



# **Environmental Health Management Plan**

**2012 – 2016**

**March 2012**

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## Acronyms

Acronyms used in this report:

<b>ALGA</b>	Australian Local Government Association
<b>C&amp;YH</b>	Child and Youth Health
<b>CDCB</b>	Communicable Disease Control Branch
<b>CERM</b>	Coorong Emergency Risk Management
<b>EHA</b>	Environmental Health Australia
<b>EMS</b>	Environmental Management System
<b>ENHealth</b>	National Environmental Health Council
<b>EPA</b>	Environment Protection Authority
<b>FSANZ</b>	Food Standards Australia New Zealand
<b>HACCP</b>	Hazard Analysis Critical Control Points
<b>HIA</b>	Health Impact Assessment
<b>ImPs</b>	Immunisation Program System
<b>LGA</b>	Local Government Association
<b>AMLR NRM Board</b>	Adelaide and Mount Lofty Ranges Natural Resources Management Board
<b>NPC</b>	National Packaging Covenant
<b>PEHMP</b>	Public and Environmental Health Management Plan
<b>DOH</b>	South Australian Department of Health
<b>SARDI</b>	South Australian Research and Development Institute
<b>SIG</b>	Special Interest Group (of the EHA)
<b>SOE</b>	State of the Environment
<b>SRFs</b>	Supported Residential Facilities

## Executive Summary

This Environmental Health Management Plan sets out the Coorong District Council's Environmental Health objectives for the next five years. The Plan addresses:

- Council's statutory responsibilities for Environmental Health;
- Environmental Health issues of importance to the community;
- Relevant Commonwealth and State Government policy;
- Relevant goals in Council's Strategic Plan; and
- Key values for ensuring the effective delivery of Environmental Health services such as ensuring accountability, a pro-active approach and creating effective partnerships with key stakeholders.

The Plan is an important component of Council's Sustainable Development Department and provides strategic guidance for the operations under the following functional areas:

- Food Safety
- Immunisation
- Notifiable Disease Control
- Housing Conditions and Amenity
- Manufactured Water Systems
- Public Health Pest Control
- Hairdressing and Skin Penetration Activities
- Waste Management
- Water Quality
- Waste Control Systems
- Built Environment
- Emergency Management, and
- HACCC Home Maintenance and Modification.

The Environmental Health Management Plan was developed in consultation with the Sustainable Development Department. The Plan reflects current strengths in the operations as well as opportunities for improvement. Importantly, the Plan also recognises proposed State Government legislative reforms for a range of environmental health functions, for example, further food legislation reforms. The impacts of such reforms will need to be monitored by the Department and reported to Council.

Objectives and actions recommended throughout this Plan take into account the current level of the Departments resources.

The Environmental Health Team is committed to achieving the objectives of this Plan, while continually monitoring and improving their performance.

A monitoring and review process is required for the Plan by 2012.

# 1 Introduction

## 1.1 The Aims of the Plan

This Environmental Health Management Plan (EHMP) sets the Coorong District Council's Environmental Health objectives for the next five years. The main purpose of the Plan is to adopt a proactive, strategic approach to managing Environmental Health issues in the Council area and to provide a clear business direction for Council's Environmental Health Officers.

The plan outlines:

- Council's statutory responsibilities for Environmental Health
- Environmental Health issues of importance to the Coorong Council area and community
- Environmental Health policy at the Commonwealth and State government levels
- The goals of Council's current Strategic Plan and other relevant Council policy

The implementation of this EHMP will be important for achieving Council's vision for the district which is; "The Coorong District Council area will be recognised for its cohesive community, prosperous economy and unique and highly valued environment." As well as implementing Council's mission.

The Coorong District Council is committed to:

- Responsibly managing the natural and built environment with the aim of attaining **sustainability**.
- Facilitating economic **prosperity**, sustainable growth and employment throughout the district.
- Enhancing the quality of life for the community by encouraging health, **well being** and safety;
- Providing **leadership** for the community and ensuring efficient and effective management of the community's resources.

The EHMP will assist Council in achieving all four areas of the mission and especially to enhance the quality of life of the community by encouraging health, wellbeing and safety.

## 1.2 Introduction to Environmental Health

The World Health Organisation (the United Nations specialised agency for health) defines health as 'a state of complete physical, social and mental wellbeing, and not merely the absence of disease or infirmity'.

The field of Environmental Health sits within the broader scope of public health, which is 'the art of preventing disease, prolonging life and promoting health'. Environmental Health is 'those aspects of human health, including quality of life that are determined by physical, chemical, biological, social and psychosocial factors in the environment. It also refers to the theory and practice of assessing, correcting, controlling and preventing those factors in the environment that can potentially affect adversely the health of present and future generations'.

Essentially Environmental Health practice is about creating and maintaining environments that promote good public health within the community. It is about ensuring that our basic health requirements, such as clean water, clean air and safe food are priorities for our community.

### 1.2.1 Relationship between Environmental Health and Environmental Protection

The Environmental Health profession overlaps considerably with the field of environment protection, in that 'protecting the environment for the sake of human safety and for the benefit of the biosphere are not mutually exclusive.' In other words, environment and health sectors often work towards the same outcome.

Council is committed to both the built environs and the environmental health of its community (through

the implementation of the EHMP) as well as the protection of the broader environment (through implementing other initiatives such as the Coorong Local Action Plan).

### 1.3 Responsibilities for Environmental Health

There are a range of Environmental Health activities occurring across all levels of government in Australia, from developing environmental health regulations and standards and managing physical, biological and chemical hazards on health as well as addressing indigenous health issues.

At a national level, the National Environmental Health Council (ENHealth), formed as a peak environmental health advisory group. The Council consists of members from key stakeholders such as relevant Commonwealth, State and Territory departments, the Environmental Health Australia (EHA), the Australian Local Government Association (ALGA), the public health sector and the environment sector. ENHealth provides national leadership on environmental health issues, sets priorities, coordinates national policies and programs and provides a pivotal link between environmental health stakeholders in Australia and internationally. ENHealth is also responsible for the implementation of the Australian National Environmental Health Strategy .

The South Australian Department of Health (DOH) is the primary State Government Department responsible for coordinating environmental health policy, key projects and legislation for South Australia. The Department works in partnership with other relevant State Departments, such as the Environment Protection Authority (EPA) and the Department for Communities and Social Inclusion, to address environmental health matters. One of the key strategic directions for the Department of Health is ‘to strengthen and reorient resources for prevention, early intervention and primary health care’. Environmental Health is a key component of the Department of Health’s public health focus.

At the local level, councils have statutory responsibilities for promoting proper standards of Environmental Health within their area through the administration of legislation, provision of Environmental Health services and community education. Key legislation administered to promote proper standards of environmental health at the local level includes the *Public and Environmental Health Act 1987*, the *Food Act 2001*, the *Supported Residential Facilities Act 1992* and the *Local Government Act 1999*.

