A very real risk of Legionnaires' disease exists if contaminated aerosols are inhaled by susceptible people.

This is a significant risk in a hospital environment, due to the compromised health status of many of our patients that places them at higher risk of contracting Legionnaires' disease than most other individuals.

The incubation period for Legionnaires' disease is between two and ten days. This means that cases of Legionnaires' disease may occur from two to ten days after exposure to the *Legionella*-contaminated aerosols.

#### 2.2.2 Detection of *Legionella* at Any Level in a Cooling Tower or Warm Water System

Detecting *Legionella* in the recirculating water of a cooling tower system or a warm water system has significant public health implications. An immediate response is required, which is to disinfect the system. Re-sampling and testing for *Legionella* is also required two to four days later. Due to the complexity of the laboratory test involved, there is up to a ten-day interval between taking a water sample and receiving results.

If *Legionella* is detected in a cooling tower or a warm water system, there is potential for people to be exposed to *Legionella*-contaminated aerosols from the tower or a shower until the source has been identified and treated. This means that cases of Legionnaires' disease may be confirmed either before or after the *Legionella* testing has occurred.

Early advice that *Legionella* has been detected in a cooling tower or warm water system could alert individuals suffering from flu-like symptoms to consult a medical practitioner and discuss their exposure and symptoms. Early diagnosis can result in less severe illness. Early advice can also inform our clinical staff and health care workers to include Legionnaires' disease in differential diagnosis of cases of nosocomial pneumonia.

<sup>2</sup> This document should be ultimately drafted to be consistent with the normal hospital policy format.

# 2 Model Policy

## 2.2.3 Heterotrophic Colony Counts in Cooling Tower Systems

Heterotrophic Colony Counts are used as an indicator of water quality in cooling tower systems. The test measures the total bacterial load in the sample of water. It is reported as the number of colony forming units per millilitre (CFU/mL).

HCC indicates to those responsible for the system the extent the system, particularly the water chemistry in the system, is under control. There is no direct correlation between HCC levels and *Legionella* concentration. For example, it is possible to have very low HCC levels and still detect *Legionella* and conversely it is possible to have very high HCC levels but not detect *Legionella*.

However, a high HCC level (which is regarded as any count of greater than 100,000 CFU/mL) is an indicator that the system is moving out of control and that the system may support *Legionella* growth unless action is taken to bring the system back under control. The Health (*Legionella*) Regulations 2001 specify the action that must be taken for HCC levels above 100,000 CFU/mL.

High HCC levels are not directly related to Legionnaires' disease and so are not regarded by the Department of Human Services as of the same public health significance as the detection of the disease-causing *Legionella* bacteria.

## 2.3 Policy Statement

### 2.3.1 Principle 1: Education

The hospital will commence an awareness-raising program coordinated by the Occupational Health and Safety Committee to make information available to all staff and contractors who use our facilities. It will cover:

- Location and management of cooling tower systems and warm water system in the hospital
- This policy
- Legionnaires' disease.

### 2.3.2 Principle 2: Risk Management

The Hospital will develop risk management plans for both cooling tower systems and warm water systems on its property. The development of the plans will be the responsibility of the Chief Executive Officer and overseen by the Occupational Health and Safety Committee and Infection Control Team. The plans when developed will be presented to the Board of Management for endorsement.

The plans will include a detailed Communication Plan outlining the response to all reasonably foreseeable scenarios. The Chief Executive Officer is delegated the authority to update the plan as required.

Where any cooling towers or warm water systems are owned or operated by parties other than the Hospital, but are situated on Hospital controlled land<sup>3</sup>, the Hospital will seek to be a party to the development of the Risk Management Plans for such systems. Where possible the Risk Management Plans will be developed jointly and simultaneously with the systems directly managed by the Hospital.

The Hospital will ensure that it adopts a continuous improvement approach to both cooling tower and warm water systems and will review the risk management plans annually. Reviews will also be conducted before the commencement of any major construction on the hospital site, to take into account any potential change in risk as a result of such construction and to seize any opportunities for improving existing systems during re-development.

The risk management plan will, as a minimum, be reviewed by an independent specialist consultant appointed for this purpose.

These risk management plans for warm water and cooling tower systems will be integrated into the existing risk management plans for the hospital.

<sup>3</sup> Insert details of any such systems.

### 2.3.3 Principle 3: Transparency

#### *Legionella*

In relation to Hospital cooling tower and warm water systems, the detection of *Legionella* will trigger an open communication process. This will extend to the adoption of a transparent approach for handling information concerning *Legionella* as it relates to the cooling tower system(s) and warm water system(s) operated by the Hospital.

This will mean that the Hospital will work cooperatively within existing structures such as the Occupational Health and Safety Committee, Facility Management and Infection Control Teams, to develop a process that ensures all *Legionella* test results from cooling towers or warm water systems are made accessible to staff, together with information explaining the significance of the results.

#### **Heterotrophic Colony Counts**

Whilst HCC results are of great importance to the operators of the cooling tower system, they do not have the same public health significance as the detection of *Legionella*.

However, to maintain transparency HCC results will be tabled at the regular Occupational Health and Safety Committee and Infection Control Team meetings, together with a report on the action taken to allow those bodies to have oversight into the process and performance of the cooling tower systems.

#### **Confirmed Cases of Legionnaires' Disease**

In the event that confirmed case(s) of Legionnaires' disease are linked by the Department of Human Services to our facilities, the Hospital will release the maximum information available that respects the rights of the person(s) concerned to privacy. This information is likely to consist of the basic facts—that a case or cases has been confirmed and that the Department has advised that they believe our facility is implicated as a possible source. Patient details will not be released. The release of information would be performed jointly by the Department and the Hospital.

#### **Media**

A decision on whether to brief the media about the detection of *Legionella* will be made by the Chief Executive Officer after discussion with the Department of Human Services' Public Health Division. The decision will be based on risks to public health and on the usefulness of such information in minimising the impact (through early diagnosis) of any cases of Legionnaires' disease that have resulted from exposure of individuals to *Legionella* from the system concerned.

### 2.3.4 Principle 4: Management Reporting

Reports consisting of the following information will be prepared and submitted to the Board of Management:

#### **Quarterly**

- A chart showing the results of all bacterial testing for each cooling tower and warm water system. This will include Heterotrophic Colony Count and *Legionella* sampling results. The chart will be in the form of a rolling 18-month time series that will allow comparison with the same period in the previous year.
- Reporting against implementation objectives contained in the Hospital's Risk Management Plans, such as the installation of equipment.
- A summary of the key issues for each system.

#### **Exceptions/Variations**

The detection of *Legionella* in either a cooling tower system or warm water system must be reported by telephone to the members of the Board of Management of the hospital on the day of detection.

A report on the action taken following that detection is to be incorporated into the report to the next scheduled meeting of the Board of Management.

A copy of these management reports will be circulated to both the Occupational Health and Safety Committee and the Infection Control Committee.

# 3 Model Communication Plan

## Legionella and Legionnaires' Disease

The .....<sup>4</sup> has both cooling tower and warm water systems. These are described in detail in the risk management plans that have been developed for these systems.

### 3.1 Summary of Systems<sup>5</sup>

Location of System	Type	Description	Operational Programs
Roof of ... Building	Cooling Tower	Three cooling towers connected in series to air cooling system <sup>6</sup>	<ul style="list-style-type: none"> <li>• Inspected weekly</li> <li>• Serviced by external water treatment provider fortnightly</li> <li>• Monthly HCC and <i>Legionella</i> test</li> <li>• Cleaned every six months</li> </ul>
... Building	Warm Water	Hot water service connected to approximately 100 thermostatic mixing valves close to outlets UV Light on incoming cold water	<ul style="list-style-type: none"> <li>• Unused outlets flushed each week</li> <li>• System has an ultraviolet light unit that continuously disinfects the water</li> </ul>

The following plan describes the process of communication in relation to these systems. The plan lists a number of hospital staff and contractors, as well as other stakeholders. The plan will require updating to ensure the contact names and details remain current. This will occur at least every six months.

