

# IPIQ Conference 2016

Monday 7 November 2016

Queensland Health workshop on *Legionella*  
and potable water system issues

# *Public Health (Water Risk Management) Amendment Act 2016*

- Queensland Health:
  - is the agency with primary responsibility for administration of the *Public Health Act 2005*
  - is not the agency with primary responsibility for *Plumbing and Drainage Act 2002* nor its associated Regulations
  - is keen to gather ideas from this workshop
  - will refer ideas onto other Queensland Government agencies/departments, as required

# Plumbing Inspectors

- When do you get involved in the design and approval process for new buildings (esp. hospitals/aged care)
  - Private (councils)?
  - Public (QBCC)?
- For example - what was the role of plumbing inspectors in design and construction of:
  - Gold Coast University Hospital?
  - Sunshine Coast University Hospital?
- Did plumbing inspectors have confidence in their decision-making for these major facilities?

# How do plumbing inspectors make their decisions?

- Do you consider public health in your approval of potable water plumbing works?
  - If so, how much, and do you want more info?
  - If not, do you just follow the plumbing code?
- Would greater access to public health information assist your decision-making?
- Are you concerned about facilities making bad procurement decisions?
  - To save money
  - Following aggressive marketing by equipment vendors

# Specific issues

To follow are a few of the things we thought you might want to talk about:

- TMVs
- Warm Water Systems
- On-site dosing

# Thermostatic mixing valves

- How big a problem are they in healthcare settings?
- Is there any data on maintenance failures, and the consequences, or just anecdotes?
- Will WRMPs be enough to fix the problem?
- Are there other options to address the risk?

# Warm Water Systems

- Create favourable conditions for *Legionella*
- Have been implicated in Legionnaires' disease outbreaks in Australia
- Is UV disinfection sufficient to reduce risk
- Qld only has anecdotal evidence
- Will WRMPs be enough to control risks?

# On-site chemical dosing (1)

- Most popular options in Qld are sodium hypochlorite (“chlorine”) or chlorine dioxide
- Advantages
  - Can make up for deficiencies in town water supply
  - Can be continuous or only when risk is elevated
- Disadvantages
  - Upfront and operating cost
  - Chlorine dosing could add to complexity of system (e.g. need for pH control via acid dosing)
  - Undesirable reactions e.g. when chlorine is added to chloraminated town water, breakpoint must be reached.



# On-site chemical dosing (2)

- We are particularly concerned about aged care facilities putting in chlorine disinfection
  - Have other options been considered?
  - Disinfection should be option of last resort
  - There should be a service agreement in place
  - there should be a maintenance schedule

# **Any other questions or comments?**

## **Water Unit**

Health Protection Branch  
Butterfield Street, Herston

Telephone: 3328 9455  
Email: [legionella@health.qld.gov.au](mailto:legionella@health.qld.gov.au)