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MEMBER: Mr LANGBROEK

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Mr LANGBROEK (Surfers Paradise—LNP) (4.09 pm): It is my pleasure to rise to speak to the Public Health (Water Risk Management) Amendment Bill 2016. I can indicate to the minister and the parliament that the opposition will be supporting this bill. The bill provides for amendments to the Public Health Act 2005 to give a legislative framework to improve management and control of health risks associated with supply and use of water in hospitals, residential aged-care facilities, in particular, the health risk associated with the legionella bacteria; and, secondly, to provide transparency of water-testing activities being undertaken in health facilities.

I will refer in my second reading speech to the report of the Transport and Utilities Committee, chaired by the member for Kallangur. I commend this committee and the committee secretariat for a comprehensive committee report that helped someone like me, who has taken over this portfolio for the opposition in the last two weeks, to be able to comprehensively get across a bill like this. I note that there are a number of members on the committee, as there are on all of our committees. The member for Southport is the deputy chair. The other committee members are the member for Redlands, the member for Whitsunday, the member for Logan and the member for Murrumba. As the first person responding to the minister—and I know I will be using some material that committee members will—I want to thank the committee, committee members and the secretariat for the information they provided.

Some of the historical information is particularly interesting when it comes to this particular bacteria and how it got its name. It is something that I remember and that I will speak about in a moment. On page 12 of the committee report it states—

Clause 61A of the Bill proposes to define a 'prescribed facility' to mean:

- (a) a public sector hospital that provides treatment or care to inpatients; or
- (b) a private health facility licensed under the *Private Health Facilities Act 1999*; or
- (c) a State aged care facility; or
- (d) a residential aged care facility, other than a State aged care facility, prescribed by regulation.

It mentions clause 61A of the bill, which proposes to define a prescribed facility to mean (a) a public sector hospital that provides treatment or care to inpatients or (b) a private health facility licensed under the private 1999 or a state aged-care facility or a residential other than a state aged-care facility prescribed by regulation.

In looking back at the history, this is something I remember from when I was in year 10 at Sunnybank State High School. There was an American Legion meeting in Philadelphia to celebrate the bicentennial of the signing of the declaration of independence. It was a bit like the bird flu epidemic of 2007 in Asia that created a pandemic across Asia. Some time after the convention in Philadelphia a number of people were affected by what seemed to be some strange form of pneumonia, and 25 people subsequently died. Because they had all dispersed—as has happened at our convention centre recently where they had food poisoning outbreaks leading to the decision not to provide eggs anymore—there was basically a panic in the region because it was unknown what was causing this disorder. It turned out, some months later, that a bacteria which people thought could affect only animals affected humans. That is where the foundation of legionnaire's disease originally came from.

Fast-forward 40 years later, the Democratic Party is having its convention in Philadelphia. It is almost 40 years to the day of that outbreak in Philadelphia in 1976. Let us hope that nothing similar happens at the democrat convention. The republicans are in Cleveland, Ohio. Some would suggest it would be good if the republicans had it in Philadelphia and there was an outbreak again, given their nominee for president.

It is interesting historically that from an issue which affected people so long ago a disease was able to be identified from a bacteria that is actually very common. That is mentioned in the committee report at page 6, which states—

There are over 50 species of Legionella bacteria, some of which can cause disease in humans. The most serious disease is legionnaire's disease, which is a severe and potentially fatal form of pneumonia. Legionella bacteria from natural water sources

can enter and colonise manufactured water systems, which are commonly found in commercial, industrial, health care, aged care, child care and education facilities ...

It mentions air-handling systems incorporating water-cooling towers and evaporative condensers; piped water supplies and cold, warm and hot water pipework; spa pools, spa baths and hydrotherapy pools; ice machines and chilled water dispensers; air-houses such as industrial humidifiers used in paint, electroplating and finishing shops; humidifiers and nebulisers; and decorative fountains. There are a number of sources of legionella bacteria. I will conclude my speech with a quote from the department about the fact that we need to get this information out there publicly, because it is a lack of knowledge that leads to many people asking plumbers or people involved in this industry about legionella concerns. When we get vague sorts of flus or colds, people with a little bit of knowledge will often draw the conclusion—whether it is via Dr Google or some other form—that maybe they have a disease that could be potentially very dangerous.

