



***Water Management Plans to Prevent
Legionellosis and Diseases from other
Waterborne Pathogens***

David Lipton, CIH, Industrial Hygiene Consultant

***Occupational and Environmental Epidemiology Branch
North Carolina Division of Public Health***



Legionellosis

Pulmonary infection caused by *Legionella pneumophila*, - ubiquitous gram-negative bacteria naturally occurring at low levels in surface water. Most cases infections of *Legionella pneumophila* serogroup 1, there are at least 15 other serotypes

Facultative intercellular parasite in amoeba and protozoa.

Not transmitted from person to person

Two clinical syndromes

- Pontiac fever— Self-limiting flu-like illness --under reported and diagnosed
- Legionnaires Disease aka *Legionella* Pneumonia--About 10% mortality rate
 - Onset about 2-14 days after exposure
 - Severe cough, high fever, chest pain, nausea, vomiting and diarrhea, and confusion

Risk factors for Legionnaires disease include

- Age > 50
- Current or former smoker
- Chronic Lung Disease (emphysema or COP)
- Immune system disorders
- Other underlining chronic illness

Diagnosis based on clinical examination and laboratory tests

- Urinary Antigen Test
- Microbiological isolation of *Legionella species* in sputum



Legionnaires Disease is Reportable

Reportable disease under § 130A-134 and 10A NCAC 41A .0101 (#36)

Communicable Disease Manual- contains instructions for entry into North Carolina Electronic Disease Surveillance System (NCEDS) and to investigate cases

- >90 % of cases are “sporadic” -- no link in time and space with other cases.
- Two or more cases, in permitted or regulated facilities, linked in time and space are considered an outbreak and trigger an environmental investigation
- One case in LTC may be considered as “sentinel”

Treatment by antibiotics either quinolones (ciprofloxacin, levofloxacin) and macrolides (azithromycin)



<https://www.cdc.gov/Legionella/about/signs-symptoms.html>



<https://www.webmd.com/lung/ss/slideshow-legionnaires-disease-overview>



***North Carolina Electronic Disease Surveillance System
(NC-EDS)Legionellosis Communicable
Disease Report***

<https://epi.dph.ncdhhs.gov/cd/lhds/manuals/cd/reportforms/legionellosis.pdf>

Communicable disease nurses obtain information from health care providers, laboratories, and patients



If there is a case of Legionellosis in your facility

- Case definition and investigation steps can be found here
- https://epi.dph.ncdhhs.gov/cd/lhds/manuals/cd/invest/LEGIONELLOSIS_LHD_ST_EPS_0419.pdf
- Call CD Branch (919) 733-3410 for additional information

Was the Patient in a healthcare facility during the 14 days prior to onset of symptoms?

Create a timeline

- When was the patient admitted?
- When did symptoms start?
- Did the patient go anywhere else in the 14-day period prior to symptom onset (family member's home, trips, outings, other healthcare facilities)



Possible healthcare associated case

(patient was in facility for part of 14 days before symptom onset)

Have there been any other cases of LD among residents, staff, or visitors in the last six months?

NO

Enhanced surveillance for 2 months, patients with signs & symptoms of pneumonia should have Urinary Antigen Test

NO

Monitor for 12 months for any additional cases

NO

Resume routine surveillance and water safety measures

YES

Two or more healthcare associated cases are an outbreak

- Consult with CDB (919)733-3410
- Follow [10 steps for an outbreak investigation](#)
- Retain a legionella consultant

YES

- Conduct [environmental assessment](#)
- Institute [Control Measures](#)
- Environmental Sampling and testing
- Declare outbreak over in Consultation with CDB

[NC Communicable Disease Manual](#)
[Legionella Outbreak Response Materials](#)



Definite healthcare associated case

(patient did not leave the facility during 14-day period before symptom onset)

Have there been any other cases of LD among residents, staff, or visitors in the last six months

NO

Sentinel Case investigation

- Consult with CDB
- Conduct a [Site Visit](#) using [Environmental Assessment of Water Systems](#)
- Conduct [six-month retrospective surveillance](#)
- Were other cases of legionellosis identified?

YES

Enhanced surveillance for 2 months, patients with signs & symptoms of pneumonia should have Urinary Antigen Test

YES

Monitor for 12 months for any additional cases

Resume routine surveillance and water safety measures

YES

Two or more healthcare associated cases are an outbreak

- Consult with CDB (919)733-3410
- Follow [10 steps for an outbreak investigation](#)
- Retain a legionella consultant [CDC Working With Legionella Consultants](#)
- Institute [Control Measures](#)
- Environmental Sampling and testing
- Declare Outbreak over in Consultation with CDB



Environmental Sampling

Potential sampling sites

- Point of entry
- Holding tanks
- Centralized hot water heaters supply & returns
- Expansion tanks
- Before and after filters or water softeners
- Showers
- Faucets
- Whirlpools
- Cooling towers
- Decorative fountains
- At distal ends of hot and cold-water systems
- Ice machines
- Dead legs
- Fixtures used infrequently