The Department works with a range of stakeholders to address environmental health issues in the Coorong District Council. Key government and agency stakeholders are listed below.

Functional Area	Key Stakeholders
All (as required )	National Environmental Health Council Australian Institute of Environmental Health Australian Local Government Association South Australian Department of Health South Australian Environment Protection Authority
Food Safety	Food Standards Australia Council
Immunisation	Child and Youth Health
Notifiable Disease Control	South Australian Department of Health
Housing Conditions and Amenity	Department for Families and Communities
Manufactured Water Systems	South Australian Department of Health
Public Health Pest Control	South Australian Department of Health
Hairdressing and Skin Penetration Activities	South Australian Department of Health
Water Quality	Environment Protection Authority
Waste Control Systems	South Australian Department of Health South Australian Environment Protection Authority

Built Environment	South Australian Environment Protection Authority
Emergency Management	South Australian Department of Health
HACC	Department of Health and Ageing (Australian Government), Department for Communities and Social Inclusion (South Australian Government)

## **1.4 Environmental Health in the Coorong District Council**

### **1.4.1 Environmental Health's Responsibilities**

Council's Environmental Health Officer is responsible for delivering Environmental Health services to the Coorong District Council community and addressing Council's statutory responsibilities for environmental health. This involves a diverse range of activities, such as:

- Regulating the safe manufacture and sale of food in the Council area
- Implementing an immunisation program with local schools
- Ensuring that public swimming pools and spas meet health and hygiene standards
- Ensuring the provision of a sanitary environment through overseeing the effective provision of community waste and recycling services
- Educating the community on various health, sanitation and environmental issues

The scope of the Council's environmental health activities, which form the basis of this Management Plan, are detailed in Sections 3.1 to 3.12. The Sustainable Development Department works in collaboration with other Council departments such as Infrastructure and Assets to address a range of environmental health issues.

### **1.4.2 The Environmental Health Team**

The Environmental Health Team is part of Council's Sustainable Development Department and consists of one Environmental Health Officer, an Administrative Officer.

### **1.4.3 Management of Environmental Health**

The Sustainable Development Department ensures a consistent and professional approach to delivering its services to a high standard. Within the Management Structure, the Environmental Health Management Plan provides the overall strategic guidance on the activities and priorities of Environmental Health. From this Plan, Service Standard Policies will be developed that will clearly detail how to undertake environmental health tasks. These Service Standards will be critical in ensuring that tasks are undertaken in a consistent and effective manner and in accordance with legislative requirements, relevant standards and guidelines. The proposed Service Standards are outlined in the performance criteria contained within the action tables for each area.

## 2 Guiding Values for Environmental Health

This Plan supports Council's strategic vision, mission and core values.

### Vision Statement

A progressive and proactive Council recognised for its diverse communities, prosperous economy and unique and highly valued environment.

### Mission Statement

The Coorong District Council is committed to:

- Providing **leadership** for the community and ensuring efficient and effective management of the community's resources.
- Responsibly managing the natural and built environment to achieve **sustainability**.
- Facilitating economic **prosperity**, growth and employment throughout the district.
- Actively enhancing the quality of life for the community by encouraging health, **well being** and safety.
- Being an **employer of choice** that attracts, develops and inspires highly talented employees and elected members.

### Coorong District Council Core Values

*The principles, attributes and qualities the Council hold as important that will be displayed in the way we go about our business.*

#### Integrity

*Adherence to moral and ethical principles, being honest, transparent, accountable, trustworthy and authentic.*

- Displaying trust, respect, honesty and accountability
- Making realistic commitments and keeping promises
- Communicating in an honest, open manner without breaching confidentiality
- Taking responsibility for own actions – not looking to blame others
- Being respectful when speaking about others
- Operating within organisational parameters and values, even in the face of opposition or when this is unpopular

## **Proactive**

*Acting in anticipation of future opportunities, issues, needs or changes.*

- Being prepared for what may be expected to happen, being ahead of the game
- Identifying future issues and opportunities for the local community and within the local government sector
- Being action and result orientated
- Displaying leadership, enthusiasm and responsiveness
- Undertaking best practice and thorough strategic, business and operational planning

## **Progressive**

*Making use of new ideas and opportunities.*

- Being innovative and creative
- Sharing ideas and working collaboratively
- Seeking ways to continually improve processes or perform tasks
- Being prepared to challenge the current situation and taking considered risks if necessary to improve outcomes
- Learning from our own and other's experiences

## **Collaborative**

*Working as a team to achieve common goals.*

- Cooperative and coordinated effort between all elected members and staff within Council
- Actively contributing and supporting Council and team based projects
- Being inclusive and treating each other with respect at all times
- Dealing with any conflict in an open and constructive manner
- Engaging and consulting with the community

## **Service Excellence**

*Consistently delivering quality service outcomes for external and internal stakeholders.*

- Ensuring customer's and community needs are central to our service delivery
- Demonstrating a commitment to meet agreed organisational performance and service standards
- Demonstrating understanding and respect
- Aspiring to achieve high standards of personal performance
- Communicating clearly and showing understanding for views of others
- Showing energy and commitment to the goals of the organisation

## **Enjoy Work**

*Achieving satisfaction and a sense of wellbeing from work.*

- Having a positive attitude about your own work and having fun
- Contributing to the development of good team spirit and morale
- Supporting systems and agreed procedures to ensure a safe and healthy workplace
- Taking responsibility for the impact of own actions on others
- Joining others in appropriately celebrating individual, team and organisational success