That is what happened in 2013 when legionella bacteria brought a Brisbane UnitingCare health facility to a standstill when a cancer patient died from a lung infection and a second patient ended up in intensive care after contracting the disease. At the request of Lawrence Springborg, the then minister for health, the Chief Health Officer, Dr Jeanette Young, was tasked to undertake a review of the prevention and control of legionella pneumophila infection in Queensland. At page 7 of the report I note that the Chief Health Officer recommended—

... the introduction of interim measures requiring public hospitals, public residential aged care facilities and licensed private health facilities to develop and implement water quality risk management plans, focusing on the management and control of Legionella bacteria risks. These interim measures have been in place since mid-2014.

The minister referred to those water quality risk management plans in his second reading speech.

In terms of the scope of the legionella species, clause 61A proposes the definition of legionella to mean bacteria belonging to the genus legionella. As I have already mentioned, there are over 50 types. The interim measures were the precursor to the amendments to the Public Health Act that we are debating here today. As I have mentioned, despite legionnaire's being uncommon in Australia, it is a type of bacteria found very commonly in the environment, as we have already mentioned. It can cause legionellosis, a respiratory disease that can affect the lungs and cause pneumonia. It can also cause less serious infections.

The likelihood that a healthy person who is exposed to legionella bacteria will develop illness is extremely low. However, patients with chronic medical conditions are more at risk than others—sadly, as we saw in Brisbane in 2013. That was also the case with elderly American legionnaires who got that condition originally in 1976. Similarly, in the flu season it is the elderly and infirm who are more likely to get the flu that becomes the most prominent strain in Queensland or Australia each winter. Dr Young noted in her report that there has previously been no recorded hospital outbreak of legionellosis in Queensland. There have only been a few very small outbreaks consisting of two or three cases of legionellosis in community settings in Queensland. Nonetheless, the need for more strident monitoring and reporting mechanisms in our hospitals was apparent.

The explanatory notes detail that the improved management and control of health risks associated with supply and use of water in hospitals will be achieved by requiring the healthcare provider to establish a water risk management plan, notify the health department of positive legionella results, provide for periodic reporting of water test results, and extends the powers of an authorised person to conduct audits.

I note that the committee report made two recommendations—the minister has already acknowledged those—the first one being that the committee recommended the Public Health (Water Risk Management) Amendment Bill 2016 be passed. We are supporting this recommendation, as I have already indicated. Secondly, the committee recommends that the Minister for Health and Minister for Ambulance Services clarify in his second reading speech the meaning of the term 'person in charge' and investigate options for including a precise definition of person in charge in whatever legislation is considered most appropriate. I thank the minister for clarifying this quite extensively in his speech today. I would hope that would satisfy the committee. I look forward to the presentations by committee members today which should verify that fact.

016 It is widely recognised, as the minister said, that water risk management plans are the most effective method of managing health risks associated with water related hazards. The bill provides that the responsible person of a prescribed facility must ensure that there is a compliant water risk management plan for the facility unless the person has a reasonable excuse. The bill outlines in detail that a water risk management plan must contain a number of different items.

I want to refer back to the issue of the clarification of the term 'person in charge' or responsible person. This is about clause 4 of the bill. I note the minister mentioned a new section 61 and it being a potential issue about compliance with the Legislative Standards Act and the FLPs, the fundamental legislative principles. That is what the minister referred to today.

As I was just saying, the water risk management plan must contain a number of different items, including the following: a description of the prescribed facility's water distribution system; identification of hazards, hazard sources and hazardous events relevant to water within the facility's water distribution system; and assessment of the risks associated with hazards, hazard sources and hazardous events identified. In addition to these, a risk management plan must state the following: what measures are to be taken to control the risks assessed, including the procedures that must be implemented for monitoring the effectiveness of the measures; and a schedule that must be complied with for testing water for legionella and other identified hazards at a frequency informed by the risks, measures and procedures. The bill also enables the government to prescribe additional plan elements in regulation. The explanatory notes set out that this approach will ensure that the legislative framework has sufficient operational flexibility for the various types and sizes of health facilities covered by the bill.