Measure temperature, pH, and residual disinfectants wherever samples are collected

Molecular tests (PCR) and antibody assays can be used for verification in the absence of outbreaks or sentinel cases

In outbreaks and sentinel case investigations –

[CDC investigating Healthcare Associated Cases and Outbreaks](#)

1-liter water samples and biofilm samples with culture-based analysis by CDC ELITE laboratory is the ‘gold standard’



Interpreting Results

Highly probable to occasionally find a few colony forming units at point of entry over multiple samples

Sample results need to be interpreted in the context of the WMP goals

Some Benchmarks to interpret sampling results

Source	Acceptable	Requires additional investigation and actions	Requires immediate action	reference
Cooling tower	<10CFU/ml	10-1000 CFU/ml	>1000 CFU/ml	New York City
Potable water	<1 CFU/ml	10-100 CFU/ml	>100CFU/ml	AHIA 2015
Decorative fountains	<1CFU/ml	1-10CFU/ml	>10CFU/ML	AIHA 2015
Hot tubs/spas	<1 CFU/ml	1-10 CFU/ml	>100CFU/ml	AIHA 2105



Complexity of the problem

Alliance to prevent Legionnaires Disease <https://preventlegionnaires.org>

Lines of prevention include:

1. Education and awareness
2. Source water treatment - Safe Drinking Water Act
3. Public water supplies --Opportunities exist for Legionella and other bacteria to colonize and multiply in public water systems– biofilms, corrosion, and low disinfectant levels
4. Residential water systems
5. *Building water systems*
 - *Greater risk of waterborne bacteria because of complexity of building water systems, fixtures, and equipment*
6. *Water equipment and management*
 - *Proper selection, placement, maintenance, treatment, monitoring, and management of water-based equipment*
7. Investigation protocols – currently single sporadic cases outside of permitted or regulated facilities are rarely thoroughly investigated
8. Ongoing research on causes, prevention and treatment of disease



Sources of Legionella in Building Water Systems

Low levels of *Legionella* can be found in public water supplies –*Legionella* can survive traditional treatment and disinfection methods.

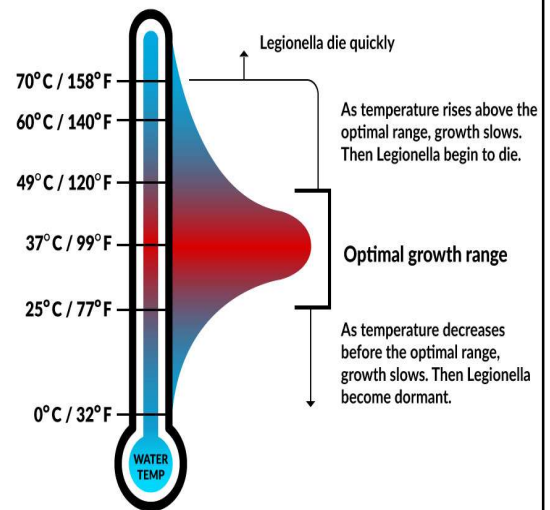
Building water systems can be places where *Legionella* can multiply/amplify

- Optimum temperature of Legionella to grow
- Presence of biofilms, stagnant water, low flow, dead legs, and reduced levels of disinfectants in systems, at fixture, and in features

Ways that water are used provide mechanisms for dispersal or dissemination of aerosols

Other potential sources

- Inspiration of contaminated water from ice machines
- Inhalation of airborne potting soil or leaf compost
- Inhalation of aerosols from windshield washer fluid



Source: ASHRAE Guideline 12-2020 Figure 1 Temperature effects on survival and growth of Legionella in laboratory conditions



Ice Machine as Source of Legionella

Water supply line passes near compressor & accumulator

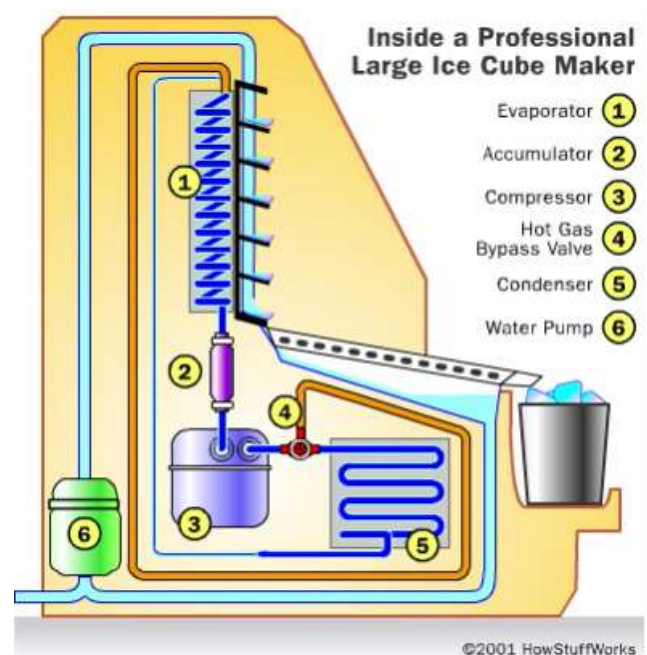
Heat from condenser & accumulator and compressor is dissipated (points 3, 4, and 5)