### 3.2 Cooling Tower Systems

The recirculating water in the cooling tower systems is sampled ...<sup>7</sup> and tested at an independent laboratory for both Heterotrophic Colony Count (HCC) and *Legionella*.

HCC is reported as the number of Colony Forming Units observed per Millilitre (CFU/mL) of sample water. Heterotrophic Colony Count is regarded as an indicator of whether the water chemistry is in control or is moving out of control. An action point has been established in the Health (*Legionella*)

Regulations 2001 of 100,000 CFU/mL. If the HCC result is greater than this level, action prescribed in these Regulations must be taken to bring the level below the benchmark.

While there is no direct correlation known between the HCC level and the presence of *Legionella*, it is accepted that a high HCC level indicates the system (including the water treatment) needs to be reviewed and that the recirculating water is more likely to support the growth of *Legionella*.


*Legionella* test results are reported as the number of Colony Forming Units per Millilitre of sample. The level of detection for *Legionella* is above 10 CFU/mL.

<sup>4</sup> Insert the name of the Health Care Service/Hospital.

<sup>5</sup> Given this may be used as a stand alone document, it is advisable to incorporate a tabular summary of all systems, describing briefly the operational or maintenance programs for each cooling tower, together with its location. Warm water systems should also be documented, describing the systems and their maintenance and bacterial testing regimes.

<sup>6</sup> These are examples only

<sup>7</sup> Insert frequency



The independent testing laboratory has been instructed to report sample results directly to the:

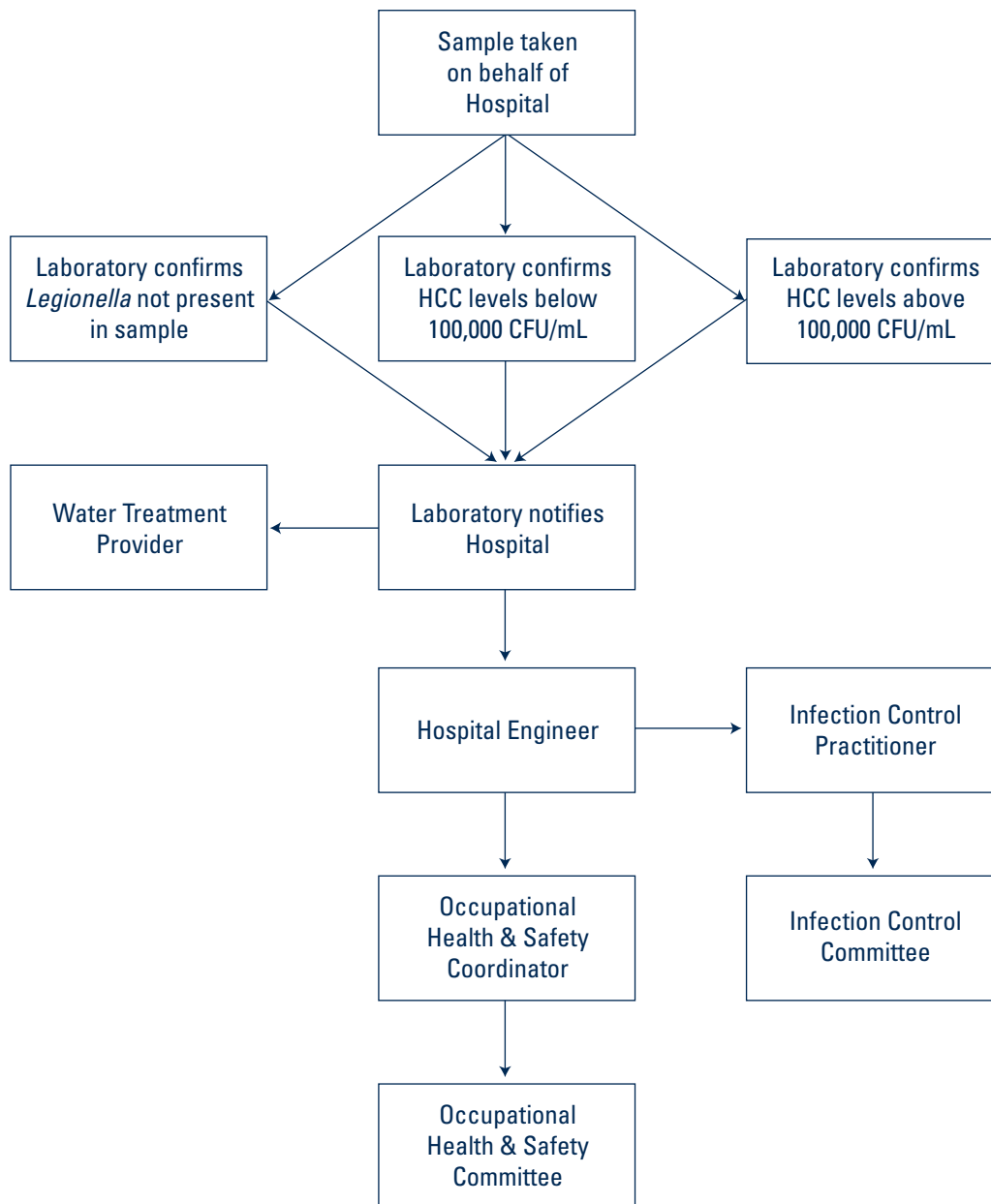
- a) Hospital Engineer and Water Treatment Provider by mail where the HCC levels are below 100,000 CFU/mL
- b) Hospital Engineer and Water Treatment Provider by mail where *Legionella* has been tested but not detected
- c) Hospital Engineer and Water Treatment Provider by telephone with confirmatory email or fax where the HCC levels are above 100,000 CFU/mL
- d) Hospital Engineer and Water Treatment Provider by telephone with confirmatory email or fax to these (as well as to the Infection Control Practitioner) where *Legionella* has been detected.

Note: There is up to a ten-day time lag between sampling for *Legionella* and obtaining the results, compared to 48 hours + for HCC. This means that generally, the HCC result will arrive at different times to the *Legionella* result, even though the sample was taken at the same time.

The agreed plan for each potential outcome is described in detail in the remainder of the plan. A plan to deal with a confirmed case of nosocomial or hospital-acquired Legionnaires' disease is also included.

# 3 Model Communication Plan

**Figure 1:** HCC Levels or No *Legionella* Detected in Cooling Tower System  
Summary of Communication Plan



### 3.2.1 HCC Levels below 100,000 CFU/mL in a Cooling Tower System

The Hospital Engineer will advise the following persons of the results by email:

Title	Name	Action required
Occupational Health & Safety Coordinator		Table at next OHS Committee meeting
Infection Control Practitioner		Table at next Infection Control Committee meeting

### 3.2.2 HCC Levels above 100,000 CFU/mL in a Cooling Tower System

The Hospital Engineer and water treatment provider will be contacted directly by the laboratory. The following table describes the communication process.

Title	Name	Who will make contact?	Method of contact?	What information will be provided?
Infection Control Practitioner		Hospital Engineer	Email	Attachment 1
Occupational Health & Safety Coordinator		Hospital Engineer	Email	
Occupational Health & Safety Committee		Occupational Health & Safety Coordinator	Tabled report	

**Comment:** The Hospital Engineer will liaise with the water treatment provider to ensure compliance with the Health (*Legionella*) Regulations 2001. A brief report indicating the action taken and result of re-testing will be prepared and emailed to the persons mentioned above. The Occupational Health & Safety Coordinator will table the report at the next scheduled Occupational Health & Safety Committee meeting.

