




Speech By
Rob Molhoek

MEMBER FOR SOUTHPORT

Record of Proceedings, 25 May 2016

PUBLIC HEALTH (WATER RISK MANAGEMENT) AMENDMENT BILL

 **Mr MOLHOEK** (Southport—LNP) (4.47 pm): As a member of the committee, it is my pleasure to also rise in the House and speak in support of these proposed amendments. I want to bring to the House's attention that it was a very rigorous process that we went through in the review of these proposed changes because the risks associated with legionnaire's disease are significant and we can never afford to be frivolous or careless about issues of public safety. I should point out to the House that this review of legislation was actually initiated by the previous health minister and, thankfully, was continued by the now health minister and the department because it is such an important issue.

One of the concerns that I had through the process was, in good old LNP fashion, to make sure we got the best outcomes and that we just did not simply introduce more unnecessary red tape but came up with the most cost-effective way of delivering the outcomes that are so necessary in this process. A number of organisations and departmental staff came and presented to us at the public inquiry into this amendment bill back in April. We had good representation from the Department of Health. We also had Jennifer Rossiter from Metro South Hospital and Health Service, and the plumbers union was also represented. As the member for Kallangur and others have highlighted, we had representation also from the Master Plumbers' Association of Queensland in the form of the President, Mr Kelvin Slade, and the Executive Director, Penny Cornah.

What an education we enjoyed in that public inquiry as we explored all the intricacies and challenges and difficulties of adequately monitoring the risk of legionnaire's disease. As the member for Surfers Paradise pointed out earlier, there are some 50 strains of legionnaire's disease; however, there is only one that is of particular concern, and identifying, monitoring and tracking it to make sure that patients in hospitals, children in childcare centres and the elderly in aged-care facilities are not impacted by this or exposed to this particular strain is important. We also heard from the Master Plumbers' Association, and I would like to read a section from their submission because I think it is important. They state—

As members of the Committee are aware ice machines have been identified as a common point for legionella bacteria growth. MPAQ continues to hold concerns regarding the quality of ice machines used within our health system. We are advised that many machines do not meet certification standards—

We were surprised to learn that many machines in healthcare facilities, and even those ice-making machines in many fast-food outlets around the state, do not necessarily carry water mark approval as required by the National Construction Code volume 3, the Plumbing Code of Australia. As the member for Surfers Paradise identified, this is a matter that will need further review, and we have referred that to the Minister for Housing and Public Works for further consideration.

Whenever you have heat and water together, then you have a risk of accelerating the incidence of this particular strain of *Legionella*. In one case we heard evidence about a particular ice machine in a facility which I will not name, but it was a hospital. The intake pipe into the machine had been modified

and, instead of it being well clear of the condenser or the compressor, or some item in the machine that heats up, it ran a little too close to that particular item within the machine. As a result of that, before it was released into the machine or required by the machine to make more ice, the water temperature within the pipe fluctuated in and out of the safe operating temperature range during the ice-making process. Many other machines obviously comply and it is a design issue within ice-making machines, but it is certainly one that needs to be looked at more thoroughly in the future. As the legislation quite rightly identifies, it is an important issue for consideration as part of the review of all other associated equipment within public health facilities.

Throughout the course of the committee process and the public inquiry that was conducted in April there were a number of questions on notice that we raised as a committee, and I would like to speak to those briefly. The first question that I raised was in relation to cost. As the member for Kallangur and the chairman of our committee highlighted earlier, I did raise concerns about the cost and whether there were alternative ways of monitoring and checking for legionnaire's disease. I was particularly pleased with the response that we had from the department, and we also continued that line of questioning with Master Plumbers' Association. The whole underlying principle with respect to water risk management and the need for these water risk management plans is not just about simply testing the water; it is also making sure that the equipment where these outbreaks are likely to occur is regularly reviewed. In some cases there may be a requirement for modifications to be made to items of equipment or even replacements. Not only are there requirements within the plans to monitor the safety of the water but also there needs to be a plan of action as to how that institution or organisation should respond should there be an identified outbreak of the particular strain of *Legionella* that is of concern so that everybody involved knows what their responsibility is, they know how to respond and they know what actions to take not only to ensure the safety—and hopefully the recovery—of anyone that has been exposed to the risk but also to make sure that other members of the public who are exposed to that risk are adequately cared for.

We also heard from Master Plumbers' Association, and we did not just speak about ice machines. We also had a presentation from them with respect to the risks associated with thermostatic mixing valves. We had a private meeting with Master Plumbers' Association a few weeks before the inquiry, and I just could not get my head around what a thermostatic mixing valve looked like, so we asked them to bring one to the inquiry. They are real; they do exist. They are not from outer space; they are not carried into Queensland by aliens. It is a real device.

Quite simply, they are a device that is installed in a childcare centre or an aged-care facility where there is concern about an elderly person or a young child turning on the hot water tap and being exposed to water temperatures that are well in excess of 50 degrees. It is a very simple device which simply blends the hot water and cold water into the source tap in a bathroom or in a sink to ensure that young children or the elderly are not accidentally burned by water that is at an extremely high temperature. The problem with this, however, is that these devices also in a sense store water within the pipes, and if they are not installed correctly there is the risk that the hot water pipe running alongside the cold water pipe, or water retained within the device itself, could not heat to an adequate temperature.