## Summary of the Functional Areas and Objectives

Functional Areas	Public and Environmental Health Objectives
<b>Food Safety</b>	<ul style="list-style-type: none"> <li>• Ensure a high standard of food hygiene practices across all food businesses in the Council area.</li> <li>• Pro-actively monitor food legislation reform and the implications changes may have to Council and local food businesses.</li> <li>• Raise awareness of food safety to priority groups in the community in collaboration with other relevant agencies</li> </ul>
<b>Immunisation</b>	<ul style="list-style-type: none"> <li>• Improve access for primary and high school students to immunisation through the provision of a school immunisation program.</li> <li>• Ensure high quality and safety standards are met in the delivery of immunisation services.</li> <li>• Ensure accurate and up-to-date immunisation records.</li> </ul>
<b>Notifiable Disease Control</b>	<ul style="list-style-type: none"> <li>• Work collaboratively with relevant agencies to investigate and control notifiable diseases within the Coorong.</li> </ul>
<b>Housing Conditions and Amenity</b>	<ul style="list-style-type: none"> <li>• Eliminate insanitary conditions within the Council area through effective education, complaint investigation and enforcement.</li> <li>• Investigate sub-standard housing complaints in an effective and systematic manner.</li> <li>• Supported Residential Facilities (if built in the Council area) operate in accordance with legislative requirements and relevant standards.</li> <li>• Monitor changes to Supported Residential Facilities legislation reform and the implications changes may have to Council and local facilities.</li> </ul>
<b>Manufactured Water Systems</b>	<ul style="list-style-type: none"> <li>• Ensure that all manufactured water systems within the Coorong are operated and maintained in accordance with legislative requirements and relevant Standards and Codes of Practice.</li> <li>• Monitor legislative reforms in relation to manufactured water systems and the potential implications of reforms to Council and operators.</li> <li>• Improve community awareness of the risks of exposure to Legionella bacteria in other environments.</li> </ul>
<b>Public Health Pest Control</b>	<ul style="list-style-type: none"> <li>• Prevent public health pest control issues within the Council area through effective education, complaint investigation and enforcement.</li> <li>• Control European Wasps through an effective nest destruction service and proven alternative methods</li> </ul>
<b>Hairdressing and Skin Penetration Activities</b>	<ul style="list-style-type: none"> <li>• Ensure that all hairdressing, beauty salon and skin penetration premises in the Council area operate in accordance with legislative requirements and relevant Department of Health Guidelines.</li> <li>• Monitor changes to hairdressing and skin penetration premise public health guidelines and the implications changes may have to Council and local facilities.</li> </ul>

Functional Areas	Public and Environmental Health Objectives
<b>Water Quality</b>	<ul style="list-style-type: none"> <li>• Improve community awareness on the correct management of rainwater tanks.</li> <li>• Ensure that public pools operate in accordance with legislative requirements and relevant Standards and Codes of Practice.</li> <li>• Monitor legislative reforms in relation to public pools and spas and the potential implications of reforms to Council and operators.</li> <li>• Prevent pollution of stormwater and protect local waterways.</li> <li>• Encourage the safe management of Greywater within the community</li> </ul>
<b>Waste Control Systems</b>	<ul style="list-style-type: none"> <li>• To ensure that all waste control systems installed in the Council area are installed and operated in accordance with legislative requirements and relevant Department of Health Standards.</li> <li>• Keep informed of Department of Health policy directions and legislative requirements for waste control systems (including alternative waste control system technologies).</li> </ul>
<b>Built Environment</b>	<ul style="list-style-type: none"> <li>• Support local businesses and residents to minimise their environmental health impacts through effective education.</li> <li>• Effectively respond to environmental pollution complaints in cooperation with other relevant responsible agencies.</li> <li>• Promote ‘healthy built environments’ through Council’s planning policy and assessment.</li> </ul>
<b>Emergency Management</b>	<ul style="list-style-type: none"> <li>• Identify emergency mitigation measures that are the likely to impact on the Environmental Health of the community</li> <li>• Ensure adequate emergency response planning which addresses potential environmental health issues.</li> </ul>
<b>HACC Home Modification and Maintenance</b>	<ul style="list-style-type: none"> <li>• Work collaboratively with relevant agencies to provide HACC Services within the Coorong.</li> <li>• Provision of quality HACC Services within the Coorong</li> <li>• Ensure accurate and up-to-date financial and outcome data</li> </ul>

### 3 Environmental Health Management

Sections 3.1 to 3.12, detail the objectives and actions for the Council's Environmental Health Officer over the next five years. These objectives and actions were developed in consultation with staff and takes into consideration the Council's statutory responsibilities for Environmental Health; local community environmental health needs and relevant Council policies and strategic directions.

Objectives and actions are detailed for the following functional areas of Environmental Health:

- Food Safety
- Immunisation
- Notifiable Disease Control
- Housing Conditions and Amenity
- Manufactured Water Systems
- Public Health Pest Control
- Hairdressing and Skin Penetration Activities
- Water Quality
- Waste Control Systems
- Built Environment
- Emergency Management
- HACCC Home Modification and Maintenance

A brief background to the above environmental health functions is provided to give the context for the objectives and actions proposed.

The following is detailed for all recommended actions:

#### **Performance Targets**

Performance Targets are given against which to determine the successful implementation of actions (such as recommended service frequency, maximum acceptable response times, actual 'outputs' from the actions).

#### **Action Timeframes**

Most of the actions recommended are 'ongoing' functions within the Department. Some actions need to be implemented during certain times of the year (eg. inspection of swimming pools during summer). Recommended 'new' projects and initiatives have a recommended implementation year nominated based on the priority of the action and available resources.

#### **Resource Implications**

The resource implications of recommended actions within this Plan have been categorised into the following:

##### **(a) Resources Allocated**

These actions are considered feasible for implementation within the Department's current level of resources such as:

- current staffing,
- environmental health budget and
- forecasts as detailed in Council's Annual Budget

*Note: Environmental Health events, such as a food borne disease outbreaks, are likely to require considerable resources and the temporary re-prioritisation of Departmental activities.*

**(b) Monitor and Report Resource Implications**

Some actions recommended in this Plan require resource implications to be monitored and reported to Council. For example, updates to environmental health legislation, guidelines and Codes of Practice may impact on Council resources required to effectively meet its statutory responsibilities. Developments, such as legislative reforms need to be monitored by the Department and reported to Council once the full resource implications are known.

**(c) Additional Resource Needed**

Few recommended actions are outside the scope of current resources yet are considered a priority to meet environmental health objectives. Resource requirements for such actions would need to be reported to Council. Where possible, Council could investigate external funding grants and/or support for such actions from key stakeholder agencies.

### 3.1 Food Safety

Regulation of the provision of safe food is critical for preventing food-borne illness in the community. It is estimated that about 5.4 million cases of food-borne disease occur throughout Australia each year. Two common types of food-borne illness are Campylobacter infection and Salmonella infection.

In South Australia, the *Food Act 2001* regulates the provision of food that is both safe and suitable for human consumption. The introduction of the *Food Act 2001* has been crucial in achieving a nationally focused food regulatory system that enhances public health and safety.

The Coorong District Council is an 'Enforcement Agency' under the *Food Act 2001* and is therefore responsible for enforcing the Act's requirements across all food businesses in the Council area.

Ensuring that food safety standards are met requires both a pro-active educational approach and ongoing assessments of food premises by Environmental Health Officers. The Council's Environmental Health Officer assesses food premises using the 'Australian Food Safety Assessment System' and checklist. The Environmental Health Officer uses a national priority classification system to determine a risk classification for food premises and an appropriate inspection frequency.

The Sustainable Development Department recognises that pro-active education on food safety needs to be a priority along with effective regulatory enforcement. The Department also needs to prepare for future State Government food safety reform requirements.