At the cooling unit refrigerant evaporates and heat is transferred from the water to form ice

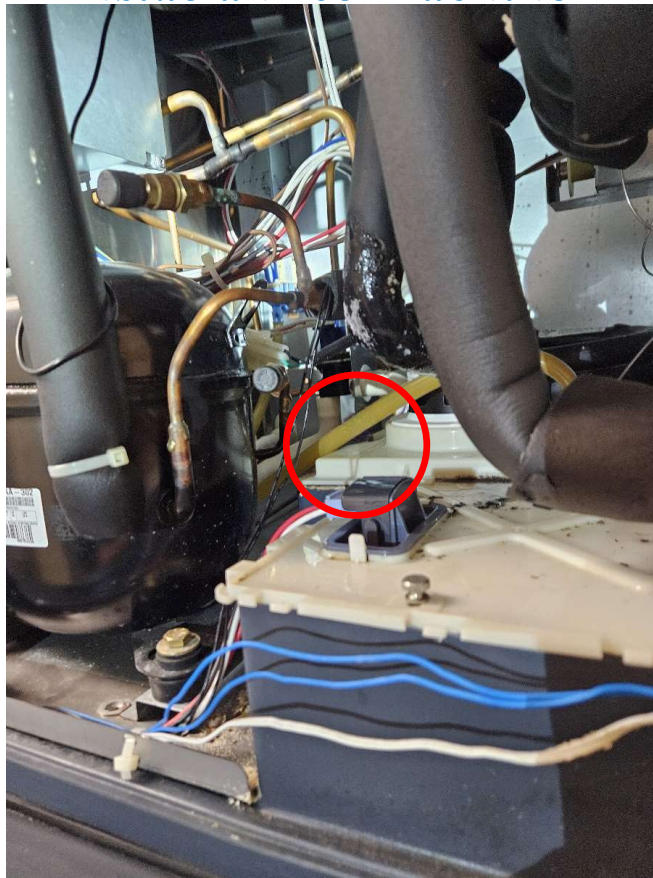
Filters can be reservoirs

Legionella in ice is dormant but not dead

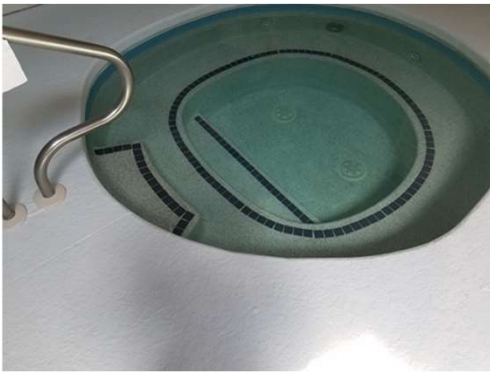
Incidental aspiration of ice



Inside an Ice Machine



Hot tubs and spas



- Permitted -- must meet Rules Governing Public Swimming Pools 15A NCAC 18A .2500 plus additional requirements, inspected by local health departments
- Certified (licensee) pool operators
- Circulation turnover rate one every 30 minutes
- Continuous disinfection (2–4 ppm chlorine or 4-6ppm bromine)
- Maintain pH between 7.2–7.8.
- Needs routine cleaning, maintenance, monitoring disinfectant levels, filter changes etc.



Hot tubs at temporary events

Final report – Legionnaires Disease at Mountain State Fair September 2019

136 cases associated with hot tubs on display

https://epi.dph.ncdhhs.gov/cd/legionellosis/MSFOutbreakReport_FINAL.pdf

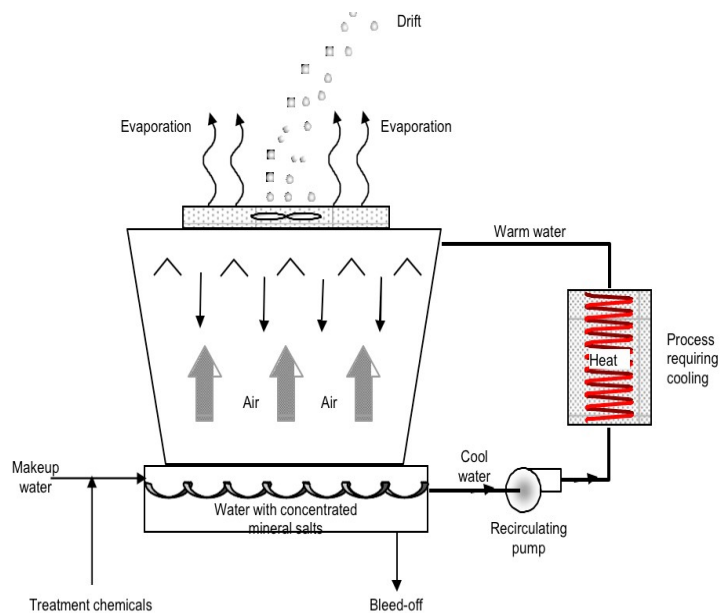
<https://www.cdc.gov/control-legionella/php/toolkit/hot-tub-module.html>