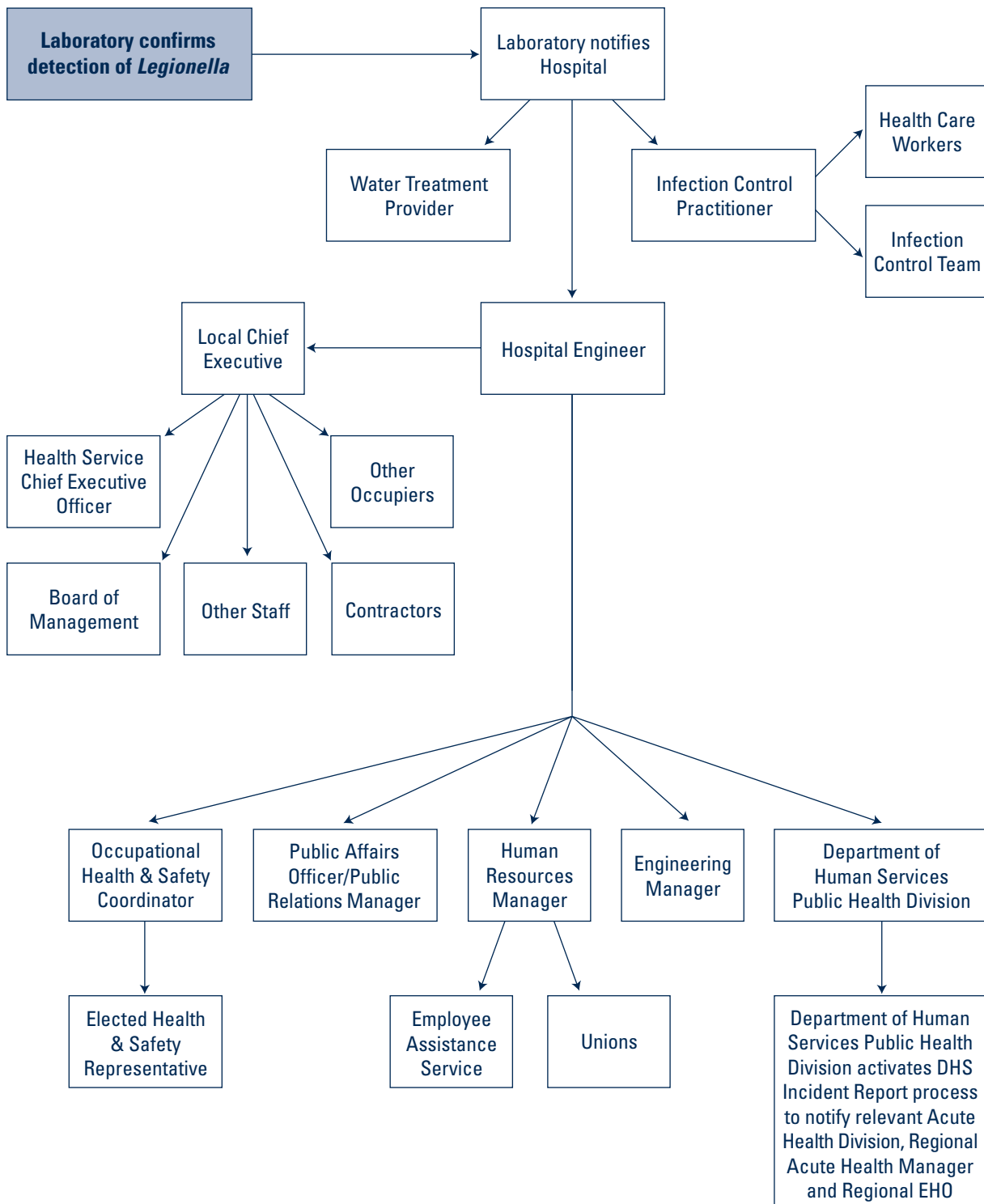
### 3.2.3 No *Legionella* Detected in a Cooling Tower System

The Hospital Engineer will advise the following persons of the results by email:

Title	Name	Action required
Occupational Health & Safety Coordinator		Table at next OHS Committee meeting
Infection Control Practitioner		Table at next Infection Control Committee meeting

# 3 Model Communication Plan

**Figure 2:** *Legionella* Detected in Cooling Tower System  
Summary of Communication Plan



### 3.2.4 Where *Legionella* Has Been Detected in a Cooling Tower System

Where the Hospital has arranged for the sample to be taken, the Hospital Engineer, Infection Control Practitioner and Water Treatment Provider will be contacted directly by the laboratory. The following table describes the communication process.

It is important to note that the Department of Human Services may inspect the cooling tower system and take samples for testing. In the event *Legionella* is found, the Department will normally contact the Hospital Engineer directly. They will in turn contact the Infection Control Practitioner and Water Treatment Provider. The process is otherwise the same as where *Legionella* is detected by the Hospital.

#### 3.2.4.1 Local Hospital Management and Staff

Title	Name	Telephone	Email	Who will make contact?	Method of contact?	What information will be provided?	Action required
Local Chief Executive				Hospital Engineer	Phone and email	Attachment 2	Noting
Occupational Health & Safety Coordinator				Hospital Engineer	Phone and email	Attachment 2	Noting
Infection Control Team Members				Infection Control Practitioner	Phone and email	Attachment 2 Attachment 7	Alert medical practitioners and other health care workers to implement agreed patient surveillance procedure
				Infection Control Practitioner	Phone and email		
				Infection Control Practitioner	Phone and email		
				Infection Control Practitioner	Phone and email		
Public Affairs Officer				Hospital Engineer	Phone and email	Attachment 2	
Human Resources Manager				Hospital Engineer	Phone and email		Implement agreed staff surveillance procedure to monitor any staff absent from work for more than ... <sup>8</sup> with flu-like illnesses. In such cases the staff will be personally contacted by the Human Resources Manager and given the information in Attachment 2. Other stakeholders to be notified as per remainder of plan.

<sup>8</sup> Normally 2 to 3 days is used for this purpose.

# 3 Model Communication Plan

## 3.2.4.1 Local Hospital Management and Staff (continued)

Title	Name	Telephone	Email	Who will make contact?	Method of contact?	What information will be provided?	Action required
Health Care Workers				Infection Control Practitioner	Hard copy memo and email/ notice in work areas	Attachment 2 Attachment 7	Implement agreed patient surveillance protocol
Other Staff				Local Chief Executive's Office	Hard copy memo or email	Attachment 2	Noting
Elected Health & Safety Representative				Occupational Health and Safety Coordinator	Phone and email	Attachment 2	Noting

## 3.2.4.2 Health Service

Title	Organisation	Name	Telephone	Email	Who will make contact?	Method of contact?	What information will be provided?	Action required
Engineering Manager					Hospital Engineer	Phone and email	Attachment 2	Noting
Public Relations Manager					Hospital Engineer	Phone and email		Noting
Health Service Chief Executive					Local Hospital Chief Executive	Phone and email		Noting
Board of Management					Chief Executive's Office	Phone and email		Noting
Employee Assistance Service					Human Resources Manager	Phone and email		Noting. May experience calls from concerned staff

### 3.2.4.3 External Stakeholders

Title	Organisation	Name	Telephone	Email	Who will make contact?	Method of contact?	What information will be provided?	Action required
Public Health Division <sup>9</sup>	Department of Human Services		1800 248 898		Hospital Engineer	Phone and email	Count and species detected	Noting
Industrial Officer	... Union				Human Resources Manager	Phone and email	Attachment 2	Noting
Industrial Officer	...Union				Human Resources Manager	Phone and email	Attachment 2	Noting
Industrial Officer	...Union				Human Resources Manager	Phone and email	Attachment 2	Noting

### 3.2.4.4 Other Occupiers of the Site<sup>10</sup>

Title	Organisation	Name	Telephone	Email	Who will make contact?	Method of contact?	What information will be provided?	Action required
					Local Chief Executive	Phone/personal	Attachment 2	Noting
				Phone/personal		Attachment 2	Noting	
				Phone/personal		Attachment 2	Noting	
				Phone/personal		Attachment 2	Noting	

<sup>9</sup> The Department's Public Health Division will activate an internal Incident Report process to notify the relevant Acute Health Division, Regional Acute Health Manager and Regional Environmental Health Officer of the incident.

