

Notifying a Detection of Legionella

This form relates to Section 61H of the *Public Health Act 2005*.

Use this form to notify the Department of Health when *Legionella* has been detected in water used at a prescribed facility\* using a prescribed test\*\*. All fields in this form must be completed as per the guidance provided by the form fields.

This form enables up to 18 notification entries from the same sampling date. If you have more than 18 detections to notify, please copy and complete the table on page 3 and attach both documents together and email as an attachment to [legionella@health.qld.gov.au](mailto:legionella@health.qld.gov.au)

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| Facility details | | | |
| Name of facility |  | | |
| Name of organisation that manages the facility |  | | |
| Address of facility |  | | |
| Suburb |  | Postcode |  |
| Name of person in charge |  | Position of person in charge |  |
| Email address of person in charge |  | Telephone number of person in charge |  |

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| Details of person submitting the notification | | | |
| First name |  | Last name |  |
| Position |  | | |
| Telephone number |  | | |
| Email address |  | | |

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| Sample event details | | | | | | | |
| Date sample/s taken |  | | Date sample result/s received | | |  | |
| Total number of samples taken on sample date |  | Total number of detections being notified from the sampling event | |  | Number of sampling results still pending from the sampling event | |  |

\*A prescribed facility means:

* a private health facility licensed under the *Private Health Facilities Act 1999*; or
* a public-sector hospital that provides treatment or care to inpatients; or
* a State aged care facility; or
* a residential aged care facility, other than a State aged care facility, prescribed by regulation.

\*\* A prescribed test of *Legionella* is a test method that:

* quantifies the number of *Legionella* colony forming units in the sample tested; and
* is carried out by a laboratory accredited as complying with the international standard *ISO/IEC 17025: General requirements for the competence of testing and calibration laboratories*, and is identified in the scope of the laboratory’s accreditation.

In practice, this definition captures standardized culture-based *Legionella* test methods developed by Standards Australia and the International Organization for Standardization, such as AS 3896 (Waters – Examination for Legionella spp. Including *Legionella pneumophila*), AS 5132 (Waters – Examination for *Legionella* spp. Including *Legionella pneumophila* – Using concentration) and ISO 11731 (Water quality – Enumeration of *Legionella*). It may also extend to in-house culture-based test methods for *Legionella* provided those methods are identified in the laboratory’s scope of accreditation.

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| Sample details | | | | | | | | Sample result | | Corrective actions | |
| Detection number  (choose from the dropdown options) | Sample type  (choose from the dropdown options) | Was the sample taken from infrastructure or a fixture covered by the facility’s WRMP?  (choose from the dropdown options) | Collection method  (e.g. first flush water sample (which means first catch or grab); second flush or flushed water sample (15, 30 sec or 2 mins etc.)) | Water sample type  (choose from the dropdown options) | Outlet description  (e.g basin tap showerhead, ice machine). NB this is not an exhaustive list | Location where sample was taken  (e.g shower 23 Ward 7) | Type of care provided to patients or residents at affected location | *Legionella pneumophila*  (enter the number of colony forming units present per millilitre of water (cfu/mL) | *Legionella* non-*pneumophila*  (enter the number of colony forming units present per millilitre of water (cfu/mL) | Patient exposure  (specify immediate actions taken to manage patient exposure to water contaminated with *Legionella*) | Water supply infrastructure  (specify immediate corrective actions taken, or to be taken, with respect to the affected water supply infrastructure and/or the affected fixture to address the presence of *Legionella* in the water system) |
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| Other information considered relevant to these notifications such as, but not limited to, a statement on the frequency of use of the outlet, chlorine residual at outlet if taken at time of the sample collection and at incoming supply. Be sure to relate any comments to the relevant detection number. |
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