Increase awareness of event planners and hot tub vendors of hazards and risks of hot tubs at displays

- Training for operators and vendors
- Maintain free chlorine (2–4 parts per million or ppm) or bromine (4–6 ppm)
- Maintain the pH level of the water at 7.2–7.8.
- Test pH and disinfectant levels at least twice per day.
- After display is over cleaning, disinfecting, maintenance, and safe storage of hot tubs



Legionnaires Disease --often associated with cooling towers



Original 1976 outbreak traced to mist from a cooling tower cooling tower pulled into the building HVAC system 200 people ill and 34 fatalities

August 2015 Bronx New York 128 cases with 12 fatalities in the community traced to a cooling tower at Opera House Hotel

New York City became the first city to register and regulate cooling towers

https://www.globalspec.com/learnmore/manufacturing_process_equipment/heat_transfer_equipment/cooling_towers



Water Management Plans

Policies, procedures, and practices that

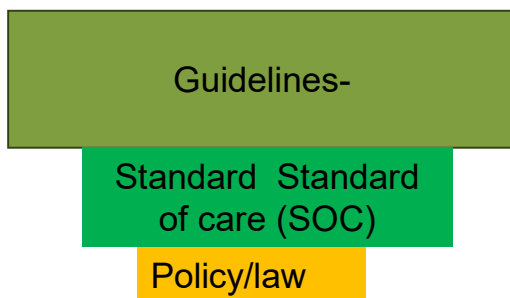
- Limit the potential for *Legionella* bacteria and other waterborne pathogens to amplify in building water systems
- Reduce potential for building occupants to be exposed to water containing *Legionella* bacteria and other waterborne pathogens
- Operate building plumbing systems safely and efficiently

Water Management Plans (WMP) are driven by

- Hazard analysis – places where physical, chemical, or microbial conditions exist that may cause harm.
- Risk characterization -- probability and severity of harms from hazards
- Control points --- Places where water enters, is processed, and used and where actions to prevent, eliminate or reduce to hazards to an acceptable level can be applied
- Control limits -- Something that can be monitored at a control point by measurement or observation, based on science, regulation, and best practices -- Temperature, pH, residual disinfectant level, and time.



*How are standards used?
Who are Authorities having Jurisdiction?*



Best Practices

Minimum Standard of Care

Adoption of standard of care
by reference into legal statute

Authorities having Jurisdiction

- ✓ Organizational(certification, accreditation and reimbursement)
- ✓ Local, state and federal government

The key is to understand what is legally required versus best practices and who are the Authorities Having Jurisdiction.



Why Healthcare facilities need water management plans

CMS *requires* water management plans (WMP) in Hospitals, Critical Access Hospitals, and Long-Term Care <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Downloads/Survey-and-Cert-Letter-17-30.pdf>

Joint Commission --Water Management Programs

[R3 Report: New Standard of Water Management Program - Hospitals, Critical Access Hospitals, and Nursing Care Centers](#)

VA Directive 1061, Prevention of Healthcare-Associated Legionella Disease and Scald Injury from Potable Water Distribution Systems

https://www.va.gov/vhapublications/ViewPublication.asp?pub_ID=3033

Industry Standard: Legionellosis: Risk management for building water systems

CDC Toolkits for developing a Water Management Program

<https://www.cdc.gov/control-legionella/php/toolkit/index.html>



Why other large buildings need WMP

CDC and some states, and ASHRAE 188


- Water management plans for all buildings that meet any of these criteria
- Multi-housing units with one or more centralized circulating water heaters
- More than ten stories tall
- Intended for housing occupants > 65 years old
- ASHRAE standards are not regulatory unless adopted by an Authority Having Jurisdiction

Costs from outbreaks associated with a facility

- Disruption of operations, shutdown of equipment, or closure of fixtures and features
- Water use restrictions
- Expensive and difficult to remediate and control hazards
- Liability and negative publicity
- Investigation of outbreaks by local or state health departments and CDC



Elements of a WMP

1. Form a Water management team
 2. Develop Program goals
 3. Describe and document water systems in detail
 4. Water systems hazard analysis and risk analysis
 5. Identify control points
 6. At each control point
 - Establish control measures
 - Identify control limits
 - Monitoring
 - Record keeping and documentation
 7. Develop pre-determined actions plans when deviations from control limits occur
 8. Verify that plan is working
 - Update when appropriate
 9. Validate that program is meeting goals
- 
- Recordkeeping
 - Documentation
 - Communication
 - Engagement



