# Legionella accommodation site investigation report

This document is intended to inform local enforcement agencies in their response to a cluster of Legionnaires’ disease cases associated with an accommodation site.

Use of the document is at the discretion of the local enforcement agency and should not be regarded as being equivalent to a minimum standard of investigation. The enforcing agency may request further investigations or measures as relevant to the local situation in addition to any included within this document.

The completion of ‘Part 1’ of this report within two weeks of notification of the incident is suggested as a record of the findings from the initial risk assessment.

A further four weeks is suggested as the limit within which ‘Part 2’ of this report should be completed as a record of the findings from a full investigation carried out by the enforcement agency.

# Reporter details

**This report is to be completed by the investigating officer.**

## Reporter details

Name of investigator: Enter text

Name of enforcing agency: Enter text

## Site details

Name of accommodation site: Enter text

Town, region or postcode: Enter text

PHE Centre: Enter text

# Part 1 - Risk assessment

**For completion within 2 weeks of initial notification.**

A risk assessment of the site has been carried out:

|  |  |
| --- | --- |
| Yes |  |
| No |  |

If yes:

Date of risk assessment:

Select date

A water management scheme was in place before incident notification was received:

|  |  |
| --- | --- |
| Yes |  |
| No |  |

Date of last routine sampling:

Select date

Legionella was found in the water system(s) during routine sampling:

|  |  |
| --- | --- |
| Yes |  |
| No |  |

If yes:

What species and/or serogroup was found?

Enter text

What levels was it found in? (for example, >= 1000cfu/l):

Enter text

**Please note that details of sampling in response to this incident should be shared in part 2 of the report.**

Control measures have been put into place in response to the incident:

|  |  |
| --- | --- |
| Yes |  |
| No |  |

If yes:

What actions have already been undertaken?

Enter text

If no:

Why have no control measures been put in place?

Enter text

Any other relevant information (for example, any initial findings, suggested actions for control measures or sampling, and so on):

Enter text

# Part 2 – Control measures

**For completion within 4 weeks following submission of part 1.**

Part 1 – risk assessment of this incident is fully completed:

|  |  |
| --- | --- |
| Yes |  |
| No |  |

**If no, please complete part 1 before commencing with control measures.**

Routine environmental sampling had been carried out before this incident:

|  |  |
| --- | --- |
| Yes |  |
| No |  |

If yes:

Date of last routine sampling:

Select date

Legionella was found in the water system(s) during last routine sampling:

|  |  |
| --- | --- |
| Yes |  |
| No |  |

If yes:

What species and serogroup were found?

Enter text

At what levels was it found? (for example, >= 1000cfu/l):

Enter text

Environmental sampling has been carried out in response to this incident:

|  |  |
| --- | --- |
| Yes |  |
| No |  |

If yes:

1. Has any chemical treatment been used?

|  |  |
| --- | --- |
| Yes |  |
| No |  |

1. Have any physical treatment programmes been used (for example, temperature control, use of filters)?

|  |  |
| --- | --- |
| Yes |  |
| No |  |

1. Has any cleaning or disinfection of the site or system been carried out?

|  |  |
| --- | --- |
| Yes |  |
| No |  |

Have any other control measures been put in place?

|  |  |
| --- | --- |
| Yes |  |
| No |  |

If no:

Are any actions and/or control measures planned?

|  |  |
| --- | --- |
| Yes |  |
| No |  |

If yes:

Date measures will be put in place:

Select date

If no:

Please provide a reason for no action:

Enter text

Recommended actions from the enforcement agency have been adequately implemented:

|  |  |
| --- | --- |
| Yes |  |
| No |  |

The site has been given information about long-term control measures:

|  |  |
| --- | --- |
| Yes |  |
| No |  |

The site is completely or partially closed to the public and staff:

|  |  |
| --- | --- |
| Yes |  |
| No |  |

If yes:

This is due to recommendations by:

1. Enforcement agency
2. Water management company
3. Other (please specify):

* response to this incident
* seasonal closure
* cluster notification

The site is due to be fully reopened on:

Select date

If no:

Has there been partial site closure?

|  |  |
| --- | --- |
| Yes |  |
| No |  |

Location of the partial closure:

Enter text

Any other relevant information (including reasons for any closures and actions taken):

Enter text

# Sign-off

**Site assessment completed by:**

I Enter name (Investigating officer name) confirm that these are the findings of the full investigation carried out at the named accommodation site on behalf of Enter name (Enforcement agency name).

Date of report: Select date

**Once completed, this form should be submitted to your local PHE health protection team to communicate the findings of your investigation.**