

Wisconsin HAI Long-Term Care Education Series

November 17, 2022

To protect and promote the health and safety of the people of Wisconsin.

Today's Agenda

- Water Management Programs
 - Bruce Meiners, Legionella Industrial Hygienist, Bureau of Communicable Diseases, Division of Public Health



November LTC Education Series Discussion

November 17, 2022 "LTC Water Management Program Introduction"

Bruce Meiners

https://www.dhs.wisconsin.gov/disease/legionellosis.htm/#hcp

Legionella Industrial Hygienist | Communicable Diseases Epidemiology Section

Bureau of Communicable Diseases | Division of Public Health

Does Your Facility Have a Water Management Program (WMP)?



Hot tubs

Decorative fountains

What are you going to do if?

- You have a positive legionella case or other water borne disease?
- You have a construction project planned?
 - Any construction can impact your water distribution system.
- You need some emergency construction/repair?
- Watermain Break?
- Boil water notice?
- Water is shut off to the building for fire protection maintenance?
 - Depressurize the water distribution system! Repressurize the water distribution system!
- Street construction that vibrates your building?
- Water being used for dust control.
- Water age/low census/ flushing program?
- Health care appliances?
- Identifying other hazards! A future class.

What is a WMP?

- Water management program: the risk management plan for the prevention and control of legionellosis associated with building water systems, including documentation of the plan's implementation and operation.
- **Program documents:** procedures, work instructions, specifications, and records for all activities of the Program, established or collected by the Program Team and residing in one or more locations and formats.

What is the purpose and goals of water management program?

- Risk management of the facilities domestic cold and hot water systems.
- Risk management for other types of sources of water that can be aerosolized.
 - Hot tubs
 - Healthcare Appliances
 - Decorative Fountains
 - Ice Machines
 - Others! (Yes, think about it.)

• To eliminate water as a contributing factor of illness in your facility.

Who needs WMPs?

• Legionellosis risk management for building water systems.

• Examples, including but not limited to:

- Hospitals
- SNF
- CBRF & Hospice
- Healthcare facilities where there are people of compromised immune systems
- Hotels/Lodging/Time Share
- Dorms
- Schools
- Other public buildings

What type of facilities are required to have a WMP?

Centers for Medicare & Medicaid Services

SC17-30.Legionella_Risks in Healthcare.Revised 6-09-17 (cms.gov)

QSO17-30-18 (cms.gov)



Home - Centers for Medicare & Medicaid Services | CMS

Regulations & Guidance | CMS

https://www.dhs.wisconsin.gov/disease/legionellosis.htm/#hcp

DEPARTMENT OF HEALTH & HUMAN SERVICES Centers for Medicare & Medicaid Services 7500 Security Boulevard, Mail Stop C2-21-16 Baltimore, Maryland 21244-1850



Center for Clinical Standards and Quality/Quality, Safety and Oversight Group

		Ref: QSO-17-30- Hospitals/CAHs/NHs			
DATE:	June 02, 2017	REVISED 07.06.2018			
TO:	State Survey Agency Directors				
FROM:	Director Quality, Safety and Oversight Grou	ap (formerly Survey & Certification Group)			
SUBJECT:	Requirement to Reduce Legionella Risk in Healthcare Facility Water Systems to Prevent Cases and Outbreaks of Legionnaires' Disease (LD)				

Revised to Clarify Expectations for Providers, Accrediting Organizations, and Surveyors

Memorandum Summary

- Legionella Infections: The bacterium Legionella can cause a serious type of pneumonia called LD in persons at risk. Those at risk include persons who are at least 50 years old, smokers, or those with underlying medical conditions such as chronic lung disease or immunosuppression. Outbreaks have been linked to poorly maintained water systems in buildings with large or complex water systems including hospitals and long-term care facilities. Transmission can occur via aerosols from devices such as showerheads, cooling towers, hot tubs, and decorative fountains.
- Facility Requirements to Prevent Legionella Infections: Facilities must develop and adhere to policies and procedures that inhibit microbial growth in building water systems that reduce the risk of growth and spread of *Legionella* and other opportunistic pathogens in water.
- This policy memorandum applies to Hospitals, Critical Access Hospitals (CAHs) and Long-Term Care (LTC). However, this policy memorandum is also intended to provide general awareness for all healthcare organizations.
- This policy memorandum clarifies expectations for providers, accrediting organizations, and surveyors and does not impose any new expectations nor requirements for hospitals, CAHs and surveyors of hospitals and CAHs. For these provider types, the memorandum is merely clarifying already existent expectations.
- This policy memorandum supersedes the previous Survey & Certification (S&C) 17-30 released on June 02, 2017 and the subsequent revisions issued on June 9, 2017.

Background

LD, a severe sometimes fatal pneumonia, can occur in persons who inhale aerosolized droplets of water contaminated with the bacterium *Legionella*. The rate of reported cases of legionellosis, which comprises both LD and Pontiac fever (a milder, self-limited, influenza-like illness) has increased 286% in the United States (U.S.) during 2000–2014, with approximately 5,000 cases reported to the Centers for Disease Control and Prevention (CDC) in 2014. Approximately 9% of reported legionellosis cases are fatal.

An industry standard¹ calling for the development and implementation of water management programs in large or complex building water systems to reduce the risk of legionellosis was published in 2015 by American Society of Heating, Refrigerating, and Air Conditioning Engineers (ASHRAE). In 2016, the CDC and its partners developed a toolkit to facilitate implementation of the ASHRAE Standard². Environmental, clinical, and epidemiologic considerations for healthcare facilities are described in this toolkit and may include control measures such as physical controls, temperature management, disinfectant levels, visual inspections, and environmental testing for pathogens.

In a recent review of LD outbreaks occurring from 2000–2014 in the U.S., 19% were associated with long-term care facilities and 15% with hospitals. There have been multiple recent LD outbreaks in hospitals and long-term care facilities as reported by the CDC, state and local health departments, or investigated by State Survey Agencies (SA). Below is information about these outbreaks for provider informational purposes.

Outbreaks generally are linked to environmental reservoirs in large or complex water systems, including those found in healthcare facilities such as hospitals and long-term care facilities. Transmission from these water systems to humans requires aerosol generation, as can occur from showerheads, cooling towers, hot tubs, and decorative fountains. *Legionella* is less commonly spread by aspiration of drinking water or ice. Only one case of possible person-to-person transmission has been reported.



In manmade water systems, *Legionella* can grow and spread to susceptible hosts, such as persons who are at least 50 years old, smokers, and those with underlying medical conditions such as chronic lung disease or immunosuppression. *Legionella* can grow in parts of building water systems that are continually wet, and certain devices can spread contaminated water droplets via aerosolization. Examples of these system components and devices include:

- Hot and cold water storage tanks
- Water heaters
- Water-hammer arrestors
- Pipes, valves, and fittings
- Expansion tanks
- Water filters
- Electronic and manual faucets
- Aerators



¹ ASHRAE Standard 188-2015: Legionellosis: Risk Management for Building Water Systems June 26, 2015. ASHRAE: Atlanta. <u>www.ashrae.org</u>

² "Legionella (Legionnaires' Disease and Pontiac Fever)," Centers for Disease Control and Prevention, September 14, 2017. www.cdc.gov/legionella/maintenance/wmp-toolkit.html.

- Faucet flow restrictors
- Showerheads and hoses
- Centrally-installed misters, atomizers, air washers, and humidifiers
- Nonsteam aerosol-generating humidifiers
- Eyewash stations
- Ice machines
- Hot tubs/saunas
- Decorative fountains
- Cooling towers
- Medical devices (such as CPAP machines, hydrotherapy equipment, bronchoscopes, heater-cooler units)



CMS Regulatory Authorities

Pertinent regulations include, but are not limited to, the following:

42 CFR §482.42 for hospitals:

"The hospital must provide a sanitary environment to avoid sources and transmission of infections and communicable diseases. There must be an active program for the prevention, control, and investigation of infections and communicable diseases."