1. Water management team

Interdisciplinary across organization and external partners

Team members should be “competent Persons” – knowledge, skills, and abilities to recognize hazards and authorized to take corrective actions

Documentation and recordkeeping

Integrate into existing programs policies and procedures

Main team

- Facility director
- Facility administrator
- Medical Director
- Nursing Director
- Health and safety
- Infection control
- Environmental services
- Chief engineer
- Maintenance director

Ad Hoc

- Finance
- Human resources
- Legal
- Public affairs
- Contractors & consultants
- Local water Utility
- Regulators



Get the most from outside help

Water management is a growth industry, expect to be solicited by contractors and consultants offering products and services

Think of consultants and contractors as partners in the process

- Make sure that facility and contractor/consultants have clearly defines roles and responsibilities specific to the facility

When selecting contractors and consultants consider

- Experience in developing and implementing WMP
- Expertise in design and operation of plumbing systems
- Knowledge of codes, standards, regulations and best practices –
- Regulatory requirements –certified pool operators
- Conflicts of Interest

CDC, Considerations when working with Legionella Consultants

<https://www.cdc.gov/Legionella/maintenance/consultant-considerations.html>



2. *Program goals*

Align program goals with main strategies to prevent *Legionella* from amplification colonization in building water systems

- Water Temperature
- Prevent stagnation (time, flow, and dead legs)
- Maintain adequate disinfectant levels
- Maintenance and cleaning prevent sediment, scale and biofilms
- Pathways for exposure to droplets

Goals need to be realistic, feasible, achievable, defensible



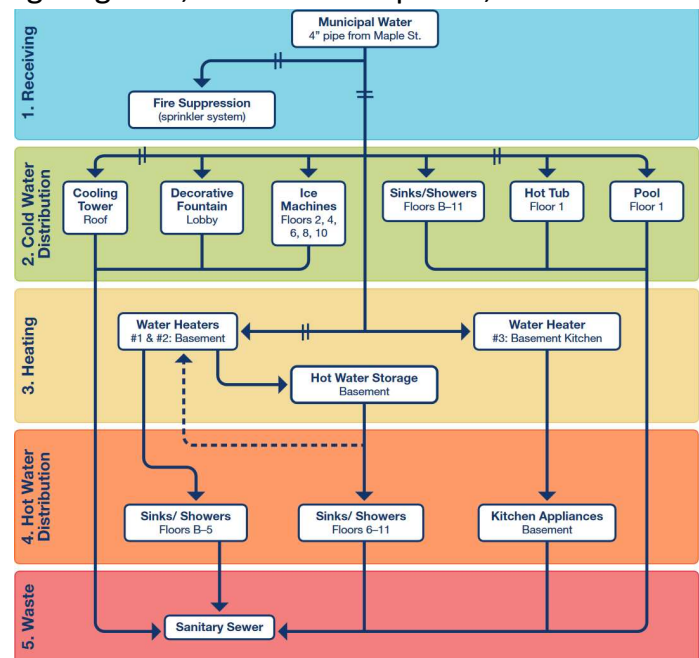
3. Describe water systems

Flow charts, architectural plans, engineering diagrams, written descriptions, interviews and other records

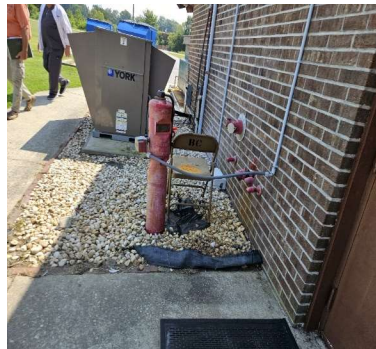
- Hot and cold potable water systems
- Process water systems
- Specialty water systems
- Fire protection system
- Wastewater
- Reused water

Describe and document

- Points where water enters the building
- How water is distributed and circulated
- How water is processed
- How water is used
 - Consider volume, duration and frequency that water is used, future uses, and installation of new equipment, replacement of old equipment



Where does water enter the building



How is hot water heated?



How is water distributed?



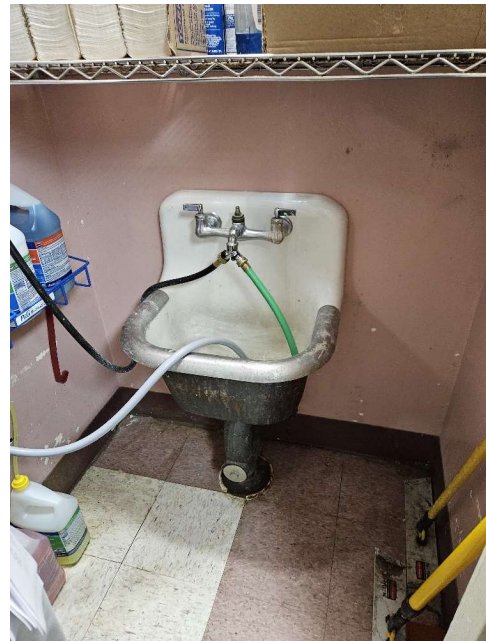
Hot water for distribution



Thermostatic mixing valve



How is Water Used?