## Objectives and Actions – Food Safety

**Objective 3.1.1** – Ensure a high standard of food hygiene practices across all food businesses in the Council area.

Actions	Performance Target/s	Year	Resource Implications
<p>3.1.1.1 Undertake food premise assessments in a uniform manner, based on a risk based inspection frequency in accordance with the AFSA 'Food Safety Assessment Form'.</p> <p>Collect regular water samples for the South Australian Shellfish Quality Assurance Program (SASQAP) a joint initiative between Primary Industries and Resources SA (PIRSA)</p> <p>Non compliance issues identified.</p>	<p>Risk based frequency of inspections achieved.</p> <p>Monthly water sampling of the Licensed Cocklers in the District</p> <p>Follow-up Compliance with assessment recommendations</p>	<p>Ongoing</p> <p>Yearly (October to May)</p> <p>Ongoing</p>	<p>a – resource allocated</p>
<p>3.1.1.2 Investigate food safety related complaints in a systematic manner and ensure timely action in relation to the complaint in accordance with the legislation. If necessary obtain and send food samples for analysis.</p>	<p>Investigations commenced within 24 hours of notification</p>	<p>Ongoing</p>	<p>a – resource allocated</p>
<p>3.1.1.3 Provide education for food premises on food safety issues through multi-media options including 'Community Newspapers', Public displays and during assessments. Continually review material developed through FSANZ, DoH and EHA that can be used for education.</p>	<p>Educational information distributed to all food premises based on assessment findings. Initiate pro-active educational programs.</p>	<p>Ongoing</p>	<p>a – resource allocated <i>(Note – some educational information provided through external agencies)</i></p>
<p>3.1.1.4 Maintain an up to date register of all food premises in the Council area and their assessment status</p>	<p>Update the food register using the Authority Food Premise register</p>	<p>Ongoing</p>	<p>a – resource allocated</p>

## Objectives and Actions – Food Safety

**Objective 3.1.2** – Pro-actively monitor food legislation reform and the implications changes may have to Council and local food businesses.

<b>Actions</b>	<b>Performance Target/s</b>	<b>Year</b>	<b>Resource Implications</b>
3.1.2.1 Participate in the EHA 'Food Safety' education programs to obtain and discuss latest information on food safety reforms.	Attend Seminars	On going	a – resource allocated
3.1.2.2 Provide information to Council on food safety reforms and submit proposals for written responses on behalf of Council to any legislative reforms.	Information reports provided to Council	On going	a – resource allocated
3.1.2.3 Address Council's mandatory obligations under food legislation reforms.	Conform with Councils statutory responsibilities	On going	b – monitor and report resource requirements
3.1.2.4 Provide an information sessions for local food businesses on latest food safety reforms and priority food education matters.	Attendance at Information sessions	Annually	a – resource allocated <i>(cost recovery possible from fees)</i>

**Objective 3.1.3** – Raise awareness of food safety to priority groups in the community in collaboration with other relevant agencies

<b>Actions</b>	<b>Performance Target/s</b>	<b>Year</b>	<b>Resource Implications</b>
3.1.3.1 Provide targeted educational material to priority community groups (such as churches and child care centres) and Coorong District Council residents on food handling practices, standards and legislative requirements. Use materials provided through AFSA, FSANZ, DOH and EHA	Educational information distributed to all food premises based on AFSA assessment findings.  Number of proactive educational initiatives undertaken.	On going	a – resource allocated <i>(Note: some educational material may be provided through external agencies)</i>

### **3.2 Immunisation**

Immunisation protects children and adults against harmful infections before they encounter them in the community. Diseases such as diphtheria, tetanus, whooping cough, polio, hepatitis B, meningococcal C and chickenpox are preventable through immunisation. The full range of routine immunisations recommended for Australians are in the 'National Immunisation Program' booklet.

The provision of immunisation services, in accordance with the Australian Standard Vaccination Schedule', is an important public health service promoted by the Council. Immunisation clinics are provided for staff through local Medical Centres.

A comprehensive school based immunisation program currently exists within the Council area. This program currently involves vaccinating against Hepatitis B, Varicella Virus and dTp (diphtheria/tetanus/pertussis) for specific age groups. Specialised immunisations programs are conducted on an as needed basis and undertaken in the schools throughout the Council area at the direction of the South Australian, Department of Health.

To provide the immunisation services, the Environmental Health Officer negotiates Memorandums of Understanding with hospitals and local medical clinics to assist with the 'National Immunisation Program' and any derivatives there of.

To ensure adequate community coverage and access to the full range of immunisation services available, the Coorong District Council also promotes other immunisation providers such as general practitioners and the Child and Youth Health (C&YH) through community education and promotion.

## Objectives and Actions – Immunisation

**Objective 3.2.1** – Improve access for primary and high school students to immunisation through the provision of a school immunisation program.

Actions	Performance Target/s	Year	Resource Implications
3.2.1.1 Ensure the delivery of school immunisation programs in accordance with the ‘School Immunisation Program’ and the Department of Health contract with local government.	Coverage of targeted school enrolments	On going	a – resource allocated <i>Need to monitor resource implications arising from changes to standard vaccination schedule.</i>

**Objective 3.2.2** – Ensure high quality and safety standards are met in the delivery of immunisation services.

Actions	Performance Target/s	Year	Resource Implications
3.2.2.1 Ensure the delivery of school immunisation programs in accordance with the Service for ‘School Immunisation Program’ and the Department of Health contract with local government.	Reported non conformances or incidents against requirements.	On going	a – resource allocated <i>(Contracted fee from the State Government to local agencies)</i>
3.2.2.2 Establish and maintain Memorandums of Understanding (MOU’s) with subcontractors.	Ensure MOU’s are up to date and in place each year.		
3.2.2.3 Meet the requirements of the Department of Health and Ageing ‘Guidelines on Maintaining the Cold Chain’ and the Controlled Substances Act.	Report on non compliances or incidents against requirements.		

**Objective 3.2.3** – Ensure accurate and up-to-date immunisation records.

Actions	Performance Target/s	Year	Resource Implications
3.2.3.1 Report immunisation statistics to the DOH in accordance with contractual agreements.	Statistics reported to the DOH in a timely manner	On going	a – resource allocated

### 3.3 Notifiable Disease Control and Investigation

The *Public and Environmental Health Act 1987* places a duty on doctors and laboratories to forward any relevant data on cases of Notifiable diseases to the Department of Health Communicable Disease Control Branch (CDCB). This information is crucial for enabling adequate disease surveillance and where possible disease prevention through appropriate public health actions in the community. There are currently 35 conditions that must be notified to the Branch as designated in Schedules 1 and 2 of the *Public and Environmental Health Act 1987*. Local government works in liaison with the Department of Health to prevent and investigate certain notifiable diseases.