42 CFR §483.80 for skilled nursing facilities and nursing facilities: "The facility must establish and maintain an infection prevention and control program designed to provide a safe, sanitary, and comfortable environment and to help prevent the development and transmission of communicable diseases and infections."

42 CFR §485.635(a)(3)(vi) for critical access hospitals (CAHs): CAH policies must include: "A system for identifying, reporting, investigating and controlling infections and communicable diseases of patients and personnel."



Expectations for Healthcare Facilities

CMS expects Medicare and Medicare/Medicaid certified healthcare facilities to have water management policies and procedures to reduce the risk of growth and spread of *Legionella* and other opportunistic pathogens in building water systems.

Facilities must have water management plans and documentation that, at a minimum, ensure each facility:



- Conducts a facility risk assessment to identify where Legionella and other opportunistic waterborne pathogens (e.g. Pseudomonas, Acinetobacter, Burkholderia, Stenotrophomonas, nontuberculous mycobacteria, and fungi) could grow and spread in the facility water system.
- Develops and implements a water management program that considers the ASHRAE industry standard and the CDC toolkit.





- Specifies testing protocols and acceptable ranges for control measures, and document the
 results of testing and corrective actions taken when control limits are not maintained.
- Maintains compliance with other applicable Federal, State and local requirements.

Note: CMS does not require water cultures for Legionella or other opportunistic water borne pathogens. Testing protocols are at the discretion of the provider.

Healthcare facilities are expected to comply with CMS requirements and conditions of participation to protect the health and safety of its patients. Those facilities unable to demonstrate measures to minimize the risk of LD are at risk of citation for non-compliance.





Expectations for Surveyors and Accrediting Organizations

LTC surveyors will expect that a water management plan (which includes a facility risk assessment and testing protocols) is available for review but will not cite the facility based on the specific risk assessment or testing protocols in use. Further LTC surveyor guidance and process will be communicated in an upcoming survey process computer software update. Until that occurs, please use this paragraph as guiding instructions.

Contact: For questions or concerns regarding this policy memorandum, please contact *the following for each facility type:*

Hospitals: HospitalSCG@cms.hhs.gov.

Critical Access Hospitals: <u>CAHSCG@cms.hhs.gov.</u>

Long-Term Care: <u>NHSurveyDevelopment@cms.hhs.gov.</u>

Effective Date: Immediately. This policy should be communicated with all survey and certification staff, their managers and the State/Regional Office training coordinators within 30 days of this memorandum.



Why are WMPs important?

Legionnaires' disease is on the rise in the United States 2000-2018



Source: Nationally Notifiable Diseases Surveillance System

https://www.cdc.gov/legionella/about/history.html

Wisconsin Trend

Laboratory-confirmed cases, Wisconsin Electronic Disease Surveillance System



19



60+ species and 70+ serotypes are recognized.

1/3 of these species are associated with disease

Legionella pneumophila serogroup 1 is most commonly associated with disease.

Legionellosis



Legionnaires' disease Severe type of pneumonia

Pontiac fever Mild febrile illness

Extrapulmonary legionellosis Infection at sites outside the lungs

Legionnaires' disease

Pontiac fever

Signs and symptoms

Pneumonia

No pneumonia

Cough, fever, muscle aches, shortness of breath, chest pain, headache, confusion, diarrhea Mild, self-limiting illness with fever and muscle aches

	Legionnaires' disease	Pontiac fever
Signs and symptoms	Pneumonia	No pneumonia
	Cough, fever, muscle aches, shortness of breath, chest pain, headache, confusion, diarrhea	Mild, self-limiting illness with fever and muscle aches
Incubation period	2–10 days (up to 2 weeks)	24–72 hours

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Treatment	Antibiotics	Supportive care	
Hospitalization	Common	Uncommon	

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Hospitalization	Common	Uncommon	
Case-fatality rate	10% (>25% for healthcare- associated infections)	Extremely low 26	

General Rules for Legionella Prevention in Potable Water

- Keep the hot water hot
 Keep the cold water cold
 Keep the water moving
 - Prevent water age



Ideal Conditions for Growth and Transmission





Biofilm and sediments



Ideal growth temperatures





Cross connections/Deadlegs

High surface area to volume ratios



Low or absent residuals

How Legionella Affects Building Water Systems and People

Construction

Biofilm

Water temperature

fluctuations Internal and external factors can lead to Legionella growth in building water systems. Legionella grows best in large, complex water systems that are not adequately maintained. **Cooling towers** Hot tubs Fountains Showers Water containing Legionella is aerosolized through devices. People can get sick when they breathe in small droplets of water or accidently swallow water containing Legionella into the lungs. Those at increased risk are adults 50 years or older, current or former smokers, and people with a weakened immune system or chronic disease.

CSTE WMP Example

 Council of State and Territorial Epidemiologists (CSTE) Template Example: <u>https://portal.ct.gov/-/media/DPH/EEIP/CSTE-Water-Management-Program-Template_June2019.pdf</u>

Facility and Water Management Team

i Summary of Actions:

- Nominate water program management team members
- Those who might be a part of your water management team could include building manager/administrator, maintenance or engineering, infection preventionist, clinician with expertise in infectious disease, risk management/safety officers, state or local public health, certified industrial hygienists, environmental health specialist, and microbiology expert.
- Identify a team leader or team hierarchy
- Record why team members have been selected to participate in Legionella risk management.
- Clearly articulate the responsibilities of each member of the water management team.
- All information about the Water Management Team should be noted in Table 2.

Source: <u>https://portal.ct.gov/-/media/DPH/EEIP/CSTE-Water-Management-Program-Template_June2019.pdf</u>₃₁

Table 2. Water Management Team Example

Name	Organization	Position	<i>Legionella</i> Risk Management Responsibilities	Phone Number	Email Address

Source: <u>https://portal.ct.gov/-/media/DPH/EEIP/CSTE-Water-Management-Program-Template_June2019.pdf</u>₃₂

Figure 4. Example of a schematic drawing of a facility water delivery system

Backflow prevention Incoming Water from XXX Council Rainwater tanks Backflow prevention Ice machine CHLORINATION irrigation **Fire fighting** Cold Cold Water Water Air cooling Storage Storage Laundry & Kitchen Showers & wash basins in Wards 1 -5, maternity (and birthing pools), ICU and foyer. Water dispenser fover, dental suite Water Water Water Heater Heater Heater TMVs TMVs TMVs Showers & wash basins in Showers & wash basins in Showers & wash basins in Wards 1-3 and maternity ward (including birthing Ward 4 and dental suite Ward 5 and ICU pools)

State Approved Plumbing Plans from the original construction of the building? These are a valuable asset.

Source: <u>https://portal.ct.gov/-/media/DPH/EEIP/CSTE-Water-Management-Program-Template_June2019.pdf</u>₃₃



Figure 6. Example of a schematic drawing of a building water system

Source: https://portal.ct.gov/-/media/DPH/EEIP/CSTE-Water-Management-Program-Template_June2019.pdf₃₄

Table 23: Potable Water System Monitoring Log

Date	Location/Source	Time	рН	Temp (F)	Cl (mg/L)	Flushing (Y/N)	Staff Initials	<i>Legionella</i> result

Source: <u>https://portal.ct.gov/-/media/DPH/EEIP/CSTE-Water-Management-Program-Template_June2019.pdf</u>₃₅

Is your municipal water system's water supply disinfected?