How water is used

- Food preparation and sanitation
- General personal care, showering, bathing, handwashing
- Housekeeping and environmental services
- Laundry
- Drinking fountains and ice machines
- Fire suppression/emergency eyewash
- Process water, heating & cooling -- cooling towers
- Decorative fountains
- Pools, spas and hydrotherapy
- Landscaping
- Sterile/Distilled/Ultra clean water -- hemodialysis, surgical irrigation, laboratories, pharmacy, respiratory therapy, Nebulizers, CPAPs
- Dental
- How water is discarded – wastewater and sanitary sewer
- Others?



Thermostatic Mixing Valve?



How water is used

Long term care facilities are big water users

- Design guidance for total water usage can be 100 gallons per bed per day and 20 gallons per staff person per day or more
- Hot water use can be estimated by counting and estimating consumption standardized consumption rate and use factors for
 - Dishwashers
 - Laundry machines
 - Kitchen sinks
 - Public lavatories
 - Utility sinks
 - Private lavatories
 - Showers
 - Bathtubs
 - Others?
- Cold and hot water use is intermittent
 - Peak demand versus average demand



4. Hazard and risk assessment

Occupant characteristics

- Age
- Pre-existing disease
- Immune status

Interactions with

- Accreditation requirements
- Licensing requirements
- Building codes
- Infection Control and Clinical services
- Construction, Operations, and maintenance
- Environmental services
- Environment Safety & Health (EHS)
- Public relations
- Accounting

Building Characteristics

- Age/condition of building
- Age/condition of water systems
- Places in water systems where Legionella could amplify, or biofilms could form
- Places in water systems that create aerosols
- Existing maintenance plans and activities
- Staff knowledge & expertise
- Variability of occupancy rates
- Future changes in use, additions, renovations



5. *Control points*

Detailed description of water systems is necessary to identify control points

Control points are places where actions are taken to prevent, reduce, or eliminate hazards

- Point of Entry -- Coordinate with your utility –understand what compliance with requirements of the Safe Drinking Water Act means
- Places in water system where temperature is within optimum range for range for *Legionella* amplification
- Water storage and recirculation
- Places where water may stagnate, flow may be reduced, water is infrequently used, and “dead legs”
- Places where biofilms may form
- Places where using water may generate droplets or aerosols
- Construction activities that disrupt water system
- Other incidents that might disrupt water systems



6. Apply control measures and monitor them

At each control point the water management team should decide on control methods, control limits, and how they will be monitored.

Control measures are the actions to limit growth and spread of *Legionella* in the water system

Control Limits are range acceptable values or conditions at each control point

- Quantitative or qualitative
- Measurable or observable
- Water Management Plan should describe in detail when, where, and how control limits will be monitored with standardized practices and procedures
- If services are contracted hold contractors accountable
- Follow Cooling Technology Institute guidance for operations and maintenance



Monitoring – Quantitative

Measurements of temperature, pH, residual disinfectant, water pressure and other water quality indicators

Temperature

- Hot water systems >140°F in storage tanks and >124°F in distribution piping
 - Temperature limits at point of use (100 to 116°F) for lavatories and bathing facilities
 - Cold water systems < 68°F minimum to extent practicable
-
- pH between 6.5 and 8.5
 - Residual disinfectant levels
 - Safe Drinking Water Act disinfectants in drinking water at 0.2 mg/l and maximum of 2 mg/l
 - Residual disinfectant levels decrease with “age” of water and as temperature of water increases –for hot water, temperature is the major control strategy



Considerations when Measuring Water Temperature

Use appropriate, accurate, and calibrated thermometer

When, where, how often, how many places, and the time of day when water temperature is measured.

Standardize practices for example

HOT water at a fixture

- Measure temperature at the tap furthest from the hot water heater, the sentinel outlet. measure other representative points in a chosen pattern and repeat so that every tap is checked monthly
- Hold thermometer in hot water flow for one minute and record temperature < 116 °F
- Thermostatic mixing valves mix hot and cold water to prevent water downstream from exceeding a set temperature. Can be on distribution lines or near point of use

COLD water at a fixture

- Follow similar pattern for hot water to rotate through different cold taps each month:
- Hold the thermometer in the cold-water flow for two minutes < 68 °F and record

Engineering and maintenance -- details on how to measure temperature "behind the scenes" -- hot water heater, hot water storage tanks, incoming cold water, and any cold- water storage tanks