The Coorong District Council undertakes the following measures with regard to notifiable disease control and investigation:

- By monitoring and maintaining adequate environmental health standards to prevent the occurrence and transmission of communicable diseases within the community.
- Undertake investigations on behalf of the Communicable Disease Control Branch.
- The investigations will relate mainly to food-borne diseases, and involves interviewing the patient (or patient's guardian) and are important in obtaining the necessary details to study trends in relation to food-borne illness in the community.
- Health promotion and education in support of government programs aimed at the prevention of notifiable diseases within the local community.

## Objectives and Actions – Notifiable Disease Control and Investigation

**Objective 3.3.1** – Work collaboratively with relevant agencies to investigate and control notifiable diseases within the Coorong.

Actions	Performance Target/s	Year	Resource Implications
3.3.1.1 Undertake notifiable disease investigations under direction from Communicable Disease Control Board (CDCB) and in accordance with the CDCB procedures	Investigation undertaken.  Provide relevant information and feedback to the CDCB  Provide advice and information to the subject of the investigation	Ongoing	a – resource allocated <i>Note: may have resourcing impacts if a significant number of investigations are required.</i>
3.3.1.2 Support relevant agencies with health promotion and education programs aimed at the prevention of notifiable diseases. The distribution of educational material within the Coorong District Council.	Material incorporated into community education resources	Ongoing	a – resource allocated
3.3.1.3 Monitor funding opportunities for the provision of pro-active health education and prevention programs within the Coorong District Council.	Report on opportunities to Council through the Leadership Team	Ongoing	c – additional resources needed for proactive programs, based on community needs and external grants.

\*Note: these actions may also involve supporting the DoH on investigations concerning potential or actual notifiable disease outbreaks.

### **3.4 Housing Conditions and Amenity**

The Environmental Health profession is concerned with ensuring that housing, accommodation and property standards do not give rise to public health issues such as breeding of vermin, indoor air pollution, or offensive odours. The Environmental Health Officer works closely with other Council Officers, such as the Planning Officer and Building Officer, to enforce safe housing standards in the interests of public health and to maintain the amenity of the local area.

The responsibilities of Council's Environmental Health Officer with regard to housing and accommodation conditions and amenity include:

#### **The Investigation of Insanitary or Unsightly Conditions**

Under the *Public and Environmental Health Act 1987*, investigate complaints regarding housing conditions considered insanitary. An 'insanitary condition' means that the premises may give rise to a risk to health, pose a risk of infestation by rodents or other pests or emit offensive material or odours (refer to a full definition in the Glossary Section). Address 'unsightly conditions' and general amenity issues using Section 254 of the *Local Government Act 1999*, under which Council can order improvements to address unsightly conditions of land that may impair of the amenity of the locality.

The majority of insanitary conditions investigated by the Environmental Health Officer involve concern about accumulations of refuse on property, vermin infestation and substandard conditions.

#### **Assessment of Sub-standard Housing Conditions**

Using the *Housing Improvement Act 1940* and the *Public and Environmental Health Act 1987*, the Council has powers to address housing conditions that are potentially 'insanitary', 'un-fit' or 'undesirable' for human habitation and if deemed necessary require work to be carried out on the house or its demolition. The Environmental Health Officer will work in close liaison with the Housing SA to address sub-standard housing conditions. Usually homes declared 'un-fit' for human habitation are in an extreme sub-standard condition.

#### **Licensing and Assessment of Supported Residential Facilities**

Supported Residential Facilities (SRFs) are premises where residential accommodation 'is provided or offered together with personal care services other than for members of the immediate family or proprietor of the facility'. The administration and enforcement of these establishments is governed by the *Supported Residential Facilities Act 1992*, which regulates standards for the adequate provision of care in these facilities<sup>24</sup>. Under the Act, SRFs require annual licensing.

There are currently NO licensed SRFs within the Coorong District Council area.

## Objectives and Actions – Housing Conditions and Amenity

**Objective 3.4.1** – Eliminate insanitary conditions within the Council area through effective education, complaint investigation and enforcement.

<b>Actions</b>	<b>Performance Target/s</b>	<b>Year</b>	<b>Resource Implications</b>
3.4.1.1 Educate the community on how to prevent insanitary conditions, such as indoor air pollution, odours and rodent infestation, through Council's community newspapers, information at Council Offices and public displays	Number of insanitary condition investigations.  Number of proactive educational initiatives undertaken.	Ongoing	a – resource allocated
3.4.1.2 Investigate reported insanitary conditions and, where required recommend improvements or use Council's statutory authorities to ensure appropriate and timely action is taken to achieve a resolution.	Commence investigation of insanitary condition complaint within 5 business days of notification.  Resolution of insanitary condition.	Ongoing	a – resource allocated
3.4.1.3 Work in liaison with the Community Services Section and Mental Health Services to address insanitary condition issues, where required.	Resolution of insanitary condition.	Ongoing	a – resource allocated

**Objective 3.4.2** – Investigate sub-standard housing complaints in an effective and systematic manner

<b>Actions</b>	<b>Performance Target/s</b>	<b>Year</b>	<b>Resource Implications</b>
3.4.2.1 Investigate reported 'sub-standard' housing conditions and, where required, recommend improvements or use Council's statutory authorities to ensure appropriate and timely action is taken to achieve a resolution	Commence investigation of sub-standard housing condition within 5 business days of notification  Resolution of sub standard condition.	Ongoing	a – resource allocated
3.4.2.2 Provide support, to assist residents to address sub-standard or insanitary housing conditions. Work in liaison with community services to assess the resident's circumstances and the support required.	Resolution of sub standard condition.	Ongoing	a – resource allocated

## Objectives and Actions – Housing Conditions and Amenity

**Objective 3.4.3** – Supported Residential Facilities (if built in the Council area) operate in accordance with legislative requirements and relevant standards.

Actions	Performance Target/s	Year	Resource Implications
3.4.3.1 Assess SRFs established within Council’s jurisdiction in a uniform manner using the SRF Act 1992 Guidelines and Standards	Undertake assessment of SRF’s and annual licensing.  Investigate any complaints in relation to SRF’s . There may be a need for assistance from support agencies such as Mental Health, Community Health or independent advocate for SRF residents.	Once established  As required	a – resource allocated  c – additional resources may be needed based on community expectations

**Objective 3.4.4** – Monitor changes to Supported Residential Facilities legislation reform and the implications changes may have to Council and local facilities

Actions	Performance Target/s	Year	Resource Implications
3.4.4.1 Attend information sessions to obtain and discuss latest information on SRF reforms	Attendance at meetings	When applicable	a – resource allocated
3.4.4.2 Provide information to Council on SRF reforms	Information reports provided to Council.	As required	b – monitor and report resource requirements <i>(Unknown quantity at present)</i>

### 3.5 Manufactured Water Systems

Sources of legionellae implicated in outbreaks of Legionnaires' disease (Legionellosis) worldwide have been traced to air conditioning plants and warm water distribution systems (manufactured water systems) which have been incorrectly commissioned or poorly maintained.