I would also like to touch on two other aspects of this bill raised during the committee's deliberations and covered in the committee's report. I notice that a number of these issues were raised by the Central Queensland Hospital and Health Service. They were concerned about what the costs of the amendments would mean for healthcare facilities, and they were also concerned about the monitoring of legionella bacteria generally. Obviously, it is very important to make sure that health facilities can identify exactly what type of legionella bacteria is there and it is imperative that this particular monitoring is done. Page 9 of the committee report stated—

... the Department advised:

- the costs for facilities captured by the interim measures. ... are not expected to be significant
- funding will have to be set aside to implement remedial measures should Legionella or other hazards be detected in the facility water supply system
- estimated costs associated with expanding existing WRMPs ... are expected to range from virtually nothing to over \$100,000
- similarly, the range of costs associated with infrastructure improvements will vary, for example, new facilities with good incoming water quality will have limited infrastructure expenditure while other facilities have identified improvements to cost in excess of \$1 million
- 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
- budgeting arrangements for licensed private health facilities are largely unknown

I note that there was no resistance from those facilities. The department also advised—

- other costs to Government such as compliance, enforcement and provision of training and awareness will be funded within existing budget allocations.

That is why I referred to the fact that the Central Queensland Hospital and Health Service were concerned about the considerable costs. The department responded—

There are a number of variables. ... 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.

I have already referred to that. As I said, the general response was that the cost would range from virtually nothing—because many of these facilities have already got these WRMPs in place—to potentially over \$100,000. The department further added—

Similarly the range of costs associated with infrastructure improvements will, in some cases, be significant—

As I mentioned, some newer facilities have good incoming water quality and they will have limited infrastructure expenditure, while other facilities will have improvements that will cost in excess of \$1 million. I have also mentioned that for state government facilities these costs will be incurred over a period of years. We will be watching the upcoming budget process to ensure that each HHS has sufficient resources to quickly and adequately deal with any water quality issues identified as a result of their regulatory responsibilities under this bill.

Clause 61K of the bill proposes a requirement that the chief executive of the department publish, in a report, notices given by facilities about the presence of legionella or reports about prescribed tests for legionella undertaken in accordance with water risk management plans. The Central Queensland Hospital and Health Service submission 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 undermine confidence in a facility. I would like to put into the *Hansard* the response from the department to the risks or concerns that may be associated with public reporting. The Chief Health Officer stated—

I do not believe there are any risks. I am certain that people are concerned about it because they are concerned that people will find out information about their facility that they might prefer that people not know about, but I think it is very important and I think 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 I think will have greater confidence in the services that are being provided to them.

On behalf of the opposition, I concur absolutely with that statement. It is important that we make sure that people have the knowledge and understand what it is in these public reports. People need to understand what that public reporting means and whether they should be concerned. They should not necessarily just hear a word or two and then be worried about what it actually means, especially given that we have already mentioned that legionella is a very, very common bacteria.

I want to finish my speech today on the part of the committee report that refers to ice machines, warm water systems and thermostatic mixing valves. We are not sure exactly how diseases like this can come about, so this is very important. The committee report mentioned that we sometimes do not think that equipment such as ice machines, warm water systems and thermostatic mixing valves could be the source of something like legionella. Submissions from the Plumbers Union and the Master Plumbers' Association mentioned that industry standards are very important when it comes to the maintenance of these sorts of machines.

Whilst we are not necessarily speaking about the facilities in which some of these machines may be covered as part of the bill—and I am talking about hospitals and residential aged-care facilities—many of these ice machines and warm water systems are in hotels and other facilities so it is very important, as the department advised, that industry standards that are called up in legislation would be considered by the Department of Housing and Public Works. I note that the committee asked the Department of Health if they intend to alert the Department of Housing and Public Works to the matter of having licensed persons to make sure these machines are being assessed and also applying industry standards for these machines, even though they are not necessarily in the hospitals and aged-care facilities but are in other buildings and businesses around Queensland. The last thing we want is for people to not follow the industry standards—whether it is for servicing or whether it is for making sure that all of their facilities are kept up to date, and often that can be in the private sector—and for that to potentially lead to a tragic or fatal conclusion or an extremely serious case of legionnaire's disease. With those comments, as I have already mentioned, I want to indicate our support for the bill.