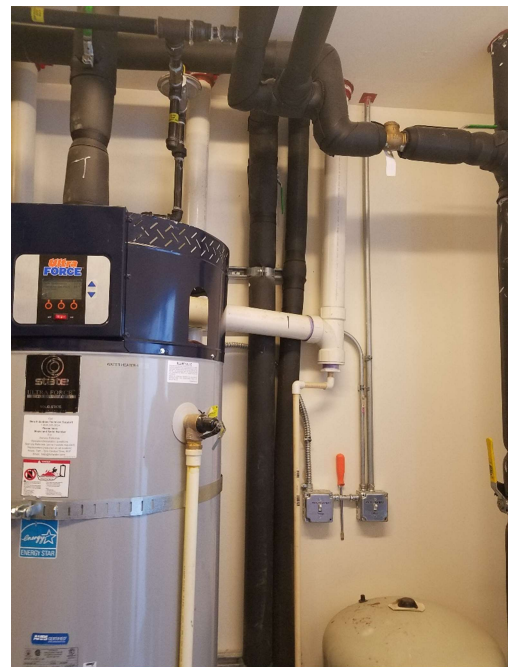
Monitoring -- Qualitative

- Inspections and/or observation for rust, sludge, organic matter, biofilms, sediment, scale, unusual turbidity and unusual odor
- Inspections and/or observation for “dead legs” or places with reduced flow
- Maintenance to plumbing system components
- Filter changing schedules
- Routine, standardized, and documented protocols for cleaning and disinfecting fixtures (outlets) and equipment
- Notification process for intended/unintended disruption of water supply
- Determine monitoring frequency based on hazards, risks, costs of equipment and supplies, staff training, staff time recordkeeping, and documentation



Labels, record keeping, and documentation

- Keep water networks, systems, components, equipment labelled in a clear and uniform manner
- Set up and use a record keeping system for inspections, as-needed and preventive maintenance, repairs, and when corrective actions are implemented
- Keep previous versions of water management plans as new plans are updated
- Keep water management team meeting minutes
- Training for workers implementing the plan – involve workers in quality improvement and verification
- Storage, handling, and use of cleaning chemicals and process chemicals



Flushing water systems

Why flush water systems

- Disrupts biofilms, removes, sediments, deposits, prevents stagnation, regulates and maintains temperature

Considerations of a flushing programs

- Age and condition of system
- Preexisting water quality issues
- Worker and patient safety and health
- Costs – increased water use in the facility, increased energy use for hot water, and time and labor

[Demonstrating the Effectiveness of Flushing for Reducing the Levels of Legionella in Service Lines and Premise Plumbing](#)

[Guidance for Healthcare Water System Repair and Recovery Following a Boil Water Alert or Disruption of Water Supply](#)

[Emergency Water Supply Planning Guide for Hospitals and Healthcare Facilities](#)



7. Predetermined actions when deviations from control limits occur

Tie into facility emergency water plan

Cleaning, disinfection, and flushing

Water use restrictions, shut down equipment or close facilities

Point of use filtration with 0.2 μ filters

- Install on showers and faucets--consider when other methods are not feasible and/or for high-risk patients

Professional Remediation

- Thermal shock treatment-- > 160° F in tank and flush each outlet for at least 30 minutes. Hot water > 140°F for at least 30 minutes at each outlet
- Shock disinfection – increase residual chlorine to > 2 mg/liter at all outlets and maintain throughout the system by continuous flushing for at least two hours

In extreme situations implement system-wide treatment and disinfection

- Facility must meet requirements for Non-transient, Non-Community Public Water System



8. *Verification*

Is Water Management Plan working as designed and intended?

- Recordkeeping and documentation
- Track incidents when deviations from control limits occur
- Investigations and after-action reviews to reduce number and severity of incidents when deviations control limits occur, or corrective actions occur
- Document costs for monitoring
- Document costs for interventions when deviations from control limits occur
- Engage people implementing the program
 - Are elements of water management program feasible given available resources and workflow
 - Ask if resources, time, tools and equipment, training are adequate to meet program needs and provide addition resources as needed
 - Ask for recommendations to make changes to practices and procedures that improve worker safety and efficiency



9. Validation

- Is the program meeting the goals?
- Is sampling for Legionella required for validation?
 - Maybe – routine environmental sampling for Legionella or other waterborne pathogens should only be performed as part of the water management program.

Sampling for Legionella

- Sampling and testing is one way to validate effective water management plans
- A decision by the water management team to routinely sample for *Legionella* for validation should be careful and deliberate
- Keep records and documentation
- *Do not sample to “see what we have” or conduct unplanned, unsystematic or undirected sampling*

If routine sampling is part of the plan:

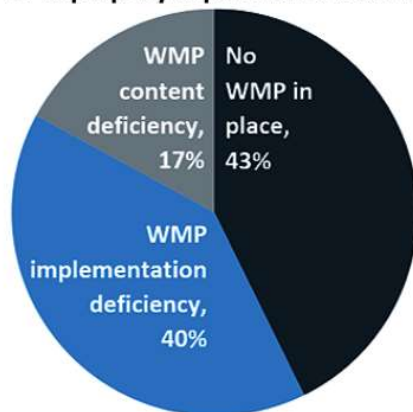
- *Go All out !!!*
- Nonrandom, part of a carefully designed sampling plan
- Set pre-determined thresholds to interpret results
- Set pre-determined threshold limits to implement corrective actions
- *Devote enough resources*
- Work out technical concerns
- Select appropriate laboratories



