




Speech By
Hon. Cameron Dick

MEMBER FOR WOODRIDGE

Record of Proceedings, 17 March 2016

PUBLIC HEALTH (WATER RISK MANAGEMENT) AMENDMENT BILL

Introduction

 **Hon. CR DICK** (Woodridge—ALP) (Minister for Health and Minister for Ambulance Services) (4.03 pm): I present a bill for an act to amend the Public Health Act 2005 for particular purposes. I table the bill and explanatory notes and I nominate the Transportation and Utilities Committee to consider the bill.

Tabled paper: Public Health (Water Risk Management) Amendment Bill 2016 [\[392\]](#).

Tabled paper: Public Health (Water Risk Management) Amendment Bill 2016, explanatory notes [\[393\]](#).

Outbreaks of legionnaire's disease related to hospital drinking water supplies have been widely reported worldwide. Legionnaire's disease is a severe form of pneumonia caused by legionella bacteria that can be fatal. Legionnaire's disease can be contracted by breathing in water droplets or airborne droplets that are contaminated with legionella bacteria. International consensus is that the proportion of acute infections caused by legionella bacteria that are fatal tends to be much higher for healthcare acquired infections. This may be attributable to the fact that those at highest risk are likely to spend increased time as hospital inpatients or as residents of aged-care facilities and that the complexity of the plumbing in these premises may encourage the multiplication of legionella bacteria. While legionella bacteria detections in hospital water supplies are not unusual, there have been relatively few fatal cases of hospital acquired legionellosis in Queensland hospitals.

In 2013, Queensland's Chief Health Officer, Dr Jeannette Young, investigated two cases of hospital acquired legionnaire's disease at a metropolitan private hospital. Following this investigation, the Chief Health Officer published a report that included recommendations to improve the management and control of legionella risks in hospitals and residential aged-care facilities. These recommendations included interim arrangements requiring Queensland hospitals and public residential aged-care facilities to develop and implement water quality risk management plans to address the risks associated with legionella bacteria. These arrangements have been in place since mid-2014.

The Chief Health Officer also recommended that in the longer term amendments be made to the Public Health Act 2005. In December 2015, there was a further case of legionnaire's disease at the same metropolitan hospital. This case attracted significant media interest, in part due to confusion regarding the number of positive tests for legionella bacteria the hospital had recorded during routine water sampling undertaken since 2013. Unfortunately, the Department of Health was prevented from publicly disclosing information about the hospital's water test results due to restrictions on the disclosure of information under the Private Health Facilities Act 1999.

While most hospitals are vigilant in monitoring their water supplies for legionella bacteria, I undertook to review our existing laws with the view to putting in place a comprehensive legislative framework which is more transparent and gives the public more confidence that hospitals and residential aged-care facilities are managing the risks associated with, and regularly testing their water supplies for, legionella bacteria.

The Public Health (Water Risk Management) Amendment Bill 2016 amends the Public Health Act to establish a legislative framework to improve the management and control of health risks associated with the supply and use of water in hospitals and residential aged-care facilities—in particular health risks associated with legionella bacteria—and provide for greater public transparency of water testing activities being undertaken by these facilities. This framework consolidates and expands on the interim arrangements currently in place. The bill will initially apply to public hospitals, public residential aged-care facilities and private health facilities licensed under the Private Health Facilities Act 1999. These facilities are currently captured under the interim arrangements. Implementation of the legislation in the private residential aged-care sector will be undertaken at a later date through a phased implementation process and we will be consulting closely with stakeholders as part of this process.

Water risk management plans are recognised internationally as the most effective method of managing health risks associated with water related hazards. These hazards are not just confined to microbial hazards such as legionella bacteria. Therefore, the bill requires facilities to have in place water risk management plans that address the risks associated with a range of hazards such as disease-causing micro-organisms, including legionella and chemical contaminants, and other issues such as interruptions in the supply of water. To ensure that the plans are robustly designed and considered, the bill outlines the content that a water risk management plan must contain. This has been informed by world's best practice and aligns closely with the new national guidelines for the control of legionella in health and aged-care facilities that were approved by the Australian Health Protection Principal Committee in late 2015.

To assist in ensuring the suitability and quality of water risk management plans, the bill enables the chief executive of the Department to Health to request a copy of a facility's plan and to direct the responsible person to amend the plan if required. Currently, the Public Health Act does not require persons to notify the Department of Health if legionella bacteria are detected in water samples. To address this, the bill requires the person in charge of a facility to notify the Department of Health within one business day after being notified of a test result confirming the presence of legionella bacteria. The rapid notification of legionella detections in water samples will enable the Department of Health to check that the facility has activated its water risk management plan and that it is responding to the detection of legionella. Repeated positive detections will also highlight those facilities that may be facing challenges in managing their water supplies.

The bill also requires facilities to provide periodic reports to the Department of Health regarding water tests undertaken for legionella in accordance with their water risk management plan, including test results. It is intended that these reports will be provided by facilities on a quarterly basis. The bill enables the data provided by facilities to be published by the Department of Health. This will give greater public transparency to the water testing for legionella being undertaken by these facilities and will give the community confidence that facilities are regularly testing their water supplies for legionella bacteria. It is intended that the department will publish the data quarterly, although circumstances may arise that necessitate more frequent reporting, for example, in response to hospital acquired cases of legionnaire's disease.

Hospitals and residential aged-care facilities care for some of our most vulnerable Queenslanders. The bill provides for a range of offences relating to noncompliance with bill provisions and associated penalties ranging from \$23,560 to up to \$117,800 for the two most serious offences. The community rightly has an expectation that those facilities should proactively manage and control risks to the health of their patients and residents, and the penalties reflect the significant responsibility that hospitals and residential aged-care facilities have in this regard.

The proposed amendments contained in the bill are the most stringent in Australia with regard to water risk management in hospitals and residential aged-care facilities. These amendments build on current international best practice in legionella risk management in hospitals and residential aged-care facilities. I commend the bill to the House.

First Reading

Hon. CR DICK (Woodridge—ALP) (Minister for Health and Minister for Ambulance Services) (4.10 pm): I move—

That the bill be now read a first time.

Question put—That the bill be now read a first time.


Motion agreed to.

Bill read a first time.

Referral to the Transportation and Utilities Committee

Madam DEPUTY SPEAKER (Ms Linard): Order! In accordance with standing order 131, the bill is now referred to the Transportation and Utilities Committee.

Portfolio Committee, Reporting Date

 **Hon. CR DICK** (Woodridge—ALP) (Minister for Health and Minister for Ambulance Services) (4.11 pm), by leave, without notice: I move—

That under the provisions of standing order 136, the Transportation and Utilities Committee reports to the House on the Public Health (Water Risk Management) Amendment Bill by 12 May 2016.

Question put—That the motion be agreed to.

Motion agreed to.