<sup>10</sup> Consider any other organisations who use hospital owned facilities that should be notified of the issue.

# 3 Model Communication Plan

## 3.2.4.5 Contractors

Title	Organisation	Name	Telephone	Email	Who will make contact?	Method of contact?	What information will be provided?	Action required
Occupational Health & Safety Consultants					Human Resource Manager	Phone and email	Attachment 2	Noting
Site Construction Management <sup>11</sup>					Chief Executive Officer	Phone and email	Attachment 2	Noting
Health Care workers					Infection Control Practitioner	Phone and email	Attachment 2 Attachment 7	Noting
Other Consultants								

## 3.3 Warm Water Systems

The warm water in the showers is sampled at ...<sup>12</sup> as described in the Risk Management Plan for Warm Water Systems and tested at an independent laboratory for *Legionella*<sup>13</sup>. The Department of Human Services may also detect *Legionella* through their sampling program.

*Legionella* is reported as the number of Colony Forming Units per Millilitre (CFU/mL) of sample. The level of detection is above 10 CFU/mL.

The independent testing laboratory reports sample results directly to the:

- **Hospital Engineer** by mail where the water has been tested for *Legionella* but not detected.
- **Hospital Engineer**<sup>14</sup> and the **Infection Control Practitioner** by telephone with confirmatory fax or email where *Legionella* has been detected.

Note up to ten-day time lag between sampling for *Legionella* and obtaining results.

The agreed plan for each potential outcome is described in detail below. A plan to deal with a confirmed case of nosocomial or hospital acquired Legionnaires' disease is also included.

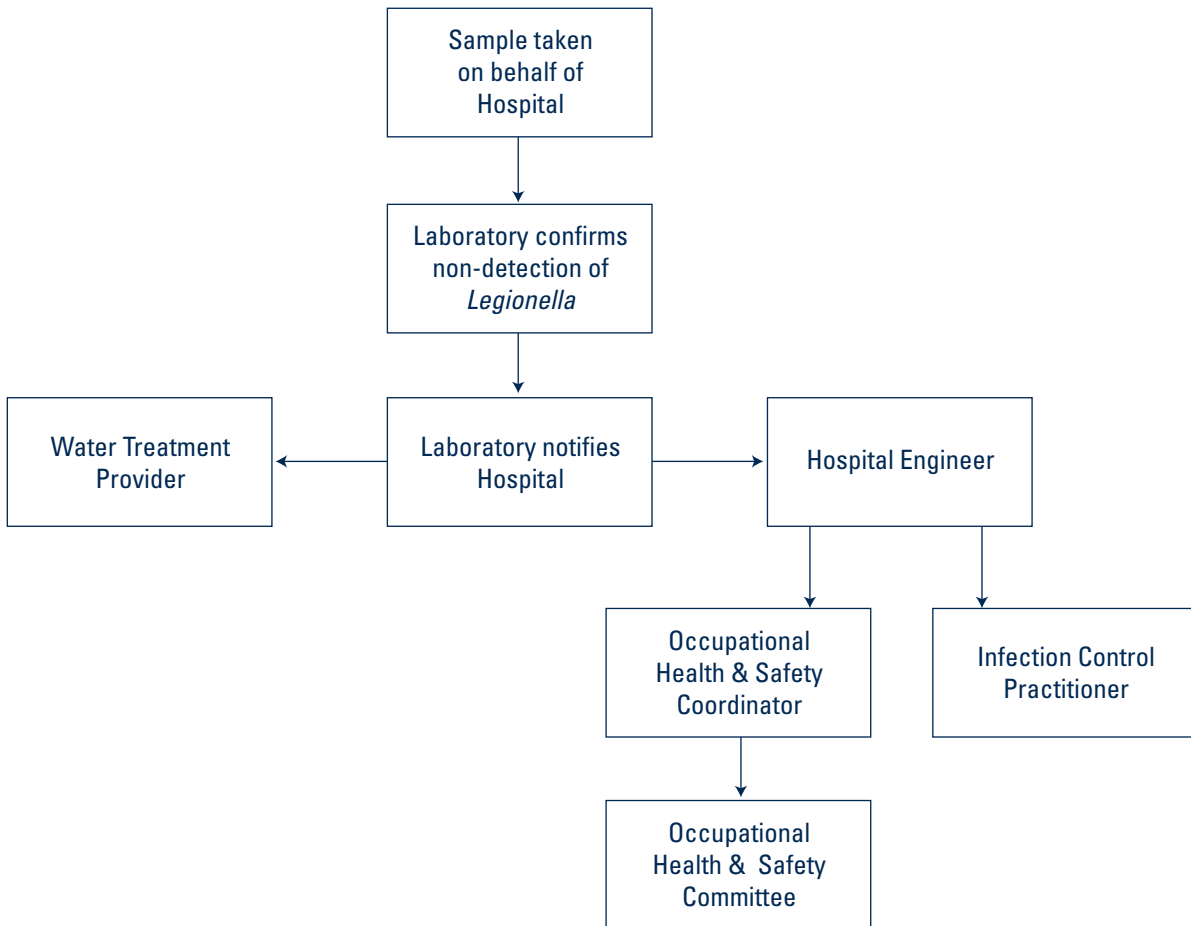
<sup>11</sup> This assumes that there is construction happening on the hospital site. It will normally be appropriate to discuss the issue first with the Site Manager and to then discuss further notification of other stakeholders such as staff or contractors employed on the site.

<sup>12</sup> Insert frequency and summary of sampling protocol.

<sup>13</sup> Delete if no sampling performed on a routine basis. The text would need to be re-worked to cater for this scenario. For example, 'The warm water system is not tested routinely for *Legionella*, but could possibly be tested either by the Hospital or the Department of Human Services Public Health Division in the course of an investigation of a case of Legionnaires' disease, or during a random test. If it is detected by the Department, the Hospital Engineer will normally be contacted by the Department. In this case, the Hospital Engineer will need to activate the appropriate section of the communication plan'.

<sup>14</sup> The water treatment provider will need to be notified where chlorination is used.