Year-Re

- Does the disinfectant from the municipal survive the water heater and the hot water distribution system?
- DNR link:

https://dnr.wisconsin.gov/topic/ DrinkingWater/disinfection.html

ound Continuous		
isinfection?	PWS_ID	PWS_NAME
YES	73701485	ABBOTSFORD WATERWORKS
YES	70101075	ADAMS WATERWORKS
YES	46004354	ADELL WATERWORKS
YES	12300717	ALBANY WATERWORKS
YES	47116113	ALGOMA TN SANITARY DIST 1
YES	43102807	ALGOMA WATERWORKS
YES	26701048	ALLENTON SANITARY DISTRICT
YES	40504552	ALLOUEZ WATERWORKS
YES	62702981	ALMA CENTER WATERWORKS
YES	60601926	ALMA WATERWORKS
YES	60301241	ALMENA WATERWORKS
YES	61802807	ALTOONA WATERWORKS
NO	64903421	AMANI VILLAGE SANITARY DIST
YES	64903289	AMERY WATERWORKS
YES	75000948	AMHERST WATERWORKS
YES	73400866	ANTIGO WATERWORKS
YES	44503338	APPLETON WATERWORKS
YES	66203192	ARCADIA WATERWORKS
YES	12500730	ARENA WATERWORKS
YES	13300683	ARGYLE WATERWORKS
YES	11100936	ARLINGTON WATERWORKS
YES	80203739	ASHLAND WATER UTILITY
YES	40504563	ASHWAUBENON WATERWORKS
YES	73701496	ATHENS WATERWORKS
YES	61802312	AUGUSTA WATERWORKS
YES	12500741	AVOCA WATERWORKS
YES	12200848	BAGLEY WATERWORKS
NO	65601195	BALDWIN WATERWORKS
NO	64903300	BALSAM LAKE WATERWORKS
YES	63202337	BANGOR WATERWORKS
Table 26: Example of Activity Log for Flushing Vacant/Unoccupied Rooms (add, edit, or delete as needed)

Date	Time	Staff Initials	Room Number	Floorplan Style	Hot Flush?	Cold Flush?	Toilet Flush?	Cleaned?

Source: <u>https://portal.ct.gov/-/media/DPH/EEIP/CSTE-Water-Management-Program-Template_June2019.pdf</u>₃₇

Table 29: Healthcare Facility Characteristics Example

Component	Response		Locations
Type of healthcare facility	Long-term care facility		
Total number of beds	75		
Number of intensive care unit beds (including surgery, coronary care, etc.)	10		first floor
Do you have a solid organ transplant program? (circle)	Yes	No	
Do you have a bone marrow transplant program? (circle)	Yes	No	
Can windows in patient rooms be opened? (circle)	Yes	No	
If windows in patient rooms can be opened, are cooling towers visible from these windows? (circle)	Yes	No	
Are patients exposed to portable humidifiers? (circle)	Yes	No	
Do any patients use aerosol generating devices, such as CPAP, BiPAP, or nebulizers? (circle)	Yes	No	portable devices- depends on patient care
Are there therapeutic whirlpools/spas on site? (circle)	Yes	No	
Has your facility previously experienced Legionnaires' disease cases that were "possibly" or "probably" facility acquired? (circle)	Yes	No	
If yes to a Legionnaires' disease case, enter the YEAR of the most recent case.			

Source: <u>https://portal.ct.gov/-/media/DPH/EEIP/CSTE-Water-Management-Program-Template_June2019.pdf</u>₃₈

Table 33: Recreational Water Feature Descriptions Example

	Descriptor/Location					
Water Feature Questions	Pool	Hot Tub				
Indoor or Outdoor	Indoor	Indoor				
Max Bather Load	20	3				
Filter Type	Sand	Cartridge				
Date filter was last changed	05/2019	05/2019				
Date of last filter backwash	05/01/2019	05/01/2019				
Compensation tank present?						
Type of disinfectant used (include chemical name, formulation, and amount used)	Chlorine	Bromine				
Desired disinfectant range (ppm)	2 - 5	3 - 8				
Desired pH range	7.2 – 7.8	7.2 - 7.8				
Method used for adding disinfectant	Automatic feeders	Automatic feeders				
Method used for monitoring and maintaining disinfectant and pH levels	Manual readings 3x/day	Manual readings every 2 hours				
Date last drained and scrubbed	08/15/2018	04/25/2019				
Was there a recent disinfectant "shock" treatment?	No	Yes				
Operating as designed and in good repair? If no, describe issues.	Yes	Yes				
Operates continuously or intermittently	Continuous	Continuous				
Heat source						

Source: <u>https://portal.ct.gov/-</u> /media/DPH/EEIP/CSTE-Water-Management-Program-Template_June2019.pdf

i Decorative Water Displays

- Decorative water displays, such as decorative water fountains, can also serve as a source of *Legionella* capable of infecting people who are exposed to aerosolized spray.
- It is important to regularly maintain decorative water features to inhibit growth of algae and biofilm that may encourage bacterial growth.
- Use Tables 51 and 52 below to document routine maintenance protocols.

Table 51: Decorative Water Feature Maintenance Protocols

Aspect	Response
Wetted surfaces are free of organic material, biofilm, algae, scale, sediment and silt/dust deposits, organics (oil and grease), and other visible contaminants	Yes No
Minimum acceptable halogen level (i.e. chlorine, bromine)	mg/L
Acceptable pH range	
Acceptable temperature range	
Frequency of cleaning and disinfection (i.e. daily, weekly)	
Type of disinfectant used in cleaning/disinfection	
Describe cleaning protocols	

Table 52: Decorative Water Feature Legionella Testing

Will Legionella culture testing be performed? Yes

If yes, complete the table below:

Component	Response
Responsible party for <i>Legionella</i> sample collection	Describe who is responsible for <i>Legionella</i> sample collection.
Legionella sample collection location(s)	Describe where in the decorative water feature system the sample(s) will be taken from.
Legionella sampling protocol	Describe how the <i>Legionella</i> sample(s) will be taken and managed. Identify lab. (see Appendix A)
Responsible party for corrective action(s)	Describe who is responsible for interpreting results/performing corrective action(s).
Corrective action(s) and timeline	Describe corrective action(s) and timeline, along with documentation procedure (See decorative water feature section in Appendix B).

No

Table 53: Decorative Water Feature Monitoring Log

Monitoring Person: _____

Week, Month, Year: _____

Day	Feature	Time	pН	Temp (F)	Halogen Residual (mg/L)	Cleaned (Y/N)	Staff Initials	Comments
1								
2								
3								
4								
5								
6								
7								
	Day 1 2 3 4 5 6 7	Day Feature 1 - 2 - 3 - 4 - 5 - 6 - 7 -	DayFeatureTime1234567	DayFeatureTimepH1234567	DayFeatureTimepHTemp (F)1 </th <th>DayFeatureTimepHTemp (F)Halogen Residual (mg/L)1<!--</th--><th>DayFeatureTimepHTemp (F)Halogen Residual (mg/L)Cleaned (Y/N)1<!--</th--><th>DayFeatureTimepHTemp p(F)Halogen Residual (mg/L)Cleaned (Y/N)Staff Initials1<!--</th--></th></th></th>	DayFeatureTimepHTemp (F)Halogen Residual (mg/L)1 </th <th>DayFeatureTimepHTemp (F)Halogen Residual (mg/L)Cleaned (Y/N)1<!--</th--><th>DayFeatureTimepHTemp p(F)Halogen Residual (mg/L)Cleaned (Y/N)Staff Initials1<!--</th--></th></th>	DayFeatureTimepHTemp (F)Halogen Residual (mg/L)Cleaned (Y/N)1 </th <th>DayFeatureTimepHTemp p(F)Halogen Residual (mg/L)Cleaned (Y/N)Staff Initials1<!--</th--></th>	DayFeatureTimepHTemp p(F)Halogen Residual (mg/L)Cleaned (Y/N)Staff Initials1 </th

Source: https://portal.ct.gov/-/media/DPH/EEIP/CSTE-Water-Management-Program-Template June20⁴9.pdf

Table 54: Ice Machine Description

Description	Response	
Building/location		
Manufacturer		
Model		
Filter type (e.g. stainless steel, pleated, carbon)		
Filter's micron cut-off		
Is this machine also a water dispenser?	Yes	No

Table 55: Ice Machine Maintenance Protocols

Protocol	Description
Who is responsible for maintaining ice machines?	
How often are ice machines cleaned? (e.g. daily, weekly, monthly)	
What are the cleaning protocols, including description of steps taken and chemicals used?	
How often are ice machines sanitized?	
What are the sanitization protocols, including description of steps taken and chemicals used?	