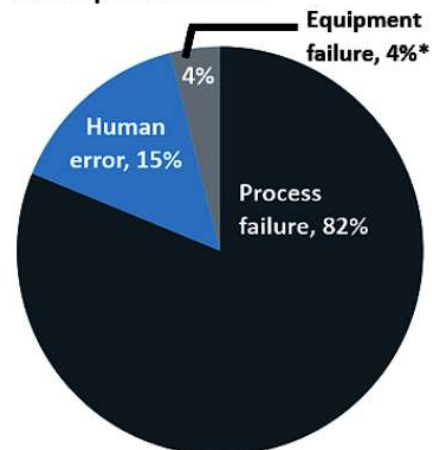
Water Management Plans and Disease Outbreaks

Findings from a review of CDC-led Legionnaires' disease outbreak investigations, 2015–2019

Most WMP deficiencies associated with outbreaks were due to missing or improperly implemented WMPs.



Most environmental deficiencies were due to process failure.



Final Remarks

- Time, energy, resources, and management commitment are needed to an effective water management plan.
- *Complete elimination at all times of Legionella from a water system is not a realistic goal*
- Facilities depend on their Public Water Supply to deliver high quality water with adequate residual disinfectants
- Facilities depend on water temperature, maintenance, cleaning, and preventing stagnation (time, flow, and dead legs) as main control methods
- *There will be places in every water system within the optimum temperature range for Legionella to grow and amplify*
- In the absence of cases linked to the facility CMS expects that healthcare facilities have established a WMP Team and gone through the steps to implement a plan. CMS does not require sampling
- A verified WMP allows enables informed decisions to reduce hazards, risks, optimize costs, and improve efficiency



Online references

Considerations When Working with Legionella Consultants

<https://www.cdc.gov/control-legionella/php/wmp/consultants-considerations.html>

Centers for Medicare & Medicaid Services, S&C 17-30, 06/09/2017 Requirement to Reduce Legionella Risk in Healthcare Facility Water Systems to Prevent Cases and Outbreaks of Legionnaires' Disease (LD)

<https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Downloads/Survey-and-Cert-Letter-17-30.pdf>

Association of Water Technologies, Legionella 2019, A Position Statement and Guidance Document

<https://www.awt.org/pub/?id=035C2942-03BE-3BFF-08C3-4C686FB7395C>

Healthcare Facility Water Management Program Checklist

<https://www.cdc.gov/healthcare-associated-infections/media/pdfs/PHS-ReduceWaterRisk-ChecklistTool-508.pdf>



Legionella Consultants

This list was compiled by the North Carolina Division of Public Health; however, our agency does not endorse, suggest, or recommend any specific consultant or company on this list. This list is not exhaustive, is intended for informational use only, and may not be up to date

Phigenics, <https://info.phigenics.com/>. Contact Scott Whip, Regional Manager (704) 236-1357 or swhipp@phigenics.com.

Bill Pearson, Chief Science Officer for Innovative Walter Consulting, Telephone number (919) 880-0829 Bpearson249@icloud.com.

Julie Lo, MS, CIH, Atlas Consulting julie.lo@oneatlas.com Office (919) 871-0999, (919) 348-5957 OneAtlas.com

Elaine Schulman, Nalco Environmental Hygiene Services, 1601 West Diehl Rd, Naperville, IL 60563-1198 (202) 834-0494 eschulman@nalco.com

Legionella Consultants, Inc 25030 Ramm Drive Naperville, IL 60564, (630) 689-5677 or (757) 299-7737 <http://www.Legionellaconsultantsinc.com>

Chem-Aqua (Environmental Sampling Only – will subcontract with a Consulting firm) P.O Box 152170, Irving, TX 75015 800-476-4262, <http://chemaqua.com>

Point of Use Filters - Pall Filter Company

Christopher Connolly, North American Hospital Water Sales Manager, Pall Medical- Hospital Group, 973-632-1920 (cell) 215-383-4351 (fax) chris_connolly@pall.com www.pall.com/medical

Purologix Water Services, Inc, Russ Elmore, Water Specialist/Consultant/Manager
919-577-1178 x104 (office) 919-624-6569 (cell), russ@purologix.com www.purologix.com

AquaMedix LLC, J. Brady Benson CleanSpray Water Filtration Systems
952-479-0636 (office) 612-819-8005 (cell) bbenson@aquamedix.net, www.aquamedix.net



Questions?

Contact me:

David Lipton, CIH
Occupational and Environmental Epidemiology Branch
(919) 707-5900 (main)
(919) 707-5961 (direct)
David.lipton@dhhs.nc.gov
5505 Six Forks Road, Raleigh NC 27609
1912 Mail Service Center, Raleigh NC 27699-1912