If it is not maintained, checked and cleaned regularly, as the Master Plumbers' Association identified to us in the inquiry, then there is a risk that these devices could also breed that particular strain of *Legionella*. I was pleased that the department were able to come back and respond to us on this, and I am also pleased that these mixing valves will have to be covered by various organisations within their water management plans to make sure that they are checked and tested on a regular basis.

The other question that we had was in respect to the cost of preparing water management plans. The department replied quite thoroughly in this respect, and in their answers to questions on notice they state—

There are a number of variables that will impact the scale of costs. These include the size and age of a facility, the complexity of the water infrastructure, the availability of in-house expertise and incoming water quality. Based on responses to a November 2015 Department of Health survey of costs associated with compliance with interim measures, it is estimated that costs associated with expanding existing plans are expected to range from virtually nothing to over \$100,000. Similarly the range of costs associated with infrastructure improvements will, in some cases, be significant—some newer facilities—

and I note that the Gold Coast University Hospital in my electorate is one of those newer facilities—

with good incoming water quality will have limited infrastructure expenditure—

because those risks have been well identified in the development process of these newer facilities. They further state—

For state Government facilities, it is anticipated that these costs will be incurred over a period of years, as upgrades to infrastructure are implemented within existing infrastructure budgets.

In the meantime, there is an assurance that the necessary level of ongoing testing will be undertaken. In relation to the other questions that we raised, I wanted to be thorough and I wanted to be convinced that a water management plan was not going to be some insanely onerous document or a process that was going to put a heavy impost on these health services, because I note that there is an intention in the future to implement similar plans for smaller aged-care facilities and other facilities. It is important that we get this first step right so that it is fair. We need to flesh out these issues so that in the future we are not bringing into play legislation or requirements that are onerous and cost-prohibitive for other organisations.

I was pleased with the example that was provided. I was frantically looking for that example today because I thought I might be able to speak a little to the detail of it. When I rang the secretariat and said, 'I can't find my copy of the report,' I was reminded that we were required to hand back the report because it was an actual management plan prepared by a healthcare facility elsewhere in the state and that information was provided to us on a commercial-in-confidence basis. The work they did was thorough. They certainly addressed all of the concerns raised in this legislation and the proposed amendments. They certainly convinced us as a committee that what is being asked is not a ridiculous requirement but is quite achievable.

The other question on notice to which we sought a response from the department—I note that the member for Kallangur spoke to this and I touched on it briefly—related to whether there were any alternatives to water risk management plans such as prescribed testing or a schedule of routine water testing. The advice that came back from the department was that it is not as simple a matter as getting the local fire brigade in once a year to test fire extinguishers or to check the fire hose reels, that it is a little more complex than that. I had wondered if there might be an off-the-shelf test kit you could buy—a bit like when you are testing the water in your swimming pool for alkalinity or acidity.

Mr Costigan: pH levels.

Mr MOLHOEK: Thank you, member for Whitsunday. I was assured that no such test kit is available, that it is a little more complex than that. I did go in valiantly to see if there was a cheaper way to do this without putting public health at risk. I am pleased to note that this has been a very rigorous review and that a very rigorous process will be put in place.

We did receive a submission from Central Queensland Hospital and Health Service. It raised some concerns about the cost and the requirements of the proposed amendments and inquired as to whether additional funds and resources would be provided. I note that the department has provided the committee with a response to its concerns. That is, where there are significant infrastructure costs or upgrades required, they will be factored in over time. I mentioned that an example of a water management plan was provided by another hospital and health service. It appears that its concerns have fundamentally been addressed.

The other question we specifically raised was around the whole process of legionella water testing. I did address that briefly. I was surprised to learn that it is not a simple process. Samples need to be collected in a particular manner, in special sterile containers, from multiple locations throughout the facility. Water will be from taps that have been run, from ice machines, from cooling towers and from other facilities within the building. These samples need to be kept according to a special temperature control regime and transported to an authorised laboratory within specific time frames in order for those samples to be valid.

This highlighted for me the importance of having a water management plan so that staff involved in making sure that this is carried out thoroughly, accurately and in a timely manner understand all of the requirements so that the quality of the information that is coming back, the quality of the testing and the veracity of that testing are such that those results can be relied on. I think that is particularly important given the concerns around public safety and the underlying motivation for us undertaking these legislative reforms.

I note also that Master Plumbers; Association was pleased to support the recommendations. In its submission it absolutely endorsed the recommendations. It also spoke about the need for future testing to cover a broader scope of facilities. It also put very strongly the case that it is essential to have people who really understand the testing regime and who have the skills and ability to identify potential sources of risk and to undertake the testing.

The Master Plumbers' Association also talked at length about the need for transparency. This is not something we can brush under the carpet. The general public needs to understand that we as a government are doing our best to look after public health. At the same time—I note that the member for Surfers Paradise touched on this—there are many forms of *Legionella* that are not a risk. I think there are something like 50 different strains. In being transparent, we also need to make sure people are well

informed about this. I believe that making this information publicly available and having water management plans and this requirement on our health facilities are great steps forward in ensuring really positive outcomes for the people of Queensland.

At this point I take a moment to thank the secretariat. Often when I get up to speak to the outcome of committee processes I fail to acknowledge them all, usually because I have too much else to say and I run out of time. I certainly acknowledge the great work they do. They are very thorough and incredibly helpful when it comes to running down the issues and getting the information we want. I also acknowledge the chair and the committee for their work on this review. I am pleased that we can come to the House and recommend the adoption of the amendments. On that note, I commend the bill to the House.