Source: <u>https://portal.ct.gov/-</u> <u>/media/DPH/EEIP/CSTE-</u> <u>Water-Management-</u> <u>Program-</u> <u>Template_June20¹9.pdf</u>

Ice Machines/Makers are frequently missed and not thought about when it comes to a cleaning and maintenance.

Table 57A: Respiratory Therapy Use, Respiratory Aerosolized Care (nebulizer, inhaler)

Protocol	Response
What sterile solutions are used for nebulization?	
If multi-dose vials are used, describe manufacturer's instructions for handling, storing, and dispensing the medications.	
Are jet nebulizers used for only one resident?	
How are jet nebulizers cleaned, dried, and stored?	
How are mesh nebulizers that remain in the ventilator circuit cleaning, disinfected, and changed?	
Who is responsible for maintaining aerosolized care equipment?	

Table 57B: Respiratory Therapy Use, Oxygen

Protocol	Response	Source:
How is oxygen equipment cleaned, and sanitized?		/media/DPH/EEIP/CSTE-
Who is responsible for cleaning and maintaining oxygen equipment?		<u>Water-Management-</u> Program-

Template June2019.pdf

Table 57C: Respiratory Therapy Use, Mechanical Ventilation or Tracheostomy

Protocol	Response
Describe protocols for ensuring condensate does not drain towards the resident.	
Are single-use open-system suction catheters used?	
Describe protocols for how sterile fluid is used to remove secretions from the suction catheter if the catheter is used for re-entry into the resident's lower respiratory tract	
How are machines or equipment maintained and cleaned?	
Who is responsible for cleaning and maintaining equipment?	

Source: <u>https://portal.ct.gov/-/media/DPH/EEIP/CSTE-Water-Management-Program-Template_June2019.pdf</u> 44

Sample ID	Date Collected	Collected by	Specimen Type (e.g., water, swab, filter)	Sample Description (e.g., room 253 shower)	Temp (F)	Time to Temp	Free Cl (ppm)	Total Cl (ppm)	рН
1	05/01/19	AB	Water	Hot tub water	103.5		3.5		7.5
2	05/01/19	AB	Swab	Room 1123 shower swab	118	12 s	0.3		7.2

 Table 59: Example Sample Data Collection Sheet (add, edit, or delete as needed)

Source: <u>https://portal.ct.gov/-/media/DPH/EEIP/CSTE-Water-Management-Program-Template_June2019.pdf</u> 45

CDC WMP Development Guide

 Developing a Water Management Program to Reduce Legionella Growth and Spread in Buildings: A Practical Guide to Implementing Industry Standards: <u>https://www.cdc.gov/legionella/downloads/toolkit.pdf</u>

Version 1.1



Developing a Water Management Program to Reduce Legionella Growth & Spread in Buildings

A PRACTICAL GUIDE TO IMPLEMENTING INDUSTRY STANDARDS

Table of Contents

Forewordii	
How to Use This Toolkit1	
Identifying Buildings at Increased Risk2	
Glossary	
Introduction to Legionella Ecology4	
Elements of a Water Management Program	
Establish a Water Management Program Team7	
Describe Your Building Water Systems Using Text	
Describe Your Building Water Systems Using a Flow Diagram	
Identify Areas Where Legionella Could Grow & Spread	
Control Measures & Corrective Actions: The Basics	
Decide Where Control Measures Should Be Applied	
Decide How to Monitor Your Control Measures14	
Establish Ways to Intervene When Control Limits Are Not Met	
Corrective Action Examples	
Contingency Response Examples	
Make Sure the Program Is Running as Designed & Is Effective	
Document & Communicate All the Activities of Your Water Management Program	
Special Considerations for Healthcare Facilities	
Elements of a Water Management Program	
Identifying & Investigating Legionnaires' Disease Cases	Source.
References & Resources	https://www.cdc.gov/legionella/
Appendix A	downloade/toolkit ndf48
Appendix B	



Identifying Buildings at Increased Risk

Survey your building (or property) to determine if you need a water management program to reduce the risk of *Legionella* growth and spread.

If you answer YES to any of questions 1 through 4, you should have a water management program for *that building's* hot and cold water distribution system.

Healthcare Facilities							
Yes	No	1.	Is your building a healthcare facility where patients stay overnight or does your building house or treat people who have chronic and acute medical problems [†] or weakened immune systems?				
Yes	No	2.	Does your building primarily house people older than 65 years (like a retirement home or assisted-living facility)?				
Yes	No	3.	Does your building have multiple housing units and a centralized hot water system (like a hotel or high-rise apartment complex)?				
Yes	No	4.	Does your building have more than 10 stories (including basement levels)?				

Devices in buildings that can spread contaminated water droplets should have a water management program even if the building itself does not. If you answer NO to all of questions 1 through 4 but YES to any of questions 5 through 8, you should have a water management program for *that device*.

Yes	No	5.	Does your building have a cooling tower*?	
Yes	No	6.	Does your building have a hot tub (also known as a spa) that is not drained between each use?	Source: https://www.cdc.gov/legion ella/downloads/toolkit.pdf
Yes	No	7.	Does your building have a decorative fountain?	
Yes	No	8.	Does your building have a centrally-installed mister, atomizer, air washer, or humidifier?	

Factors external to buildings that can lead to Legionella growth

- Construction: Vibrations and changes in water pressure can dislodge biofilm and free Legionella into the water entering your building.
- Water main breaks: Changes in water pressure can dislodge biofilm and free Legionella into the water, while dirt and other materials can be introduced into the water and use up disinfectant.
- Changes in municipal water quality: Changes in water quality can increase sediment, lower disinfectant levels, increase turbidity, or cause pH to be outside recommended ranges. Changes in disinfectant type can impact how you should monitor your program.

Factors internal to buildings that can lead to Legionella growth

- Biofilm: Protects Legionella from heat and disinfectant; provides food and shelter to germs; grows
 on any surface that is constantly moist and can last for decades
- Scale and sediment: Uses up disinfectant and creates a protected home for Legionella and other germs
- Water temperature fluctuations: Provide conditions where Legionella grows best (77°F–113°F); Legionella can still grow outside this range
- Water pressure changes: Can cause biofilm to dislodge, colonizing downstream devices
- pH: Disinfectants are most effective within a narrow range (approximately 6.5 to 8.5)

Many things can cause the hot water temperature to drop into the range where *Legionella* can grow, including low settings on water heaters, heat loss as water travels through long pipes away from the heat source, mixing cold and hot water within the plumbing system, heat transfer (when cold and hot water pipes are too close together), or heat loss due to water stagnation. In hot weather, cold water in pipes can heat up into this range.

Inadequate disinfectant: Does not kill or inactivate Legionella.

Even if the water entering your building is of high quality, it may contain *Legionella*. In some buildings, processes such as heating, storing, and filtering can degrade the quality of the water. These processes use up the disinfectant the water entered with, allowing the few *Legionella* that entered to grow into a large number if not controlled.

• Water stagnation: Encourages biofilm growth and reduces temperature and levels of disinfectant. Common issues that contribute to water stagnation include renovations that lead to 'dead legs' and reduced building occupancy, which can occur in hotels during off-peak seasons, for example. Stagnation can also occur when fixtures go unused, like a rarely used shower in a hospital room.

Where can *Legionella* grow and/or spread?