**Figure 3:** No *Legionella* Detected in Warm Water System  
Summary of Communication Plan



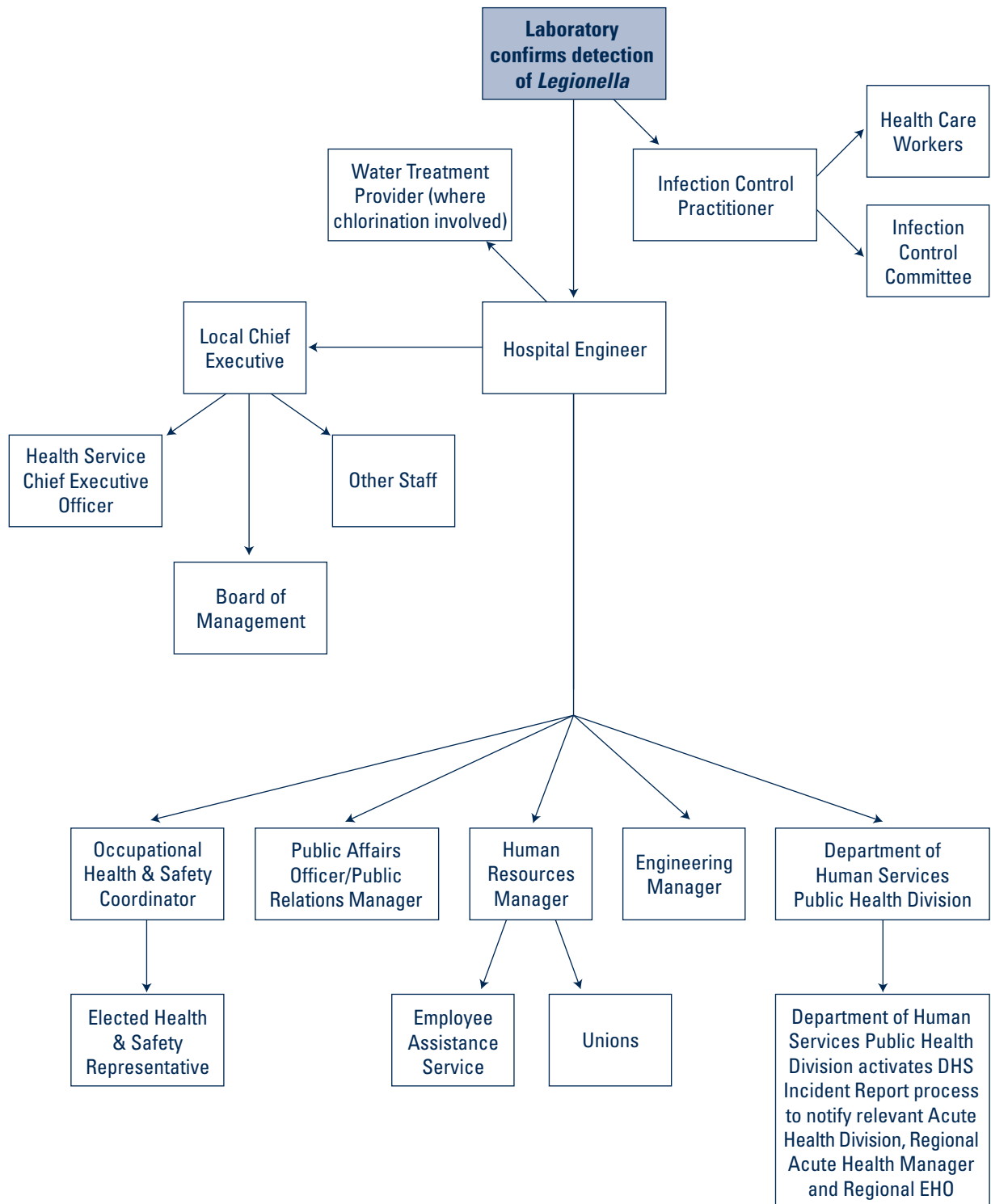
### 3.3.1 Where Warm Water Has Been Tested and No *Legionella* Is Detected

The Hospital Engineer will advise the following persons of the results by email:

Title	Name	Action required
OH & S Coordinator		Tabling at next Occupational Health and Safety Committee meeting
Infection Control Practitioner		Tabling at next Infection Control Committee meeting

# 3 Model Communication Plan

**Figure 4:** *Legionella* detected in Warm Water System  
Summary of Communication Plan





### 3.3.2 Where *Legionella* Has Been Detected in the Warm Water System

The Hospital Engineer and Infection Control Practitioner will be contacted directly by the laboratory. The following table describes the communication process.<sup>15</sup>

With warm water systems, the risk of contracting Legionnaires' disease is associated with the inhalation of *Legionella* contaminated aerosols from a water outlet. Showers linked to contaminated warm water systems have been most commonly implicated in cases of Legionnaires' disease. Where *Legionella* is detected in a warm water system, all patients and staff will be excluded from using the showers in the affected areas linked to the warm water system, until such time as the system has been disinfected.

The Department of Human Services may also sample the water in the warm water system. In the event *Legionella* is detected, the Department will normally contact the Hospital Engineer directly. They will in turn contact the Infection Control Practitioner and the Water Treatment Provider. The process is otherwise the same as where *Legionella* is detected by the Hospital.

#### 3.3.2.1 Local Hospital Management and Staff

Title	Name	Telephone	Email	Who will make contact?	Method of contact?	What information will be provided?	Action required
Local Chief Executive				Hospital Engineer	Phone and email	Attachment 3	Implement plan
Occupational Health & Safety Coordinator				Hospital Engineer	Phone and email	Attachment 3	Noting
Infection Control Team Members				Infection Control Practitioner	Phone and email	Attachment 3 Attachment 7	Implement agreed patient surveillance procedure
				Infection Control Practitioner	Phone		
				Infection Control Practitioner	Phone and email		
				Infection Control Practitioner	Phone and email		

<sup>15</sup> Actions may vary, depending on warm water system and patient groups involved. Where the water is chlorinated on a routine basis, the water treatment provider will need to be contacted immediately to arrange emergency chlorination.

# 3 Model Communication Plan

## 3.3.2.1 Local Hospital Management and Staff (continued)

Title	Name	Telephone	Email	Who will make contact?	Method of contact?	What information will be provided?	Action required
Public Affairs Officer				Hospital Engineer	Phone and email	Attachment 3	Noting <sup>16</sup>
Human Resources Manager				Hospital Engineer	Phone and email		Implement agreed staff surveillance procedure to monitor any staff absent from work for more than ... <sup>17</sup> with flu-like illnesses. In such cases the staff will be personally contacted by the Human Resources Manager and given the information in Attachment 3. Other stakeholders to be notified as per remainder of plan.
Health Care Workers				Infection Control Practitioner	Hard copy memo and email	Attachment 3 Attachment 7	Implement agreed patient surveillance protocol
Other Staff				Chief Executive's Office	Hard copy Memo/ email	Attachment 3	Noting
Elected Health & Safety Representative				Occupational Health & Safety Coordinator	Phone and email	Attachment 3	Noting

<sup>16</sup> Unless the Communication Plan calls for the preparation of a media release

<sup>17</sup> Normally 2 to 3 days is used for this purpose.

### 3.3.2 Health Service

Title	Organisation	Name	Telephone	Email	Who will make contact?	Method of contact?	What information will be provided?	Action required
Engineering Manager					Hospital Engineer	Phone and email	Attachment 3	Noting
Public Relations Manager					Hospital Engineer	Phone and email		Noting
Health Service Chief Executive					Local Hospital Chief Executive	Phone and email		Noting
Board of Management					Local Chief Executive's Office	Phone		Noting
Employee Assistance Service					Human Resources Manager	Phone and email		Noting

### 3.3.3 External Stakeholders

Title	Organisation	Name	Telephone	Email	Who will make contact?	Method of contact?	What information will be provided?	Action required
Public Health Division <sup>18</sup>	Department of Human Services				Hospital Engineer	Phone and email	Count and species detected	Noting
Industrial Officer	... <sup>19</sup> Union				Human Resources Manager	Phone and email	Attachment 3	Noting
Industrial Officer	...Union							
Industrial Officer	...Union							

<sup>18</sup> DHS Public Health Division will activate an internal Incident Report process to notify the relevant Acute Health Division, Regional Acute Health Manager and Regional Environmental Health Officer of the incident.

<sup>19</sup> Insert details of relevant unions.

# 3 Model Communication Plan

## 3.4 Cases of Legionnaires' Disease

In the event that Legionnaires' disease is diagnosed and in the opinion of the Department of Human Services Public Health Division are linked to either the hospital cooling towers or warm water system, or which involve patients who have been in the hospital for more than ten days, the following plan will be implemented.

Generally, where the facility has both cooling tower and warm water systems and the person concerned has been exposed to both, it will not be possible to identify which system has caused the infection. The response will have to assume either could be responsible, so a wider communication process would be followed than would be the case if only the warm water system has been linked to the disease. In a case where the case of Legionnaires' disease has been traced back to a warm water system, follow the previously described process for detection of *Legionella*, with appropriate alterations to the messages to be communicated.

The following table describes the communication process. This will vary, depending on whether a cooling tower or warm water system, or both, are implicated.