In Australia, major outbreaks have been traced to small cooling towers and to evaporative condensers associated with refrigeration systems. A small number of cases have been associated with warm water services and with spa pools. Infections due to *L. longbeachae* in Australia and New Zealand have been associated with gardening activities, many involving the use of potting mixes or composts.

Public health measures to control Legionellosis include:

- education and enforcement of the safe operation of air conditioning cooling towers and warm water systems;
- education and enforcement of the safe operation of spa pools (this is further detailed in Section 3.9 'Water Quality'); and
- education to the general public on safe gardening practices and the safe use of composts and potting mixes.

A key role of Council in controlling legionnaire's disease is the monitoring of third party annual assessment of cooling towers located within the Coorong District Council Area. Through the assessment review process, the Environmental Health Officer aims to ensure that cooling tower and warm water tower operators are aware of and operate in accordance with the Australian Standards for 'Air handling and water systems of buildings' (AS/NZS 366.1:2002, AS/NZS 366.2:2002, AS/NZS 366.3:2002).

The Environmental Health Officer will undertake annual review of third party assessments of cooling and warm water towers during the Summer/Autumn period as this is the likely peak period of use.

## Objectives and Actions – Manufactured Water Systems

**Objective 3.5.1** – Ensure that all manufactured water systems within the Coorong are operated and maintained in accordance with legislative requirements and relevant Standards and Codes of Practice.

Actions	Performance Target/s	Year	Resource Implications
Undertake a review of third party audits at least once per year.	Yearly assessment of the third party audits	Ongoing	a – resource allocated
3.5.1.2 Provide targeted educational material, as required, to manufactured water system operators on DOH recommended practices, standards and legislative requirements	Updated information provided to operators.	As required	a – resource allocated
3.5.1.3 Maintain an up to date register of all manufactured water systems in the Council area and their assessment status.	Maintain register on Authority	Ongoing	a – resource allocated
3.5.1.4 Greywater Diversion and Treatment Systems and their use within the Coorong District Council area	Greywater policy development	2014	a – resource allocated

**Objective 3.5.2** – Monitor legislative reforms in relation to manufactured water systems and the potential implications of reforms to Council and operators.

Actions	Performance Target/s	Year	Resource Implications
3.5.2.1 Provide information to Council on manufactured water systems legislative reforms	Information reports provided to Council	As legislated	a – resource allocated
3.5.2.2 Address Council's mandatory obligations under legislative in relation to Manufactured Water Systems.	Conformance with Council's Statutory responsibilities	As legislated	b – monitor and report resource requirements
3.5.2.3 Provide information to local operators on reforms in relation to manufactured water systems.	Information provided to operators when available	Ongoing	a – resource allocated

**Objective 3.5.3** – Improve community awareness of the risks of exposure to Legionella bacteria in other environments.

Actions	Performance Target/s	Year	Resource Implications
3.5.3.1 Provide information on the risk of exposure to Legionella bacteria in other environments (such as gardening) to the local community through pamphlets, public displays and through related educational material (eg. education on composting).	Provide relevant educational information	Ongoing	a – resource allocated <i>(Note – some educational information provided through external agencies)</i>

### **3.6 Public Health Pest Control**

Certain pests such as rodents, mosquitoes, European wasps and head lice are of public health significance due to their role in the transmission of disease or cause of human discomfort or injury.

The key public health pest control responsibilities of the Council are:

#### **Public Health Pest Control Education**

The Department provides education through pamphlets, community news articles and verbal advice to residents, on ways to control and eradicate pests such as mosquitoes, rodents, European wasps and head lice.

#### **Investigation of Vector Complaints**

The Environmental Health Officer undertakes investigations into vector control issues. Complaints received most commonly concern mosquito and rodent control. The Council has a contract with the Mosquito Research Laboratory, SANSOM Institute, University of South Australia to undertake regular mosquito trapping and monitoring.

#### **European Wasp Nest Destruction**

Community education on the correct identification of European wasp nests is an important part of the Departments role. Council through the Local Government Association (LGA) and the South Australian Research and Development Institute (SARDI) accesses information on the European Wasp Research Program. This program has encompassed a number of components including research into alternative methods to control wasp numbers. Currently, research is underway on the control of European wasps by developing a chemical baiting strategy.

#### **Head Lice Management**

The Environmental Health Officer provides assistance and advice on the management of head lice and supports community-managed head lice control programs such as in schools and childcare centres.

## Management Objectives and Actions – Public Health Pest Control

**Objective 3.6.1** – Prevent public health pest control issues within the Council area through effective education, complaint investigation and enforcement.

Actions	Performance Target/s	Year	Resource Implications
3.6.1.1 Educate the community on how to prevent public health pest infestation, through community newspapers, information packages at Council service centres, Council's website, public displays and information mail-outs to priority areas (eg. areas where complaints have been received).	Promote educational programs and information	Ongoing	a – resource allocated
3.6.1.2 Investigate reported public health pest control issues and, where required, recommend improvements or use Council's statutory authorities to ensure appropriate and timely action is taken to achieve a resolution. Undertake investigations as required	Commence investigation of pest control complaint within 5 business days of notification.  Resolution of pest control issue	Ongoing	a – resource allocated
3.6.1.3 Support community based Headlice management programs (such as in schools and child care centres) through provision of educational material, relevant contacts that can assist with headlice problems and information on training options	Promote educational materials	Ongoing	a – resource allocated <i>DoH education material used.</i>

**Objective 3.6.2** – Control European Wasps through an effective nest destruction service and proven alternative methods

Actions	Performance Target/s	Year	Resource Implications
3.6.2.1 Following the notification and correct identification of a European Wasp Nest, provide a nest destruction service through Council's Contractor for European Wasp Pest Control	European wasp nest destruction or removal	Ongoing	a – resource allocated <i>Note: Contract cost could be variable due to number of nests destroyed.</i>
3.6.2.2 Raise awareness within the community on how to correctly identify European wasp nests and of Council's nest destruction services through multi-media options including community newspapers and information at Council customer service centres.	A reduction in the number of false call-outs	Ongoing	a – resource allocated
3.6.2.3 Support relevant agencies on the implementation of a baiting service to control European Wasps (if required).	Roll-out of baiting program in the Coorong	As required	b – monitor and report resource requirements

### **3.7 Hairdressing and Skin Penetration Activities**

The variety of services provided by hairdressers and beauticians such as body massage, body piercing, waxing, manicure and electrolysis are to be undertaken with regard to proper standards or they may pose a serious risk to health. Unhygienic and unsafe procedures within these facilities can jeopardise the health of both clients and operators and contribute to the spread of infectious diseases and the transmission of ectoparasites such as head lice.