Legionella can grow in many parts of building water systems that are continually wet, and certain devices can then spread contaminated water droplets. Examples include:

- Hot and cold water storage tanks
- Water heaters
- Water-hammer arrestors
- Expansion tanks
- Water filters
- · Electronic and manual faucets*
- Aerators
- Faucet flow restrictors
- · Showerheads* and hoses
- Pipes, valves, and fittings
- Centrally-installed misters*, atomizers*, air washers*, and humidifiers*
- Nonsteam aerosol-generating humidifiers*
- Infrequently used equipment, including eyewash stations*
- Ice machines*
- Hot tubs*
- Decorative fountains*
- Cooling towers*
- Medical devices* (such as CPAP machines, hydrotherapy equipment, bronchoscopes)

*These devices can spread Legionella through aerosols or aspiration

Elements of a Water Management Program

Developing and maintaining a water management program is a multi-step, continuous process. The key steps, listed here, are explained in more detail throughout the toolkit with the associated step number appearing on the page where the specific step is discussed.



Establish a Water Management Program Team



Certain skills, described in the diagram below, are needed to develop and implement your water management program. These skills would typically be provided by a combination of people, some of whom may have multiple skills (examples shown below).





2 Describe Your Building Water Systems Using Text

DEVELOPING A LEGIONELLA WATER MANAGEMENT PROGRAM

2 Describe Your Building Water Systems Using a Flow Diagram



Source:

Disclaimer: Example content is provided for illustrative purposes only and is not intended to be relevant to all buildings.

Reference: ASHRAE 188: Legionellosis: Risk Management for Building Water Systems June 26, 2015. ASHRAE: Atlanta. www.ashrae.org

Identify Areas Where *Legionella* Could Grow & Spread

EXAMPLE: BUILDING A

Once you have developed your process flow diagram, identify where potentially hazardous conditions could occur in your building water systems. The below diagram points out locations and types of hazardous conditions you could expect in Building A. Each potentially hazardous condition should be addressed individually with a control point, measure, and limit.



Source: https://www.cdc.gov/legion ella/downloads/toଶkit.pdf

3

Healthcare Facilities

Think about:

- Areas where medical procedures may expose patients to water droplets, such as hydrotherapy
- Areas where patients are more vulnerable to infection, such as bone marrow transplant units, oncology floors, or intensive care units

In Building A, the ice machine is included to illustrate that patients with problems swallowing may be at increased risk for *Legionella* spread by aspiration.

Disclaimer: Example content is provided for illustrative purposes only and is not intended to be relevant to all buildings.

Reference: ASHRAE 188: Legionellosis: Risk Management for Building Water Systems June 26, 2015. ASHRAE: Atlanta. www.ashrae.org



3 Control Measures & Corrective Actions: The Basics

The diagram below shows the process of implementing and monitoring control measures. If you find that a control limit (i.e., temperature levels, disinfectant levels) is not being met, you need to take corrective actions to get conditions back to within an acceptable range. The right side, in yellow, illustrates the routine process of monitoring control measures to make sure they are within limits. The left side, in orange, shows the process of what to do if control measures are found to be outside of their limits.



Remember, any time there is a suspected case of Legionnaires' disease associated with your building you should:

- Contact your local and/or state health department or work with them if they contact you
- Notify anyone who could be affected by the growth and spread of Legionella in your building if the health department asks you to
- Decontaminate the building water systems if necessary (you may need to get additional help from outside experts)
- · Review the water management program and revise it, if necessary

Source:

Healthcare Facilities

In addition to the steps listed above that you would take in all buildings, if a case of healthcareassociated Legionnaires' disease is discovered in a healthcare facility:

Make sure the person with expertise in infection prevention on your team is aware

- Important: Tell clinicians so they can test patients with healthcare-associated pneumonia for Legionnaires' disease with both culture of lower respiratory secretions and the Legionella urinary antigen test
- Report the case to your local and/or state health department; a full investigation may be needed

For more details on identifying and investigating Legionnaires' disease cases in healthcare facilities, see page 24.

Reference: ASHRAE 188: Legionellosis: Risk Management for Building Water Systems June 26, 2015. ASHRAE: Atlanta. www.ashrae.org

Decide Where Control Measures Should Be Applied



Control measures and limits should be established for each control point. See the diagram on the next page for the types of monitoring that could occur in Building A. You will need to monitor to ensure your control measures are performing as designed. Control limits, in which a chemical or physical parameter must be maintained, should include a minimum and a maximum value.

Examples of chemical and physical control measures and limits to reduce the risk of Legionella growth:

- Water quality should be measured throughout the system to ensure that changes that may lead to Legionella growth (such as a drop in chlorine levels) are not occurring.
- Water heaters should be maintained at appropriate temperatures.
- Decorative fountains should be kept free of debris and visible biofilm.
- Disinfectant and other chemical levels in cooling towers and hot tubs should be continuously
 maintained and regularly monitored. Surfaces with any visible biofilm (i.e., slime) should be cleaned.

Healthcare Facilities

Clinicians should test patients with healthcare-associated pneumonia (pneumonia with onset ≥48 hours after admission) for Legionnaires' disease. This is especially important among patients at increased risk for developing Legionnaires' disease (see Appendix B), among patients with severe pneumonia (particularly those requiring intensive care), or if any of the following are identified in your facility:

- · Other patients with healthcare-associated Legionnaires' disease diagnosed in the past 12 months
- · Positive environmental tests for Legionella in the past 2 months
- · Current changes in water quality that may lead to Legionella growth (such as low chlorine levels)

The preferred diagnostic tests for Legionnaires' disease are culture of lower respiratory secretions on selective media and the *Legionella* urinary antigen test.

Additionally, certain commonly-encountered changes in building water system design or management might require increasing the extent and frequency of monitoring. It's a good idea to anticipate additional hazardous conditions that could be associated with scheduled or unanticipated changes in water quality, such as:

- System start up
- System shut down
- Regularly scheduled maintenance

Anti-scald Regulation

You should follow local and state anti-scald regulations. However, maximum temperatures allowed by your state may be too low to limit *Legionella* growth. Engineering controls that mix hot and cold water together at or near the point of use can reduce the risk of scalding while allowing water in pipes to remain hot enough to limit *Legionella* growth.

- Renovations, construction, and installation of new equipment on your property
- Equipment failure
- Water main break or other service interruptions

Reference: ASHRAE 188: Legionellosis: Risk Management for Building Water Systems June 26, 2015. ASHRAE: Atlanta. www.ashrae.org



EXAMPLE: BUILDING A

The diagram below shows which types of monitoring could occur at different locations within Building A's water system to reduce the risk of growth and spread of *Legionella*.



Source: https://www.cdc.gov/legion ella/downloads/to&kit.pdf

Disclaimer: Example content is provided for illustrative purposes only and is not intended to be relevant to all buildings.



Establish Ways to Intervene When Control Limits Are Not Met

CORRECTIVE ACTION EXAMPLES

Building water systems are dynamic. You should plan for your monitoring results to vary over time and be prepared to apply corrective actions. **Corrective actions** are taken in response to systems performing outside of control limits. The following are examples of corrective actions.

Example 1-Biofilm growth in the decorative fountain



 During her weekly inspection of the fountain in the first floor lobby, Michelle Patterson notes that the fountain walls have accumulated a slimy growth.



 As dictated by her water management program, Michelle immediately shuts off the fountain, drains it to the sanitary sewer, and scrubs it with a detergent recommended by the manufacturer.



 She then follows the program's start up procedure to refill the fountain with water and checks the residual disinfectant levels to make sure that they are within control limits.



 Michelle documents her observations and the performance of interim cleaning in her log book. She informs her supervisor.

Disclaimer: Example content is provided for illustrative purposes only and is not intended to be relevant to all buildings.

Source: https://www.cdc.gov/legion ella/downloads/toolkit.pdf

Reference: ASHRAE 188: Legionellosis: Risk Management for Building Water Systems June 26, 2015. ASHRAE: Atlanta. www.ashrae.org

Example 2–Unoccupied floor

5



 The eighth floor of the building is being renovated and is closed to the public. Jason Hernandez understands that this may cause a temporary hazardous condition because water usage will decrease, which means that stagnation is possible.



