Speech By

Shane King

MEMBER FOR KALLANGUR

Record of Proceedings, 25 May 2016

PUBLIC HEALTH (WATER RISK MANAGEMENT) AMENDMENT BILL

Mr KING (Kallangur—ALP) (4.39 pm): I rise today also to speak in favour of the Public Health (Water Risk Management) Amendment Bill 2016. I would like to start by thanking the members of the Transportation and Utilities Committee for their work on the bill and special thanks also to the hardworking secretariat staff Kate, Rachelle, Lisa and Julie.

This bill will amend the Public Health Act to bring into legislation a framework which will improve the management of, and help control, the health risks associated with the supply and use of water in hospitals and residential aged-care facilities. It will deal in particular with the health risks associated with the legionella bacteria. The bill will provide for greater public transparency of water testing undertaken by these facilities. There are already interim measures in place which address these issues and this bill will expand on and consolidate these measures.

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. However, the implementation of the bill within the private residential aged-care sector will be undertaken at a later date through a phased process. We will be consulting closely with stakeholders as part of this process.

Implementation of the bill will be supported by the Department of Health through a range of activities including the development of a communications strategy and a range of regulatory support tools in the form of web based fact sheets. The regulatory support tools will assist facilities to develop and improve their water risk management plans and assist them to comply with water testing and reporting requirements.

As previously stated, there are over 50 species of legionella bacteria. Only some of these, however, pose a risk of disease in humans. The most serious disease from these bacteria strains is legionnaire's disease, which is a severe and potentially fatal form of pneumonia. In general, the common manufactured water systems which provide paths for legionella bacteria to enter and colonise are: water cooling towers and evaporative condensers; piped water supplies and cold, warm and hot water pipework; spas; ice machines and chilled water dispensers; and humidifiers and nebulisers. As some of these are commonly found in health and aged-care facilities, the need to manage these risks and implement a legislative framework to do so is vital.

Internationally, water risk management plans are recognised as the most effective method of managing health risks associated with water related hazards. As these hazards are not just confined to microbial hazards such as legionella bacteria, the bill will require facilities to put in place water risk management plans that address the risks associated with a range of hazards such as disease-causing microorganisms as well as chemical contaminants and other issues such as interruptions to the supply of water. As we heard from Dr Jeannette Young during our public hearing, these water risk management plans allow for flexibility, depending on the size of the organisation and the risk profile of the facility's occupants.

During our examination the committee asked for clarification on the anticipated costs of the implementation of this bill. The department advised that for those facilities that are already adhering to this through the interim measures, the additional cost to make this permanent would not be significant. Estimated costs associated with expanding existing water risk management plans are expected to range from virtually nothing to $100,000, depending on the size of the facility. Compliance, enforcement and the provision of training will be funded from within existing budgets. It is anticipated that these costs will be incurred over a period of years as upgrades to infrastructure are implemented within the existing budgets.

The committee also requested further details on any alternative mechanisms to a water risk management plan, and the department advised that, as mentioned in the explanatory notes—and I stated earlier—water risk management plans are recognised internationally as the preferred method of managing water quality. This was supported by Mr Kelvin Slade from the Master Plumbers' Association of Queensland, who answered this question from the member for Southport at our public hearing—

Would it be more cost effective to simply mandate some sort of regular water testing, a little bit like what you see with fire extinguishers? Rather than having a water management plan, there may be a mandated half-yearly or annual water testing of risk areas. Would that be more efficient and cost effective?

Mr Slade replied—

No, in my opinion, for a couple of reasons. The infrastructure inside facilities varies from building to building. There are so many factors affecting the outbreak or the prevalence of legionella. That can be the quality of the water provided by the local entity, the age of the pipes, the material of the pipes, temperatures in the ceiling, flow rates through the water pipes within the building. The only real way to manage this is through the adoption of a water quality risk management plan.

The departmental representative also stated that prescribing a single schedule of water testing could result in an onerous level of testing for smaller facilities and prescribing generic controls could also result in unnecessary expenditure incurred for those smaller facilities. They also stated that there are a number of limitations associated with water testing, including samples taken for analysis representing only one point in time, that one point in time can take up to 10 days to analyse and that simpler water risk management plans would be entirely appropriate for smaller facilities which are likely to have much simpler water supply infrastructure.

The Central Queensland Hospital and Health Service raised a concern that public reporting of all legionella test results may not be in the best interests of healthcare facilities nor the public as it may result in unjustified levels of concern and anxiety amongst the public and staff and it may undermine confidence in a facility. At the public briefing the department responded to a question from the committee on the likely risks or concerns that may be associated with public reporting. They said—

... the public values knowledge. The more we get the information out there, the more it becomes understood. It is not necessarily that a facility has done anything wrong by having legionella in their water supply. It is ubiquitous; it is everywhere. The problem is how they respond to that. If facilities have to have that information out there publicly, then the community ... will have greater confidence in the services that are being provided to them.

Similarly, the plumbers union Queensland representative provided the following evidence—

It is something that everybody talks about, and unfortunately it is also subject to the rumour mill within the community. That is why we think it is really fantastic that there will be public reporting of this. There is no doubt in my mind—and there is no doubt in the minds of the people I talk to in our industry—that the lack of knowledge within the public on this matter is currently eroding public confidence and patient confidence in the system, so we think it is really fantastic that it is being addressed and that people will get a fair bit of knowledge, certainty and confidence in this area.

Both the plumbers union Queensland and the Masters Plumbers' Association of Queensland had concerns that many ice machines do not meet the watermark approval certification and that licensed persons must be employed to install and maintain any infrastructure related to legionella. The department's response in both cases was that the Department of Housing and Public Works would be the best to deal with these issues and they would be alerted to these matters. In relation to the ice machines, the department has in place a policy that requires these machines to comply with industry standards—that is watermark approval—when used in health facilities.

This bill will create a safer and more transparent system regarding the use of water in our hospitals and health facilities. I commend the bill to the House.