### 3.4.1.1 Local Hospital Management and Staff

Title	Name	Telephone	Email	Who will make contact?	Method of contact?	What information will be provided <sup>20</sup> ?	Action required
Local Chief Executive				Infection Control Practitioner	Phone and email		
Occupational Health & Safety Coordinator				Hospital Engineer	Phone and email		Noting
Infection Control Team Members				Infection Control Practitioner	Phone and email	Attachment 7	Implement agreed patient surveillance procedure
				Infection Control Practitioner	Phone and email		
				Infection Control Practitioner	Phone and email		
				Infection Control Practitioner	Phone and email		
Facility Manager				Hospital Engineer	Phone and email		
Media/Public Relations Officer				Hospital Engineer	Phone and email		

<sup>20</sup> The information to be provided will vary depending on the system or systems linked to each case. For example, Attachment 4 is relevant if the linkage is to a site that contains both cooling tower and warm water systems. Attachment 5 is relevant if the linkage is to a particular warm water system. If the cases are linked to a cooling tower system, then the information for staff is contained in Attachment 6.

### 3.4.1.1 Local Hospital Management and Staff (continued)

Title	Name	Telephone	Email	Who will make contact?	Method of contact?	What information will be provided?	Action required
Human Resources Manager				Hospital Engineer	Phone and email		Implement agreed staff surveillance procedure
Health Care Workers				Infection Control Practitioner	Hard copy memo and email	Attachment 7	
Other Staff				Local Chief Executive's Office	Hard copy Memo/ email		
Elected Health & Safety Representative				Infection Control Practitioner	Phone and email		

### 3.4.1.2 Health Service

Title	Organisation	Name	Telephone	Email	Who will make contact?	Method of contact?	What information will be provided?	Action required
Engineering Manager					Hospital Engineer	Phone and email		
Public Relations Manager					Hospital Engineer	Phone and email		
Health Service Chief Executive					Local Hospital Chief Executive	Phone and email		
Board of Management					Local Chief Executive's Office	Phone		
Employee Assistance Service					Human Resources Manager	Phone with email to follow		

# 3 Model Communication Plan

## 3.4.1.3 External Stakeholders

Title	Organisation	Name	Telephone	Email	Who will make contact?	Method of contact?	What information will be provided?	Action required
Industrial Officer	..... Union				Human Resources Manager	Phone and email		Noting
Industrial Officer	.....Union							
Industrial Officer	.....Union							

## 3.4.1.4 Other Occupiers of Site<sup>21</sup>

Title	Organisation	Name	Telephone	Email	Who will make contact?	Method of contact?	What information will be provided?	Action required
					Hospital Engineer	Phone/personal		Noting
					Hospital Engineer	Phone/personal		Noting

## 3.4.1.5 Adjacent Landowners<sup>22</sup>

Title	Organisation	Name	Telephone	Email	Who will make contact?	Method of contact?	What information will be provided?	Action required
					Hospital Engineer			Noting
					Hospital Engineer			Noting

<sup>21</sup> If the case has been linked to a warm water system then notification to these stakeholders would be out of courtesy only to avoid them learning of the problem through other sources.

<sup>22</sup> Only relevant where a cooling tower system on the Hospital site is or could be the source of the case of Legionnaires' disease.

### 3.4.1.6 Contractors

Title	Organisation	Name	Telephone	Email	Who will make contact?	Method of contact?	What information will be provided?	Action required
Occupational Health & Safety Consultants					Human Resource Manager	Phone and email		Noting
Site Construction Management					Hospital Engineer	Phone and email		Noting
Health Care Workers					Infection Control Practitioner	Email/ Notice on notice-boards	Attachment 7	Implement agreed patient surveillance protocol

# Attachment 1

## Pro forma report HCC Levels above 100,000 CFU/mL in Cooling Tower System

A sample taken from ....<sup>1</sup> Cooling Tower System located in .....<sup>2</sup> was tested for Heterotrophic Colony Count by the .....<sup>3</sup> Laboratory. The cooling tower system is used in association with the air conditioning system in the .... Building.

We were advised by the laboratory at ...<sup>4</sup> that the sample result was .....CFU/mL<sup>5</sup>. The limit in the *Health (Legionella) Regulations 2001* above which action must be taken is 100,000 CFU/mL. Accordingly, our water treatment provider (.....<sup>6</sup>) attended the site at ....<sup>7</sup> and:

- Treated the cooling tower with biocides (chemicals that kill bacteria including *Legionella*) in accordance with the requirements of the *Health (Legionella) Regulations 2001*
- Reviewed the water treatment program, tower operation and maintenance program.

..... faults were observed in the cooling tower system<sup>8</sup>. The cooling tower system will be re-tested for HCC and *Legionella*<sup>9</sup> in ..<sup>10</sup> and results will be available on ...

The cooling tower system was re-sampled on ..... and the laboratory results will be available on ..... The laboratory has advised that the HCC level was .....<sup>11</sup>.

### Heterotrophic Colony Counts in Cooling Tower Systems

Heterotrophic Colony Counts are used as an indicator of water quality in cooling tower systems. The test measures the total bacterial load in the sample of water. It is reported as the number of colony forming units per millilitre (CFU/mL).

HCC indicates to those responsible for the system the extent the system and particularly the water chemistry in the system is under control. **There is no direct correlation between HCC levels and *Legionella* concentration.** For example, it is possible to have very low HCC levels and still detect *Legionella*. Conversely, it is possible to have very high HCC levels but not detect *Legionella*.

However, a high HCC level (which is regarded as any count of greater than 100,000 CFU/mL) is an indicator that the system is moving out of control and that the system may support *Legionella* growth unless action is taken to bring the system back under control. The *Health (Legionella) Regulations 2001* specify the action that must be taken for HCC levels above 100,000 CFU/mL.

High HCC levels are not directly related to Legionnaires' disease and so are not regarded by the Department of Human Services as of the same public health significance as the detection of *Legionella* bacteria.

- 1 Insert name or identifier for the cooling tower system.
- 2 Insert full description of the location of the cooling tower system e.g. 'main cooling tower system located on the roof of the administration building.'
- 3 Insert name of the testing laboratory'.
- 4 Insert date and time.
- 5 Insert result for HCC test.
- 6 Insert name of water treatment provider.
- 7 Insert date and time.
- 8 Where faults were observed, describe them and the action taken to correct them and prevent a re-occurrence of the faults.
- 9 The decision to re-test for *Legionella* as well as HCC will be considered in the context of the interval since the last *Legionella* test and any treatment that may have occurred to the cooling tower systems since that test.
- 10 Regulations require sampling to occur in two to four days. Specify the date that the samples will be taken.
- 11 Where the count is still in excess of 100,000 CFU/mL the same communication process is to be followed, but the response in terms of treatment of the tower will vary. It is important to give as much information about any further action to be taken. This paragraph would not be part of the first notification, but would be an addendum to replace the previous paragraph in updates to those originally notified.

# Attachment 2

## Pro forma email *Legionella* Detection in Cooling Tower System

### *Legionella* Bacteria Detected in Routine Sampling of Cooling Tower

*Legionella* spp ..... has been detected in a sample of the recirculating water in cooling tower system ... at .....CFU/mL. The cooling tower system is used in association with air-conditioning of the .....

The cooling tower system is to be .....<sup>1</sup> at ..... and will be re-sampled for *Legionella* on the ....<sup>2</sup> This process fully complies with the requirements of the Victorian Health (*Legionella*) Regulations 2001.

.....<sup>3</sup>

### Critical Incident Plan Implemented

The Hospital's Communication and Response Plan has been activated and you have been notified as part of this plan.

### Legionnaires' Disease

Legionnaires' disease is an extremely rare form of pneumonia. In Victoria, it is most commonly caused by *Legionella pneumophila* bacteria.

Early symptoms of the disease resemble those of flu: headache, fever, chills, muscle aches and pains and generally a dry cough followed by shortness of breath. Other systems in the body can sometimes be affected resulting in diarrhoea, confusion and kidney failure. Antibiotics are used to treat Legionnaires' disease.