 Jason also increases the frequency of measuring temperature and chlorine levels on the eighth floor from weekly to daily for the duration of the renovation.



 After discussing the issue with his supervisor, Jason counteracts the potential for stagnation by daily flushing of the sinks and fixtures with hot and cold water in several rooms including those at the end of the hall, which are farthest from the vertical pipe serving that floor (riser).



 He documents the method and duration of flushing and records his daily temperature and chlorine readings in his log book. He reviews his documentation with his supervisor.

Source:

Example 3-Debris in the cooling tower



 During weekly inspection of the cooling tower, Michelle discovers that leaf litter has accumulated in the reservoir.



5

 Upon further investigation, she finds that a panel has become dislodged, allowing windblown debris to enter.



 After replacing the panel and skimming out the debris, Michelle checks the disinfectant levels and performs a heterotrophic plate count as an indicator of water quality.



4. She documents her actions in her log book. She also makes a note to check the disinfectant levels daily for a week to make sure that the cooling tower remains within control limits. She reviews her actions and documentation with her supervisor.



CONTINGENCY RESPONSE EXAMPLES

Even the most closely monitored systems will sometimes require adjustments, as shown in the following examples. You should be prepared to respond, even to unexpected problems, based on your knowledge of the building water systems and how *Legionella* grows and spreads. You may need to initiate a customized contingency response to gain control of a building water system. **Contingency responses** may involve several steps and often require follow up. A contingency response is always required when a case of Legionnaires' disease has been linked to a building and is also appropriate in other situations.

Example 1-Biofilm growth in the fountain



 During the annual review of the water management program, supervisor Anson Cho notes that Michelle and Jason performed six interim cleanings of the lobby fountain due to excessive biofilm growth in the past year.



 Upon further review of the logs, he discovers that the biofilm growth was observed near the inner wall where incandescent lighting illuminates the water.



 Anson decides to replace the incandescent bulbs with LED bulbs to prevent the lights from heating the water to a temperature that allows biofilm to grow.



4. After three months of routine inspections show that this corrective action reduces biofilm growth and eliminates the need for interim cleaning, Anson amends the water management program to specify use of only LED bulbs in the fountain and he informs the owner.

Source: https://www.cdc.gov/legion ella/downloads/toốikit.pdf

Disclaimer: Example content is provided for illustrative purposes only and is not intended to be relevant to all buildings.

Example 2-Water main break



 Jason receives several complaints from building occupants of foul-tasting water. He also notes a brownish tint to the water entering the building during his daily visual inspection. Jason immediately contacts the water provider and discovers that there was a water main break nearby but that a boil water advisory was not issued. He sends a notice to building occupants about the main break and that they should limit water usage for the next 4 hours while facilities clear the line.



2. To improve building water quality, Jason flushes the water at multiple sinks and fixtures near the entry until the water runs clear and falls within established water quality parameter control limits. He also flushes fixtures in areas where he received taste and odor complaints and at pre-determined flushing locations per the water management program.



 Jason increases the frequency of measuring chlorine levels at the taps from weekly to daily to ensure that adequate residual disinfectant is moving through the system.



 Jason informs his supervisor, documents his actions, and records chlorine readings in his log book.



5

Example 3-Broken chlorinator in the hot tub



 Michelle notes chlorine levels of zero within the hot tub during her daily inspection. On further inspection she notices that disinfectant in the automatic delivery system reservoir is full.



 Michelle immediately closes the hot tub and calls the pool contractor.



 The contractor arrives the next day to discover that the chlorinator pump has malfunctioned and replaces the unit.



4. Michelle documents the action and follows the water management program's protocol for start up, which includes cleaning the hot tub, shocking it with a high dose of disinfectant, and back-flushing the filter. Michelle also recommends that the supervisor amend the water management program to include a daily check of equipment operation and disinfectant levels in the reservoir, in addition to the daily visual inspection and chlorine measurements, so that such equipment failures may be detected more quickly in the future.

Make Sure the Program Is Running as Designed & Is Effective



Verification: Are we doing what we said we would do?

Your program team should establish procedures to confirm, both initially and on an ongoing basis, that the water management program is being implemented as designed. This step is called "verification." For example, if you said you would test the hot tub daily for chlorine and record and communicate those results, have you been doing that? If you found a problem, did you take the action included in your program?

People should not verify the program activity for which they are responsible. For example, if one person is responsible for maintaining the hot tub and another is responsible for the cooling tower, they could verify each other's work, not their own.

Validation: Is our program actually working?

Now that you have a water management program, you need to be sure that it is effective. Your program team should establish procedures to confirm, both initially and on an ongoing basis, that the water management program effectively controls the hazardous conditions throughout the building water systems. This step is called "validation."

Environmental testing for *Legionella* is useful to validate the effectiveness of control measures. The program team should determine if environmental testing for *Legionella* should be performed and, if so, how test results will be used to validate the program. Factors that might make testing for *Legionella* more important include:

Healthcare Facilities

Water management program teams that include infection control staff may also choose to use their facility's routine surveillance for healthcareassociated Legionnaires' disease to validate their program. To look for healthcare-associated cases, histories for all patients with diagnosed Legionnaires' disease should be reviewed for possible healthcare exposures and certain patients with healthcareassociated pneumonia (see the Healthcare Facilities section on page 13) should be tested for Legionnaires' disease.

- · Having difficulty maintaining the building water systems within control limits
- · Having a prior history of Legionnaires' disease associated with the building water systems
- Being a healthcare facility that provides inpatient services to people who are at increased risk for Legionnaires' disease (see Appendix B)

If the program team decides to test for *Legionella*, then the testing protocol should be specified and documented in advance. You should also be familiar with and adhere to local and state regulations and accreditation standards for this testing.

Document & Communicate All the Activities of Your Water Management Program

Documentation

Now that you have done all of the work required to create your water management program, write it down. This information will be important to improve your program and if you or others want to review your records. Your written program should include at least the following:

- Program team, including names, titles, contact information, and roles on the team
- Building description, including location, age, uses, and occupants and visitors
- Water system description, including general summary, uses of water, aerosol-generating devices (e.g., hot tubs, decorative fountains, cooling towers), and process flow diagrams
- Control measures, including points in the system where critical limits can be monitored and where control can be applied
- Confirmatory procedures, including verification steps to show that the program is being followed as written and validation to show that the program is effective
- Document collection and transport methods and which lab will perform the testing if environmental testing is conducted

Communication

You have worked hard to develop your water management program and you have carefully documented all aspects of it. Resist the temptation to put it on a shelf and walk away. Consider notifying building occupants that you have a plan in place to keep the building water systems safe, just as you would for an elevator inspection. Be sure to communicate with your employees and colleagues about your program on a regular basis and train those responsible for implementing and monitoring the program. Use this communication as an opportunity to identify strategies for improving the management and efficiency of your water systems.

Special Considerations for Healthcare Facilities

ELEMENTS OF A WATER MANAGEMENT PROGRAM

Developing and maintaining a water management program in healthcare facilities requires a few more considerations than the ones explained on page 6. All healthcare facilities should have a *Legionella* water management program.



