




Speech By  
**Hon. Cameron Dick**

**MEMBER FOR WOODRIDGE**

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**PUBLIC HEALTH (WATER RISK MANAGEMENT) AMENDMENT BILL**

 **Hon. CR DICK** (Woodridge—ALP) (Minister for Health and Minister for Ambulance Services) (12.22 pm), in reply: I thank all members for their contributions to the debate. I again thank the members of the Transportation and Utilities Committee for their diligent consideration of the bill and recommendations. I acknowledge the chair of the committee, the member for Kallangur. Before the House moves to considering the bill in detail, I will briefly comment on some points raised by members.

I thank the member for Surfers Paradise for his support of this important legislation. I am grateful that all members of the House, when speaking relevantly to the bill, supported the proposals in the bill to strengthen water risk management plans in Queensland hospitals and private residential aged-care facilities, giving Queensland the strongest framework for water risk management of any jurisdiction in the Commonwealth.

As noted by the member for Surfers Paradise, the interim measures implemented in 2014 were the precursor to this bill. Therefore, it was interesting to hear the member for Caloundra talking about the cost implications of this, given that most of the members of the LNP complimented the government on picking up on what they said was an initiative of their government. We had criticism from the member for Caloundra about the cost, why we were doing this and the impact it would have; other members of the LNP commended us for, in their view, taking up their ideas.

The member for Surfers Paradise reflected on the history of legionnaire's disease. As a community and as individuals, we have benefited from the significant advances in medical treatments and technologies that have been made in recent decades. However, we also have a growing and ageing population, with increasingly complex health needs, including an increasing burden of chronic disease. Therefore, it is inevitable that, at some point in time, we or our loved ones will spend time as hospital inpatients or in an aged-care facility. We know that 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. That is why we need strong standards in hospitals, both public and private, and in residential aged-care facilities. By the nature of those facilities, the residents and patients are at greater risk because generally they are more vulnerable to the impacts of legionella and legionella-related diseases.

Dr Jeanette Young, our state's Chief Health Officer, recently acknowledged the effect of medical treatments prolonging life when she advised the committee that patients in hospitals and people in aged-care facilities are subsequently much sicker now and, hence, more vulnerable to pathogens such as legionella bacteria. Therefore, it is imperative that we safeguard their health and safety in those facilities.

During the debate members made comments about the submission made to the committee by the Central Queensland Hospital and Health Service. While I understand the concerns raised by the Central Queensland Hospital and Health Service that the reporting of positive legionella detections may not be in the best interests of the facility, I think that concern will ultimately prove to be unfounded. It is

important that the community has confidence in what happens in hospitals, both public and private, and residential aged-care facilities. Regrettably, I believe in the past few years that public confidence has been shaken because of outbreaks of legionella in hospitals, including private hospitals in Brisbane. The importance of reporting is not so much to criticise any facility, but to raise the standard of public transparency around what is occurring. The reporting of legionella will probably increase as a result of this legislation, but that overwhelmingly is a good and positive thing, because when we can identify the bacteria we can address it. We can deal with it in the hospital and residential aged-care space. That is a very important thing.

Controlling legionella bacteria can be quite complex and often there will be opportunities for environmental legionella to contaminate a facility's water distribution system. Therefore, it is likely that legionella will be detected in facilities from time to time. The Chief Health Officer advised the committee that a positive legionella test result does not necessarily mean that a facility is doing something wrong. I reaffirm that today. The evidence of Dr Young was that a positive legionella test result does not necessarily mean that a facility is doing something wrong, but it is important that it be reported so that it can be monitored effectively and managed.

To assist prescribed facilities to meet their notification and periodic reporting requirements, the Department of Health is developing an online reporting tool. In practice, prescribed facilities will be required to enter summary information about their legionella water test results, such as the number of water tests required to be undertaken under the facility's water risk management plan, the number of water tests performed, the number of resamples taken and the number of confirmed positive legionella detections. Importantly, the online tool will allow facilities to provide additional comments or contextual information about their water test results. That will allow hospitals to provide additional information to reassure the public that they are responding appropriately. For example, a facility that has recorded a positive legionella detection may wish to include information about what actions were taken in response to the detection and the results of any follow-up tests.