If performed unsafely, skin penetration procedures such as tattooing and body piercing have the potential to spread infectious disease and viruses such as hepatitis and HIV. Therefore professional body piercers and tattooists need to follow good infection control procedures.

To ensure that hairdressers, beauticians, body piercers and tattooists know and understand the health implications of their procedures, and the precautions that must be taken to minimise health risks, the Department of Health has produced the following guidelines:

- Guidelines on the Standard of Practice for Hairdressing
- Guidelines for the Safe and Hygienic Practice of Skin Penetration

To raise awareness on the requirements of these guidelines and check premise standards, Council's Environmental Health Officer undertakes at least one assessment, of hairdressing, beauty salon and skin penetration facilities, every two years. The department also responds to community complaints regarding public health issues within these facilities.

## Management Objectives and Actions – Hairdressing and Skin Penetration Activities

**Objective 3.7.1** – Ensure that all hairdressing, beauty salon and skin penetration premises in the Council area operate in accordance with legislative requirements and relevant Department of Health Guidelines.

<b>Actions</b>	<b>Performance Target/s</b>	<b>Year</b>	<b>Resource Implications</b>
3.7.1.1 Assess hairdressing and skin penetration premises within Council's jurisdiction in a uniform manner using the DOH Guidelines and the EHA (SA Division) (HACCP) Plan Protocols, in accordance with the Service Standard 'Hairdressing/Beauty Salons/Skin Penetration Premises Assessment'. Where required make recommendations or use Council's statutory authorities to address non-compliance issues observed within hairdressing and skin penetration premises	Assessment of all premises and every two years.  Report outcomes of assessments  Resolution of non-compliance issues.	Ongoing  As required	a – resource allocated
3.7.1.2 Educate the proprietors of hairdressing and skin penetration on relevant health guidelines that need to be met for their operations	Information provided through scheduled assessments and the provision of information	Ongoing	a – resource allocated

**Objective 3.7.2** – Monitor changes to hairdressing and skin penetration premise public health guidelines and the implications changes may have to Council and local facilities.

<b>Actions</b>	<b>Performance Target/s</b>	<b>Year</b>	<b>Resource Implications</b>
3.7.2.1 Provide information to Council on guideline reforms.	Information reports provided to Council.	As legislated	a – resource allocated
3.7.2.2 Provide an information session for local hairdressing and skin penetration premises on guideline reforms and priority education matters	Attendance at information sessions	As legislated	a – resource allocated

### **3.8 Water Quality**

As stated in the 1999 National Environmental Health Strategy, *‘water contamination has the potential to present a significant risk to human health, and the greatest comes from contamination of drinking water. Contamination of recreational water sources also presents a significant but lower risk. Risks are reduced by preventing microbiological and chemical contamination of water supplies and by treating and disinfecting drinking water’*.

The environmental health profession in Australia focuses on the following water quality issues to protect public health:

- The provision of safe drinking water (which also requires a broader approach to effective catchment management)
- The safety of water used for recreational purposes such as swimming, waterskiing, surfing, sailing and fishing
- The safe operation of water systems (as dealt with in Section 3.5 ‘Manufactured Water Systems’)
- Safe wastewater management and re-use (as dealt with in Section 3.10 ‘Waste Control Systems’)

#### **Drinking Water Quality**

Coorong District Council is serviced primarily by the SA Water Corporation and is responsible for the effective management and treatment of mains drinking water to ensure an acceptable quality that protects public health. Whilst SA Water is responsible for mains water quality, rainwater is another potential drinking water source. To reduce the consumption of mains water and to encourage stormwater as a resource, Council encourages the use of rainwater for in-house uses such as toilet flushing and washing machines, through the Government’s ‘Rainwater Reuse Rebate Scheme’. The Department provides information to the community on how to properly manage rainwater tanks for the provision of good quality water and to prevent public health issues such as mosquito infestation.

#### **Recreational Water Quality**

Public recreational water facilities such as public pools and spas, pose potential health risks if not properly maintained. Council’s Environmental Health Officer inspects local public pools during the peak season. Environmental health assessments aim to ensure that public pools are maintained in accordance with the requirements of the Public and Environmental Health Regulations and the Department of Health Codes of Practice for the ‘Operation of Swimming Pools and Spa Pools in South Australia.

#### **Quality of Local Water Courses**

Various Council departments are involved in effective local catchment management to avoid contamination of local waterways. The Sustainable Development Department works closely with the Infrastructure and Assets department, NRM and LAP Team to ensure community education.

#### **Water Reuse**

Coorong District Council encourages the safe reuse of water through the implementation of greywater recycling in accordance with the Department of Health’s Guidelines. Greywater used in a safe and effective manner can assist in the reduction of mains water consumption for gardening purposes. The Department of Health provides information to the community on how to properly manage greywater to prevent public health issues.

## Management Objectives and Actions – Water Quality

**Objective 3.8.1** – Improve community awareness on the correct management of rainwater tanks.

Actions	Performance Target/s	Year	Resource Implications
3.8.1.1 Provide information to the community on how to properly manage rainwater tanks using the community newspapers and educational displays and information at service centres.	Initiate educational programs	Ongoing	a – resource allocated
3.8.1.2 Provide information on rainwater tank management to residents through associated development approvals	Information to be sent out with development approval for new dwellings	Ongoing	a – resource allocated

**Objective 3.8.2** – Ensure that public pools operate in accordance with legislative requirements and relevant Standards and Codes of Practice.

Actions	Performance Target/s	Year	Resource Implications
3.8.2.1 Undertake assessments of public pools within Council's jurisdiction in a uniform manner and in accordance with the Legislation.  Follow-up compliance issues identified	Undertake assessments of known public pools each year.  Compliance with assessment recommendations.	Ongoing  As required	a – resource allocated  a – resource allocated
3.8.2.2 Provide targeted educational material, as required, to operators of public pools and spas on DOH recommended practices, standards and legislative requirements	Provide update legislative or standards information	As required	a – resource allocated
3.8.2.3 Maintain an up to date register of all public pools and spas in the Council area and their assessment status	Register on Health Manager	Ongoing	a – resource allocated

**Objective 3.8.3** – Monitor legislative reforms in relation to public pools and spas and the potential implications of reforms to Council and operators.