Perform a full investigation for the source of Legionella when:

- ≥1 case of definite healthcare-associated Legionnaires' disease (a case in a patient who spent the entire 10 days prior to onset of illness in the facility) is identified at any time
- ≥2 cases of **possible** healthcare-associated Legionnaires' disease (cases in patients who spent part of the 10 days before symptoms began at the same facility) are identified within 12 months of each other (note that under certain circumstances, during a cooling tower outbreak for example, the interval may be shorter)

Key elements of a full public health investigation include:

- Working with healthcare facility leaders*
- Performing a retrospective review of cases in the health department surveillance database to identify earlier cases with possible exposures to the healthcare facility
- Developing a line list of possible and definite cases associated with the healthcare facility
- Working with infection control and clinical staff to actively identify all new and recent patients
 with healthcare-associated pneumonia and test them for Legionella using both culture of lower
 respiratory secretions on selective media and the Legionella urinary antigen test
- Obtaining postmortem specimens, when applicable
- Considering recommendations for restricting water in the facility or other immediate control measures
- Performing an environmental assessment to evaluate possible environmental exposures
- Performing environmental sampling, as indicated by the environmental assessment
- Decontaminating possible environmental source(s)
- Subtyping and comparing clinical and environmental isolates, if available
- Working with healthcare facility leaders to determine how long heightened disease surveillance and environmental sampling should continue to ensure the outbreak is over
- Working with healthcare facility leaders to review and possibly revise the water management program, if indicated
References & Resources

There are many references and resources that can help you develop and implement your *Legionella* water management program, some of which are listed below.

Standard

0.010

1000 EREC	Standard 188—Legionellosis: Risk Management for Building Water Systems (ANSI Approved)
Legionellosis: Risk Management for alding Water Systems	ASHRAE
in the second	Published 2015
	www.techstreet.com/ashrae/products/1897561
0	

Guidelines

¢	ASHRAE Standard	Guideline 12—Minimizing the Risk of Legionellosis Associated with Building Water Systems
	Receipt for the or other states of the second of the second second second second second secon	ASHRAE
	1000000	Published 2000
		www.techstreet.com/ashrae/products/232891
	CONTRACTOR OF	(currently under revision)



Legionellosis Guideline: Best Practices for Control of Legionella Cooling Technology Institute Published 2008 www.cti.org/downloads/WTP-148.pdf



Model Aquatic Health Code Guidance Centers for Disease Control and Prevention Published 2014 www.cdc.gov/mahc/index.html

Laboratory Resources



ELITE Program Centers for Disease Control and Prevention and Wisconsin State Laboratory of Hygiene wwwn.cdc.gov/ELITE/Public/EliteHome.aspx Source: https://www.cdc.gov/legion ella/downloads/toolkit.pdf

Helpful Industry Standards

• ASHRAE

- Guideline 12-2020: Managing the Risk of Legionellosis Associated with Building Water Systems
- ANSI/ASHRAE Standard 188-2021: Legionellosis: Risk Management for Building Water Systems
- <u>https://www.ashrae.org/technical-resources/standards-and-guidelines</u>

ASHRAE Guideline 12-2020

- Information on the control of legionellosis in building water systems
- Assists with the implementation of ANSI/ASHRAE Standard 188
- Does not require previous training or certification for use

ANSI/ASHRAE 188-2021

- Assists with the development of a comprehensive program that involves the following steps:
 - Program Team
 - Water System Description
 - Evaluation of Hazards
 - Control Measures
 - Monitoring and Corrective Action Plan
 - Confirmation/Validation
 - Documentation

What are the requirements recommended by ASHRAE 188?

- Analysis of the building's different water systems.
- Identify where can control measures be implemented.
- Control limits, i.e.: chemical or physical parameters.
- Monitoring the parameters
- Corrective actions
- Validation of procedures
- Documentation

Program Development

- Create a team: building owner rep, suppliers, consultant, employees
- Process flow diagrams
- Analysis of the buildings water system
- Control measures:
 - Physical design
 - Equipment siting
 - Treatment methods processes
 - Procedures/actions to monitor or maintain the physical or chemical conditions established

Program Development

- Monitoring
- Corrective actions
 - Know what you are going to do before your monitoring indicates that you need corrective actions
- Program validation
- Document/record
- Communicate



ANSI/ASHRAE Standard⁸988-2021

• Designated Team Includes:

- Senior leadership who can make command decisions
- A member of the facilities management staff
 - Needs to have a working knowledge of the water systems.
- A member of the Infection Prevention and Control program.
- Can have others, not limited to the above

- The Designated Team is responsible for a Water System Flow Diagram.
- Flow diagram may need to include:
 - All water supply sources
 - Water service entrances
 - All water treatment systems and control measures
 - All Water Processing Steps
 - All areas where hazardous conditions may contribute to legionella
 - All water points of use
 - Any other items identified by the team

Develop a Legionellosis water management plan

- Contact information and roles of team members
- Flow diagram
- Hazard analysis of flow diagram
- Identification of areas with higher probability of infection.
- Using flow diagram, estimate the likelihood of legionellosis.
- Prevention and control measures
- Document responsibilities for each part of plan

- Documentation of the legionellosis water management plan
- Disease prevention responses to elevated risks.
- Actions to be taken when the IC Dept identifies legionella.
- Verification that the risk management is being followed.

Building Water Procedures: Start up/Shutdown

Potable water systems start up and shutdown procedures

- Before commissioning: flushing and disinfection
- Shutdown: draining, purging
- Unplanned shutdowns
- Restarting drained or stagnant conditions
- Monitoring and treatment following water supply interruptions or watermain breaks
- Re-establishing required temperatures in the hot water distribution system

Building Water Procedures: Maintenance

• System

- Inspection and inspection schedules
- Flushing of low or no flow areas (water age)

• Equipment

- All domestic water storage tanks
- Ice machines
- Water-hammer arrestors
- Expansion tanks
- Filters
- Shower hoses and showerheads
- Faucets (aerators, flow restrictors)
- Humidifiers
- Water heaters
- Eye wash and emergency showers

Building Water Procedures: Water Treatment

- Premise plumbing bacterial control/disinfection
 - Monitoring temperature cold and hot water distribution.
 - Monitoring chemical residual.
 - Procedures for water supply/flow interruptions
 - Schedules and procedures to maintain water treatment system Chemicals
 - Water treatment products and equipment comply to standards. (NSF 60 & NSF 61)

Building Water Procedures: Cooling Towers

- System maintenance
- Water treatment (disinfectant & PH)
- Shutdown and start up
- Water make up
 - Protected against cross connection/backflow protection.

Building Water Procedures: Pools, Spas, Therapy Pools

- Maintained per manufacturer
- Maintained per applicable DATCP codes
- Installed per applicable DSPS Pool codes

Building Water Procedures: Decorative Fountains

- WMP should include:
 - Draining, cleaning, disinfection
 - Draining and refilling schedules.
 - Lighting only operates during the circulation of water
 - Confirmation of circulation pump works
 - Weekly cleaning and disinfection of components
 - Disinfection instructions in accordance with manufacturer recommendations.
 - Maintain water temperature within control limits

WMP Example: Water System

Component	Response
Type of water system used	Ex: public, facility-owned well, public-owned well
Name of water supplier	
Water supplier contact information	
Type of disinfection system	Ex: chlorine, monochloramine
Has water treatment changed in the last 6 months? If yes, explain.	Ex: No
Have there been any pressure drops, boil water advisories, or water disruptions in the past 6 months? If yes, explain.	Ex: No

Source: https://portal.ct.gov/-/media/DPH/EEIP/CSTE-Water-Management-Program-Template_June2019.pdf⁹¹

WMP Example: Hazard Analysis

Potable Water Processing Step	Potential Hazard -Microbial -Chemical -Physical	Risk Characterization (Y/N)	Basis for Risk Characterization	Hazard Control Options (at this location)	Is control at this location essential (Y/N)?
Receiving	-Microbial -Chemical Municipal water supply	No, high quality/consistent water supply	Water Quality Report	-Screen -Filtration -Disinfection	No
Cold Water Distribution					
Heating	-Physical/temp permissive water heater could promote growth of <i>Legionella</i>	Yes. Current temp is too low to avoid <i>Legionella</i> growth and spread	Review of weekly water monitoring logs from visual water heater thermostat	Raise water heater temperature or replace water heater	Yes
Hot Water Distribution					
Wastewater					

Source: https://portal.ct.gov/-/media/DPH/EEIP/CSTE-Water-Management-Program-Template_June2019.pdf⁹²