After the information is entered by facilities, the online tool will be used to generate a summary report that will then be published on the Queensland Health website. The department's report will enable members of the public to review a summary of water test results for individual prescribed facilities and view any comments the facilities may have made regarding the results. The development of the online tool is one way to reduce the regulatory burden on hospitals. If we can develop an online tool where the information can be inputted, that will make the process easier and save expense for those public health facilities. As Dr Young noted when addressing the committee, the public values knowledge and the more information in the community, the more it becomes understood. That is important when it comes to waterborne diseases. In addition to giving Queenslanders confidence that hospitals and residential aged-care facilities are routinely testing their water supplies, the public reporting will provide facilities with an opportunity to inform the public of actions they are taking to safeguard their patients and residents.

The member for Southport spoke about the concerns raised by the Master Plumbers' Association that many ice machines do not meet certification standards as required by the Plumbing Code of Australia—that is, they do not have watermark approval. The Department of Health already has a policy in place regarding the use of ice machines and chilled water dispensers in terms of patient safety. That policy has been communicated to all hospital and health services and private health facility licensees.

The member for the Murrumba spoke of public confidence being built by public disclosure and public knowledge. I reaffirm those comments. That is what we are trying to do as a government. The member for Murrumba acknowledged that legionella is everywhere. It is how a facility responds to it that is important. I concur with the member for Murrumba's statement that this bill builds that knowledge and builds public confidence.

A number of members have noted that there are over 50 species of legionella. While *Legionella pneumophila* is the common source of infection from legionella bacteria, there are a number of other species of legionella that can also cause disease. The important thing to remember is that the controls provided for in the water risk management plan for each facility will control all waterborne legionella species.

I turn to the comments of other members in the debate, including the member for Moggill. I would remind the member for Moggill that Services Trades Queensland made a submission on the bill to the committee. That organisation includes the voice of trade unions, such as the plumbers union. That was a very thoughtful and important submission that was made. The comments of the member for Moggill were far from relevant to the bill.

It was another attack on the unions that we see as standard operating procedure for the members opposite. We welcome the input of trade unions, including the plumbers union, into this legislation and the work that they do in public hospitals and health facilities. They will be partners with us in ensuring

those facilities are safe, just as the Master Plumbers' Association will be. We will work effectively with them. I can certainly say that from the perspective of the Department of Health and hospital and health services.

The member for Caloundra went into the time machine and went back to parliament two parliaments previously when he focused on the Health payroll and the Tahitian prince. On the basis of those matters he said that only the LNP could manage health. The member for Caloundra, who is now on the back bench, removed from the position of shadow health minister, fails to recognise the four per cent increase in the state budget allocation for health in the previous budget. I acknowledge the presence of the Treasurer in the chamber. I thank him for that commitment. This government is putting over \$14 billion into the front line and restoring the front line, not only rebuilding the front line through staffing but also doing things to ensure hospitals and public health facilities are safer through this sort of legislation.

The member for Nanango barely mentioned the bill in her contribution. She talked about the need to upgrade her hospitals. I have said in the parliament previously that there are a very significant number of hospitals and health facilities in Queensland that are 40 years old or more. The member for Nanango says she has been championing those hospitals since she was elected to this parliament. Of course, her only answer to that was asset sales.

Her hospitals would have been upgraded—many hospitals in LNP electorates would have been upgraded—if asset sales had proceeded. The Leader of the Opposition will not rule that out. Perhaps that remains their policy and their economic plan for Queensland and for investing in health. Until the Leader of the Opposition clarifies that, which he says he will do in due course, Queenslanders know that they will return to form and will sell public assets to fund their plans.

In conclusion, the reforms proposed in this bill will, if enacted, ensure Queensland has the most sophisticated legislative framework in Australia. This is legislation that I believe this House can be justifiably proud of.

The quality of this framework is due, in no small part, to the efforts of the Chief Health Officer, whom I acknowledge again, Dr Jeannette Young, in undertaking her 2013 review of the prevention and control of legionella infection in Queensland. The legislative response was not progressed by the previous LNP government. It has remained the responsibility of this government to implement the medium-term legislative response recommended by Dr Young.

I want to thank the staff of the Department of Health who were involved in the development of this bill. In particular, I want to thank Sophie Dwyer, Dr Greg Jackson, Heidi Grodecki and Daniel Field from the water unit. I thank them for the ongoing work they do every day to keep our communities safe through public health measures. I thank David Harmer, Dr Alessandra Atkinson, Loretta Carr and Jeremy Kirby from the legislative policy unit. I also thank Stephanie Challen, one of our outstanding policy officers in the department. With those few words, I commend the bill to the House.