*Legionella* are a common bacteria usually associated with water. The risk of *Legionella* growing within a cooling tower cannot be eliminated. Susceptible people who inhale *Legionella* contaminated aerosols, which have left the tower, are at greatest risk of contracting Legionnaires' disease.

Most people exposed to *Legionella* do not become infected. Those most at risk are those who:

- Smoke
- Are over 55
- Have chronic lung disease
- Are immunocompromised.

### Increased Surveillance

It is unlikely that any people have been exposed to the *Legionella* bacteria from the cooling tower, or that if exposed, that they have contracted or will contract Legionnaires' disease. We have nevertheless taken the precaution of increasing the health surveillance of both patients and staff.

### Staff with Health Concerns

Staff absent from work for due to ill health for the last ....<sup>4</sup> days due to flu-like conditions will be contacted by our Human Resources Branch and advised to check with their medical practitioner about having a test to rule out Legionnaires' disease. Similarly, any member of staff with flu-like symptoms is advised to seek medical advice.

1 Describe the action to be taken, for example, disinfection.

2 Date and time.

3 This is also the place to describe any post-sampling treatment that was used at the time of sampling. For example: "Additional quantities of the same biocides (bacteria-killing chemicals) normally used in the cooling tower system were dosed into the system immediately after the sample was taken ten days ago. This should have significantly reduced the risk that *Legionella* is still growing in the cooling tower system."

4 Usually two to three days.

# Attachment 2

The Department of Human Services does not recommend routine screening of staff for Legionnaires' disease in such circumstances.

## **Patient Surveillance**

Medical staff at the hospital have been asked to increase the level of surveillance for cases of Legionnaires' disease which may have been acquired while a patient has been staying at the hospital.

## **Media Enquiries**

The Hospital spokesperson in relation to this matter is .....

Initially, though all enquiries from the media are to be directed through our Public Affairs Manager ..... on .....

## **Internal Enquiries**

Internal enquiries about the cooling tower system can be directed to .....<sup>5</sup> on .....

## **More Information**

More information is available from the Department of Human Services Web site [www.legionella.vic.gov.au](http://www.legionella.vic.gov.au)

<sup>5</sup> Normally, this will be the Hospital Engineer.

# Attachment 3

## Pro forma email

### *Legionella* Detection in Warm Water System

#### **Legionella Bacteria Detected in Routine Sampling of Warm Water System**

*Legionella* spp ..... have been detected in a sample of the warm water system ... at .....CFU/mL. The sample was taken from the water ..... on the .....

Only the warm water system in the ..... Building is affected<sup>1</sup>.

#### **Critical Incident Plan Implemented**

The Hospital's Communication and Response Plan has been activated and you have been notified as part of that plan.

#### **Legionnaires' disease**

Legionnaires' disease is an extremely rare form of pneumonia. In Victoria, it is most commonly caused by *Legionella pneumophila* bacteria.

Early symptoms of the disease resemble those of flu: headache, fever, chills, muscle aches and pains and generally a dry cough followed by shortness of breath. Other systems in the body can sometimes be affected resulting in diarrhoea, confusion and kidney failure. Antibiotics are used to treat Legionnaires' disease.

*Legionella* are a common bacteria usually associated with water. The risk of *Legionella* growing within a warm water system cannot be eliminated. Warm water systems are common in hospitals to reduce the likelihood of scalding to patients and others. Susceptible people who inhale *Legionella* contaminated aerosols from outlets connected to the warm water system, are at greatest risk of contracting Legionnaires' disease.

Those most at risk are those:

- Who smoke
- Over 55
- Who have chronic lung disease
- Who are immunocompromised.

#### **Treatment of Warm Water System**

The warm water system concerned is to be disinfected at ....<sup>2</sup> by ....<sup>3</sup> This is an approved method of disinfection under the *Health (Legionella) Regulations 2001*. Re-sampling of the water will be performed on ....

Patients will be excluded from the shower area in the areas of the hospital affected until confirmation has been received that the disinfection has been completed.

#### **Increased Surveillance**

It is unlikely that any people who may have been exposed to the *Legionella* bacteria from the warm water system will go on to develop Legionnaires' disease. We have nevertheless taken the precaution of increasing the health surveillance of patients.

#### **Patient Surveillance**

Medical staff at the hospital have been asked to increase the level of surveillance for cases of Legionnaires' disease which may have been acquired while a patient has been staying at the hospital.

<sup>1</sup> Add in additional information where available, for example, "other hospital systems were tested at the same time but *Legionella* was not detected".

<sup>2</sup> Time and date.

<sup>3</sup> Describe the method to be used.

# Attachment 3

## **Media Enquiries**

The Hospital spokesperson in relation to this matter is .....

Initially, though all enquiries from the media are to be directed to our Public Affairs Manager .....  
on .....

You will be advised of the issue of any media release.

## **Internal Enquiries**

Internal enquiries about the warm water system can be directed to .....<sup>4</sup> on .....

## **More Information**

More information is available from the Department of Human Services Web site [www.legionella.vic.gov.au](http://www.legionella.vic.gov.au)

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<sup>4</sup> Normally, this will be the Hospital Engineer.

# Attachment 4

## Pro forma email Legionnaires' Disease Linked to Hospital

### Legionnaires' Disease Confirmed

Legionnaires' disease has been confirmed in .....<sup>1</sup>. The Department of Human Services Public Health Division has advised that they believe that the cooling tower system in the .....<sup>2</sup> or the warm water system in the .....<sup>3</sup> of the hospital is .....<sup>4</sup> source of the *Legionella* bacteria responsible.

.....<sup>5</sup>

The warm water system concerned supplies warm water to showers and other outlets within the ..... building.

### Critical Incident Plan Implemented

The Hospital's Communication and Response Plan has been activated and you have been notified as part of that plan.

Both the cooling tower system and the warm water system concerned have been disinfected at ....<sup>6</sup> by .....<sup>7</sup>. These are approved methods of disinfection under the Health (*Legionella*) Regulations 2001. The Department of Human Services Public Health Division has confirmed that this action should have significantly reduced the risk of *Legionella* being present in the systems at the moment. The systems will be re-tested for *Legionella* bacteria on .....

Results of the re-sampling will be available on ..... and will be made available to all staff.

### Legionnaires' Disease

Legionnaires' disease is an extremely rare form of pneumonia. In Victoria, it is most commonly caused by *Legionella pneumophila* bacteria.

Early symptoms of the disease resemble those of flu: headache, fever, chills, muscle aches and pains and generally a dry cough followed by shortness of breath. Other systems in the body can sometimes be affected resulting in diarrhoea, confusion and kidney failure. Antibiotics are used to treat Legionnaires' disease.

*Legionella* are a common bacteria usually associated with water. The risk of *Legionella* growing within a cooling tower or a warm water system cannot be eliminated. Susceptible people who inhale *Legionella* contaminated aerosols, which leave the tower or a shower, are at greatest risk of contracting Legionnaires' disease. Those most susceptible are those who:

- Smoke
- Are over 55 years of age
- Have chronic lung disease
- Are immunocompromised.

1 Insert as much of the non-confidential aspects that explain the situation as you can and answer the most common questions: Was the person(s) a patient or staff member? How might they have been exposed? And so on.  
2 Describe the building implicated. Note it is possible that if multiple cooling tower systems are involved on the site that no one cooling tower system may be able to be linked to the Legionnaires' disease cases.  
3 Describe the building implicated.  
4 Content will depend on the advice from the Department of Human Services. For example, it may refer to a possible linkage.  
5 Insert details of the cooling tower system if one has been linked to the cases.  
6 Time and date.  
7 Describe method to be used.

# Attachment 4

## **Staff with Health Concerns**

Staff absent from work for due to ill health for the last two days due to flu-like conditions will be contacted by our Human Resources Branch and advised to check with their medical practitioner about having a test to rule out Legionnaires' disease. Similarly, any member of staff with flu-like symptoms is advised to seek medical advice.