WMP Example: Incident Response

Incident	Responses	Procedure name
e.g. isolated <i>Legionella</i> species detection	Water sampling or system evaluation	e.g. Undertaking a Legionella colonisation investigation
e.g. isolated <i>Legionella</i> species detection	Localised partial system decontamination	e.g. Assess and undertake appropriate local partial system decontamination
e.g. single confirmed Legionnaires' disease case linked to facility	Case activity investigation	e.g. Assess potential case exposures during incubation period

Source: https://portal.ct.gov/-/media/DPH/EEIP/CSTE-Water-Management-Program-Template_June2019.pdf⁹³

WMP Example: Control Measures

Potable Water System Monitoring Table

Activity Title	Description of Service	Frequency (e.g. daily, weekly, monthly, quarterly, annually)
System Flushing	flush sinks and showers for 5 minutes	weekly
Temperature Monitoring	test hot water maximum temperature in 5 sinks/showers per floor	weekly
Disinfectant Monitoring	test CI level in 5 sinks/showers per floor	weekly
pH Monitoring	test pH level in 5 sinks/showers per floor	weekly
Legionella Testing	test 10% of sinks/showers	annually

Potable Water System Monitoring Log

Date	Location/Source	Time	pН	Temp (F)	CI (mg/L)	Flushing (Y/N)	Staff Initials	Legionella result

Source: https://portal.ct.gov/-/media/DPH/EEIP/CSTE-Water-Management-Program-Template_June2019.pdf⁹⁴

Legionella Consultants

- Many companies provide consultation and water management services
- The decision to utilize a Legionella consultant service is solely the decision of the facility
- Things to consider:
 - Level of experience
 - Laboratory expertise
 - Environmental assessment expertise
 - Remediation expertise
 - Water management expertise
 - Knowledge of codes, standards, and regulations
 - Potential conflicts of interest

General Questions

- How long has the company been in business?
- Does the company have the capacity to travel for consulting services?
- Who is employed with the company? What are their educational and professional backgrounds? What expertise is available within the company (for example, laboratory isolation, chemical remediation, epidemiology, and engineering)?

Laboratory Questions

- Do they have personnel and laboratory capacity to culture *Legionella* from water and other environmental samples? *Comment: Culture is the method that is recommended for Legionella detection in the environment.*
- Do they participate or have they participated in the Centers of Disease Control and Prevention (CDC) Environmental Legionella Isolation Techniques Evaluation (<u>ELITE</u>) Program for Legionella culturing and isolation (or other accreditation programs)?
- Are other laboratory methods (such as PCR) performed in their laboratory in addition to culture?
- How often is environmental testing for *Legionella* requested of their laboratory?

Remediation Questions

- Is *Legionella* consultation and remediation the primary focus of the company?
- How many years has the company been providing Legionella specific services?
- How often is the company asked to provide remediation services related to *Legionella*?
- Without disclosing specific names or incidences, can the company describe situations where they were successful in eradicating *Legionella* from a man-made building water system?

Remediation Questions

- Have they also had specific examples where *Legionella* control was difficult and unachievable?
- What types of remediation methods does the company recommend and utilize?
- Do they only endorse and recommend one method or are they willing to try multiple methods to address the problem? *Comment: The company should be willing to consider multiple options.*
- Can they provide you an example of previous Legionella remediation recommendations from their company addressing a Legionella colonization issue?
- Can they provide contact information for a current client as a potential reference?

WMP Resources

- Wisconsin Department of Health Services, Division of Public Health (DPH)
 - <u>https://www.dhs.wisconsin.gov/disease/legionellosis.htm#hcp</u>
- CSTE Legionnaires' Disease Surveillance Workgroup
 - <u>https://www.cste.org/page/Legionnaires</u>
 - Communication Toolkit: <u>https://cdn.ymaws.com/www.cste.org/resource/resmgr/ld_risk_comm_toolkit_t/LDRC_Toolkit_Combined_Final_.pdf</u>
- CDC
 - Developing a Water Management Program to Reduce Legionella Growth and Spread in Buildings: <u>https://www.cdc.gov/legionella/downloads/toolkit.pdf</u>

Preventing Legionnaires' Disease Webinar



Home **●** Western Region Public Health Training Center **●** PreventLD Training

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AVIGATION

- 🖀 Home
- 🖿 Dashboard
- Site pages
- E Current course
- PreventLD Training
 - Participants
 - Module A: Getting Started
- Module B: Hazard Analysis
- Module C: Hazard Control
- Module D: Confirmation
- Case Studies
- Create an Action Plan for Developing a Water Manag...
- Feedback Evaluation and Certificate
- Additional Information
- My courses

Course administration

Competencies

Preventing Legionnaires' Disease (PreventLD Training)

Your progress 🕐

Course Introduction

Preventing Legionnaires' Disease: A Training on Legionella Water Management Programs (PreventLD Training)

What Are the Benefits of This Training?

The training

- Outlines how to reduce risk for Legionella in facilities
 through water management programs.
- Helps water management programs align with ASHRAE 188 on reducing risk for *Legionella* in building water systems (e.g., potable water, cooling towers, hot tubs, decorative water features).
- Is free and available online, and continuing education units are available from the National Environmental Health Association (NEHA).
- Helps build common language across the range of professionals involved in water management programs.
- Includes case studies, templates, and other practical resources to reduce the risk for *Legionella* and protect those at increased risk of Legionnaires' disease: adults aged 50 years or older, current or former smokers, and those with a weakened

CONTINUING EDUCATION

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Individuals completing courses within the curriculum are eligible to receive continuing education units (CEUs) through the National Environmental Health Association (NEHA). For questions regarding NEHA continuing education, please visit NEHA's CE information page or contact credentaling@neha.org.

E ATTENTION IC HEALTHCARE FACILITIES!

The Centers for Medicare & Medicaid Services (CMS) now requires healthcare facilities to have water management policies and procedures to reduce the risk of *Legionella* and other pathogens in building water systems. Learn more from CMS

Enroll: https://www.cdc.gov/nceh/ehs/elearn/prevent-LD-training.html

Now it is your turn

Questions Comments



Questions?

HAI Prevention Program <u>dhswihaipreventionprogram@dhs.wisconsin.gov</u> 608-267-7711

HAI Prevention Program Staff Contacts: <u>https://www.dhs.wisconsin.gov/hai/contacts.htm</u>

HAI Prevention Program IPs

- Western Region: Nikki Mueller 608-628-4464, <u>nicole.mueller1@dhs.wisconsin.gov</u>
 Northern Region: Anna Marciniak
- Northern Region: Anna Marciniak 608-590-2980, <u>anna.marciniak@dhs.wisconsin.gov</u>
 Northeastern Region: Greta Michaelson
- Northeastern Region: Greta Michaelson 608-867-4647, greta.michaelson@dhs.wisconsin.gov
- Southeastern Region: Aimee Mikesch 608-867-4625, <u>aimee.mikesch@dhs.wisconsin.gov</u>
- Southern Region: Stacey Firkus 608-867-4347, <u>stacey.firkus@dhs.wisconsin.gov</u>
- Central Office: Beth Ellinger 608-219-3483, <u>beth.ellinger@dhs.wisconsin.gov</u>
- Additional IP Support:
 - Ashley O'Keefe, <u>ashley.okeefe@dhs.wisconsin.gov</u>
 - Linda Coakley, <u>linda.coakley@dhs.wisconsin.gov</u>
 - Rebecca LeMay, <u>rebecca.lemay@dhs.wisconsin.gov</u>



www.dhs.wisconsin.gov/hai/contacts.htm

https://www.dhs.wisconsin.gov/hai/ip-education.htm

WISCONSI of HEALTH	N DEPAR	ARTMENT ICES				Search our website													
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Wisconsin Department of Health Services

Upcoming LTC Education Session

There will not be a December LTC Education Session. The LTC Education Series will resume in January!