



April 27, 2021

MEMORANDUM FOR: REGIONAL ADMINISTRATORS
STATE PLAN DESIGNEES

THROUGH:

AMANDA EDENS 
Deputy Assistant Secretary

FROM:


PATRICK J. KAPUST, Acting Director
Directorate of Enforcement Programs

SUBJECT:

Enforcement Guidance for Conducting
Legionella-related Inspections

This memorandum provides additional enforcement guidance to compliance safety and health officers (CSHOs), and supplements the August 17, 2018, OSHA Memorandum, [Resources for Legionella-Related Inspections](#). The initial 2018 enforcement memorandum informed Regional Administrators to reference OSHA's Legionellosis Safety and Health Topics Page (SHTP) as the primary agency resource for technical information about legionellosis (*Legionnaires'* disease and Pontiac fever), located at www.osha.gov/SLTC/legionnairesdisease.

Since 2002, the number of legionellosis cases in the United States has increased sevenfold. The total number of cases reported to the Centers for Disease Control and Prevention (CDC) in 2018 was 9,933, a 33-percent increase from the previous year, during which 7,458 cases were reported.¹ However, because *Legionnaires'* disease is likely underdiagnosed, this number is considered by public health officials to underestimate the true incidence. About one in 10 people who get sick from *Legionnaires'* disease will die from infection.² June through October is considered by many experts to be the most dangerous season for contracting *Legionnaires'* disease.³

There is no specific OSHA standard that addresses *Legionnaires'* disease or Pontiac fever. Employers must comply with applicable provisions of OSHA requirements when work-related exposures to *Legionella* are recognized in their workplaces. These requirements may include but are not limited to: Section 5(a)(1) of the Occupational Safety and Health Act of 1970 (OSH

¹ wonder.cdc.gov/nndss/static/2018/annual/2018-table1.

² www.cdc.gov/legionella/fastfacts.

³ News Release, *Groundbreaking Legionella Prevention Model Reported*, American Industrial Hygiene Association (AIHA), [Release No. SPR-19-0416-01](#).

Act); 29 CFR § 1910.141(b), Sanitation; 29 CFR § 1910.134 Respiratory Protection; and 29 CFR Part 1904, Recording and Reporting Occupational Injuries and Illness.

When an area office receives a referral or complaint of legionellosis, the procedures in the Field Operations Manual ([FOM](#)), CPL 02-00-164, Chapter 9, [Complaint and Referral Processing](#), should be followed. Because of the serious nature of Legionnaires' disease, it is critically important that every effort be made to accurately assess all available information and identify alleged hazards. Legionellosis referrals and complaints will be evaluated and categorized as one of the following:

- A *Probable Legionella Contamination* (PLC) exists when there is a basis to suspect *Legionella* contamination is present in a workplace water source or when there are indications that a worker may have legionellosis.
- An *Ongoing Outbreak* (Outbreak) is defined by the CDC as two or more medically-confirmed legionellosis cases (*i.e.*, either Legionnaires' disease or Pontiac fever) that are attributable to a common exposure source within a six-week period. See [outbreak response](#) tab on OSHA's Legionellosis SHTP for additional information on outbreaks.

Where a referral or complaint results in opening an on-site inspection, the CSHOs should determine the validity and work-relatedness of any reported cases of legionellosis. On-site inspections are not intended to identify all potential sources or reservoirs of *Legionella* during an inspection. **It is the responsibility of the facility's owner, in conjunction with the local health department, to delineate the extent of *Legionella* contamination.** When appropriate, area offices should coordinate on-site *Legionella* inspections with local health department representatives, authorized consultants, service contractors, facilities staff, and the CDC.

During on-site inspections involving a PLC or an Outbreak, it is imperative that CSHOs carefully evaluate potential hazards. Whenever CSHOs have determined *Legionella* may be a potential hazard in the workplace, they should immediately coordinate an inspection strategy with their supervisor(s) and regional office and contact the Directorate of Technical Support and Emergency Management's (DSTEM) Salt Lake Technical Center (SLTC) and Office of Occupational Medicine and Nursing (OOMN) for assistance, as appropriate. The SLTC can assist in developing sampling plans, including the total number of samples and sample locations, technical information on building water systems and *Legionella* controls, and coordinate analytical laboratory services as needed. OOMN may act as a liaison with relevant public health departments and the CDC, as well as coordinate Medical Access Orders (MAO) to obtain worker medical records from employers and healthcare providers.

Legionella inspections are to be treated as novel cases. Therefore, regional offices must contact the Directorate of Enforcement Programs (DEP), Office of Health Enforcement (OHE), whenever a *Legionella* inspection is expected to result in a citation. State Plan personnel conducting *Legionella* inspections will need to coordinate with their respective State Plan offices.

Please see the attached inspection guidance. If you have any questions regarding enforcement guidance, please contact DEP/OHE – Dalton Moore, moore.dalton@dol.gov or (202) 693-2180; for medical-related or MAO questions, contact DTSEM/OOMN – Dr. Michael Hodgson, hodgson.michael@dol.gov or (202) 693-2323; for building water system and *Legionella* control questions, contact DTSEM/HRT – Todd Jordan, jordan.todd@dol.gov or (801) 233-4916; and for sample media and analytical support, contact DTSEM/SLTC – IHC Division Senior Analyst at (801) 233-5101.

Attachments:

1. Inspection Guidance
2. Sample Hazard Alert Letter
3. Health Surveillance Questionnaire
4. Epidemiological Questionnaire
5. Legionellosis Inspection References

cc: DCSP
DSTEM