The Department of Human Services advise that cases of Legionnaires' disease have only rarely been associated with warm water systems.

Staff with general concerns about the issue are advised to discuss the matter with their supervisor.

## **Patient Surveillance**

Medical staff at the hospital have been asked to increase the level of surveillance for cases of Legionnaires' disease which may have been acquired while a patient has been staying at the hospital. This will mean that patients with flu-like symptoms or pneumonia may be tested for Legionnaires' disease.

## **Media Enquiries**

The Hospital spokesperson in relation to this matter is .....

Initially, though all enquiries from the media are to be directed to our Public Affairs Manager ..... on .....

You will be advised of the issue of any media releases.

## **Internal Enquiries**

Internal enquiries about the cooling tower or warm water system can be directed to .....<sup>8</sup> on .....

## **More Information**

More information is available from the Department of Human Services Web site [www.legionella.vic.gov.au](http://www.legionella.vic.gov.au)

<sup>8</sup> Normally, this will be the Hospital Engineer.

# Attachment 5

## Pro forma email Legionnaires' Disease Linked to Hospital Warm Water System

### Legionnaires' Disease Confirmed

Legionnaires' disease has been confirmed in .....<sup>1</sup>. The Department of Human Services Public Health Division has advised that they believe that the warm water system in the .....<sup>2</sup> of the hospital is the .....<sup>3</sup> source of the *Legionella* bacteria responsible for the disease. The warm water system concerned supplies warm water to showers and other outlets within the ..... building.

### Critical Incident Plan Implemented

The warm water system concerned has been disinfected at ....<sup>4</sup> by .....<sup>5</sup>. This is an approved method of disinfection under the Health (*Legionella*) Regulations 2001. The Department of Human Services Public Health Division has confirmed that this action should have significantly reduced the risk of *Legionella* being present in the system at the moment. The system will be re-tested for *Legionella* bacteria on .....

Results of the re-sampling will be available on ..... and will be made available to all staff.

### Legionnaires' Disease

Legionnaires' disease is an extremely rare form of pneumonia. In Victoria, is most commonly caused by *Legionella pneumophila* bacteria.

Early symptoms of the disease resemble those of flu: headache, fever, chills, muscle aches and pains and generally a dry cough followed by shortness of breath. Other systems in the body can sometimes be affected resulting in diarrhoea, confusion and kidney failure. Antibiotics are used to treat Legionnaires' disease.

*Legionella* are a common bacteria usually associated with water. The risk of *Legionella* growing within a warm water system cannot be eliminated. Susceptible people who inhale *Legionella* contaminated aerosols, which leave the shower, are at greatest risk of contracting Legionnaires' disease. Those most susceptible are those who:

- Smoke
- Are over 55 years of age
- Have chronic lung disease
- Are immunocompromised.

### Staff with Health Concerns

The Department of Human Services advise that cases of Legionnaires' disease have only rarely been associated with warm water systems.

Staff who have not used a shower connected to the affected system are not at risk. Similarly, there is no evidence that staff who have assisted a patient in showering are at risk.

The Department of Human Services do not recommend routine screening of staff for Legionnaires' disease in such circumstances.

Staff with general concerns about the issue are advised to discuss the matter with their supervisor.

1 Insert as much of the non-confidential aspects that explain the situation as you can and answer the most common questions. Was the person(s) a patient or staff member? How might they have been exposed? And so on.  
2 Describe the building implicated  
3 Content will depend on the advice from the Department of Human Services. For example, it may refer to a possible linkage.  
4 Time and date.  
5 Describe the method to be used.

# Attachment 5

## **Patient Surveillance**

Medical staff at the hospital have been asked to increase the level of surveillance for cases of Legionnaires' disease which may have been acquired while a patient has been staying at the hospital. This will mean that patients with flu-like symptoms or pneumonia may be tested for Legionnaires' disease.

## **Media Enquiries**

The Hospital spokesperson in relation to this matter is .....

Initially though, all enquiries from the media are to be directed to our Public Affairs Manager ..... on .....

You will be advised of the issue of any media releases.

## **Internal Enquiries**

Internal inquiries about the warm water system can be directed to .....<sup>6</sup> on .....

## **More Information**

More information is available from the Department of Human Services Web site [www.legionella.vic.gov.au](http://www.legionella.vic.gov.au)

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<sup>6</sup> Normally, this will be the Hospital Engineer.

# Attachment 6

## Pro forma email

### Legionnaires' Disease Linked to Hospital Cooling Tower System

#### Legionnaires' Disease Confirmed

Legionnaires' disease has been confirmed in .....<sup>1</sup>. The Department of Human Services Public Health Division have advised that they believe that the cooling tower system in the .....<sup>2</sup> of the hospital is .....<sup>3</sup> source of the *Legionella* bacteria responsible for the disease.

.....<sup>4</sup>

#### Critical Incident Plan Implemented

The Hospital's Communication and Response Plan has been activated and you have been notified as part of that plan.

The cooling tower system in the ... building has been disinfected. The Department of Human Services Public Health Division has confirmed that this action should have significantly reduced the risk of *Legionella* being present in the system at the moment. The system will be re-tested for *Legionella* bacteria on .....

Results of the re-sampling will be available on ..... and will be made available to all staff.

#### Legionnaires' Disease

Legionnaires' disease is an extremely rare form of pneumonia. In Victoria, it is most commonly caused by *Legionella pneumophila* bacteria.

Early symptoms of the disease resemble those of flu: headache, fever, chills, muscle aches and pains and generally a dry cough followed by shortness of breath. Other systems in the body can sometimes be affected resulting in diarrhoea, confusion and kidney failure. Antibiotics are used to treat Legionnaires' disease.

*Legionella* are a common bacteria usually associated with water. The risk of *Legionella* growing within a cooling tower cannot be eliminated. Susceptible people who inhale *Legionella* contaminated aerosols, which leave the tower, are at greatest risk of contracting Legionnaires' disease. Those most susceptible are those who:

- Smoke
- Are over 55 years of age
- Have chronic lung disease
- Are immunocompromised.

#### Staff with Health Concerns

Staff absent from work for due to ill health for the last two days due to flu-like conditions will be contacted by our Human Resources Branch and advised to check with their medical practitioner about having a test to rule out Legionnaires' disease. Similarly, any member of staff with flu-like symptoms is advised to seek medical advice.

The Department of Human Services do not recommend routine screening of staff for Legionnaires' disease in such circumstances.

Staff with general concerns about the issue are advised to discuss the matter with their supervisor.

1 Insert as much of the non-confidential aspects that explain the situation as you can and answer the most common questions. Was the person(s) a patient or staff member? How might they have been exposed? And so on.  
2 Describe the building implicated. Note it is possible that if multiple cooling tower systems are involved on the site that no one cooling tower system may be able to be linked to the Legionnaires' disease cases.  
3 Content will depend on the advice from the Department of Human Services. For example, it may refer to a possible linkage.  
4 Insert details of the cooling tower system if one has been linked to the cases.

## **Patient Surveillance**

Medical staff at the hospital have been asked to increase the level of surveillance for cases of Legionnaires' disease which may have been acquired whilst a patient has been staying at the hospital. This will mean that patients with flu-like symptoms or pneumonia may be tested for Legionnaires' disease.

## **Media Enquiries**

The Hospital spokesperson in relation to this matter is .....

Initially though, all enquiries from the media are to be directed to our Public Affairs Manager .....  
on .....

You will be advised of the issue of any media releases.

## **More Information**

More information is available from the Department of Human Services Web site [www.legionella.vic.gov.au](http://www.legionella.vic.gov.au)

# Attachment 7

## **Pro forma Patient Surveillance Protocol—Legionnaires' Disease**

In the event of confirmed cases of nosocomial Legionnaires' disease at the hospital the following protocol will be implemented<sup>1</sup>.

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<sup>1</sup> This should describe the process that has been agreed for use in such situations and should describe any additional testing that is recommended in such situations.