




Speech By
Christopher Whiting

MEMBER FOR MURRUMBA

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PUBLIC HEALTH (WATER RISK MANAGEMENT) AMENDMENT BILL

 **Mr WHITING** (Murrumba—ALP) (5.06 pm): I rise to speak in support of the Public Health (Water Risk Management) Amendment Bill. One of the most important aspects of this bill, besides the real outcomes it will deliver, will be the generation of greater confidence in our hospitals and health facilities. Confidence in our institutions such as hospitals can be undermined by continual cases. As the member for Surfers Paradise noted, we have had no real cases of outbreaks here in Queensland. As Mr Chatterton said in the submission and at the hearing, those outbreaks of legionnaire's disease are well publicised. I table four articles that show how widespread that publicity can be: 'Legionella bacteria: Brisbane's Mater Hospital water systems test positive'; 'Four people contract legionnaires' disease in Sydney after suspected CBD infection: NSW Health'; 'Three people contract legionnaires' disease in Sydney's central business district'; and 'Fifth person diagnosed with Legionnaires' disease in Sydney inner west'.

Tabled paper: Articles from ABC News Online and the Guardian online, various dates, regarding cases of legionella bacteria and legionnaire's disease [\[774\]](#).

As members can see from the articles I tabled, it is publicised very quickly. A lot of people have heard about those nine people hospitalised this year in Sydney in that one incidence which resulted in one death. People also heard about the incidence in Victoria in 2000 which resulted in 125 confirmed cases including 95 hospitalisations and four deaths.

With Queenslanders well aware of the potential impact of legionella bacteria, we need people to feel confident about their care and safety in Queensland hospitals and health institutions. This bill will increase that confidence. One way this bill will do this is by making it obligatory for the chief executive of a prescribed facility to notify the department if there is a positive test for legionella. There will be a sense of confidence from knowing that the management of our health facilities cannot overlook a positive test. They must report it. To add to that sense of public confidence, under this bill there needs to be a public reporting of that information by the department.

Following a case in December 2015 at a major metropolitan hospital, the Department of Health was prevented from publicly disclosing some information about the test due to restrictions on the disclosure of information under the Private Health Facilities Act. Under this bill the Queensland public will have more confidence in health facilities and hospitals as they will know that these prescribed facilities cannot hide or overlook any positive tests and are to make public the results of such tests.

Furthermore, under this bill there are new powers for an authorised person to enter a prescribed facility to monitor compliance with the water risk management plans. This all raises confidence by health consumers and, as the public will know, there is a public power being exercised by a public official for the public good. Public confidence is not only built by public disclosure; it is also built by public knowledge. We need people to know that a facility has not done anything wrong by having legionella in their water supply. As Dr Young said in the hearings, legionella is everywhere. The issue is how facilities respond to it. Public disclosure and confidence mean more knowledge and more education about this bacteria, and this bill helps to build that knowledge and therefore public confidence.

Another issue raised in discussion on this bill was the water risk management plans. The submissions and hearings for this bill show that these plans are recognised as the best way to manage the health risks associated with legionella bacteria, and the bill in this regard builds on current international best practice. The water quality risk management plans are the best solution because they involve more than just testing the water that comes out of the end of a pipe; they involve the investigation of plumbing throughout the facility so that the location of the real hazards and potential problem areas can be identified, and that includes examining the age of the pipes perhaps, the pipe material, the quality of the water coming into the health facility and what has been the maintenance regime of the facility.

Another issue raised in discussions around this bill was that of the cost of implementing the water risk management plans. It is clear that for many facilities that cost is already negligible, and that is because the Department of Health and our hospitals will meet the cost for their facilities from within their budget. Indeed, the cost will be minimal as water quality risk management plans are already in place in these cases. They were introduced as an interim measure in 2014 following the report into cases of legionnaire's disease in May and June 2013 at a major metropolitan hospital. Queensland public and private hospitals have already implemented these plans since 2014 and they have done it from within their current resources. It is already done, we are not introducing anything new and the cost, as we have said, will be negligible.

I close by thanking the staff for the help they have provided in this instance and also commend the minister for introducing this bill in what is a rapid manner to remedy this situation in order to build confidence in our hospitals. I commend the bill to the House.