Actions	Performance Target/s	Year	Resource Implications
3.8.3.1 Provide information to Council on public pools and spas legislative reforms.	Information reports provided to Council	As legislated	a – resource allocated
3.8.3.2 Address Council's mandatory obligations under legislative reforms in relation to public pools and spas.	Conformance with Council's Statutory responsibilities	As legislated	a – resource allocated
3.8.3.3 Provide information to local operators on reforms in relation to public pools and spas.	Information provided to operators during assessments.	As legislated	a – resource allocated

**Objective 3.8.4** – Prevent pollution of stormwater and protect local waterways

<b>Actions</b>	<b>Performance Target/s</b>	<b>Year</b>	<b>Resource Implications</b>
3.8.4.1 Educate local business, industry and community about the impacts of their operations on stormwater and local waterways	Provide educational information as it becomes available	Ongoing	b – monitor and report resource requirements
3.8.4.2 Where required use the provisions of applicable legislations (such as the <i>Environment Protection Act 1993</i> and the <i>Public and Environmental Health Act 198</i> ) to address illegal discharge of waste to the stormwater system or local waterways.	Compliance with inspection recommendations.	Ongoing	b – monitor and report resource requirements

**Objective 3.8.5** – Encourage the safe management of Greywater within the community

<b>Actions</b>	<b>Performance Target/s</b>	<b>Year</b>	<b>Resource Implications</b>
3.8.5.1 Educate the community on the effective management of greywater	Provide educational information as it becomes available	Ongoing	b – monitor and report resource requirements

### 3.9 Waste Control Systems

According to the Department of Health about one third of South Australians (400,000 people), predominantly in rural areas and townships, are serviced by domestic wastewater systems. Domestic wastewater systems are required in those areas where the SA Water Corporation's sewerage services are not available. Types of systems include septic tanks, aerobic wastewater treatment systems, aerobic sand filters and alternate onsite wastewater systems which incorporate technologies for greywater collection and treatment.

As of the 2010/2011 financial year, there were 1,389 premises with waste control systems connected to the Coorong District Council's CWMS system. These premises are located in the townships of Tailm Bend, Meningie, East Wellington and Tintinara. The smaller townships and outer rural areas remain unsewered with 1,345 properties using a variety of localised waste control systems as their method of effluent treatment.

The incorrect design, operation and maintenance of a waste control system can result in issues of public health significance such as effluent leakage or pooling, offensive odours, and mosquito breeding. It is therefore important that the design, location and operation of wastewater control systems enable effective effluent treatment and disposal.

In South Australia, the safe collection, treatment and disposal of wastewater from domestic wastewater systems is managed under the *Public and Environmental Health Act (Waste Control Regulations) 1995*. The Department of Health has also developed the 'Standard for the Construction, Installation and Operation of Septic Tank Systems in South Australia' and associated supplements, which outline requirements for septic tanks, aerobic wastewater treatment systems and sand filters. Alternate onsite wastewater systems not covered by these Codes also need assessing by the relevant Authority. With individual assessment and approval, these alternative onsite systems may be installed.

The Environmental Health Officer assesses applications for all new or upgraded waste control systems to ensure compliance with the Public and Environmental Health (Waste Control) Regulations 1995 and relevant Standards. Assessment involves reviewing design and plan details and a site inspection to check the suitability for the system location. The Sustainable Development Department assessed 34 applications for waste control systems in the 2011 calendar year.

## Management Objectives and Actions – Waste Control Systems

**Objective 3.9.1** – To ensure that all waste control systems installed in the Council area are installed and operated in accordance with legislative requirements and relevant Department of Health Standards.

Actions	Performance Target/s	Year	Resource Implications
<p>3.9.1.1 Assess waste control system applications and complaints within Council’s jurisdiction in a uniform manner and in accordance with the ‘Waste Control Systems’ Regulations.</p> <p>Follow-up compliance issues identified</p>	<p>Complete waste control system assessment within 10 business days of receipt of application.</p> <p>Refer assessment to external agency within 5 business days of lodgment if beyond jurisdictional responsibility.</p> <p>Commence investigation of waste control system complaint within 5 business days of notification.</p> <p>Compliance with assessment recommendations checked during inspection process.</p>	<p>Ongoing</p> <p>As required</p> <p>As required</p> <p>Ongoing</p>	<p>a – resource allocated</p> <p>b – monitor and report resource requirements additional fees may apply</p> <p>a – resource allocated</p> <p>a – resource allocated</p>
<p>3.9.1.2 Provide initial advice to residents on the approvals process and suitability of alternative waste control system technologies and refer enquiries, where required, to the Department of Health.</p>	<p>Provide information as requested.</p>	<p>Ongoing</p>	<p>a – resource allocated</p>
<p>3.9.1.3 Maintain an up to date register of all waste control systems in the Council area and their assessment status.</p>	<p>Register systems through the Authority register.</p>	<p>Ongoing</p>	<p>a – resource allocated</p>

**Objective 3.9.2** – Keep informed of Department of Health policy directions and legislative requirements for waste control systems (including alternative waste control system technologies).

<b>Actions</b>	<b>Performance Target/s</b>	<b>Year</b>	<b>Resource Implications</b>
3.9.2.1 Review relevant DOH position papers and guidelines and EHA information distributed in relation to waste control system legislative reforms and alternative waste control system technologies	Information reports provided to Council.	As required	a – resource allocated
3.9.2.2 Participate in training, information briefings and seminars in relation to waste control systems.	Attendance at training and information session.	Ongoing	a – resource allocated

### 3.10 Built Environment

Examples of aspects of the built environment that can affect our health include:

- Urban planning (such as availability and design of housing, public transport, recreational facilities, location of different land uses etc)
- Air pollution
- Noise pollution
- Contaminated land
- Waste management
- Stormwater pollution

Inadequate management of the above can contribute to a wide range of health effects such as headaches, respiratory problems, communicable diseases, stress etc.

Managing aspects of the built environment that can impact health requires a multi-disciplinary approach across Council sections. The Department undertakes the following activities to address the environmental health impacts associated with the built environment:

**Environmental Education** – Provide education to local communities and businesses on managing their environmental impacts. The Department also provides information to residents on managing domestic environmental impacts including information on stormwater pollution, waste management and air pollution.

**Planning Assessment** –The Planning and Building Officers ensure that environmental health issues such as noise control, air pollution, contaminated land management and waste management are considered in Council planning policy and development assessment.

**Complaint Investigation** – The Department often receives and acts upon complaints from the community regarding environmental pollution matters. Environmental pollution matters that do not fall within the Departments jurisdiction are referred to the relevant government agency.

The Environmental Health Officer also needs to keep informed of national and state policy developments, which could influence its environment protection responsibilities in the future.

**Health Impact Assessment** - As detailed in the National Environmental Health Strategy ‘the key to creating healthy built environments is good planning that recognises potential health impacts from the outset.

**Environment Protection Act 1993 enforcement** – The EPA provides support such as technical advice, training and information technology and equipment to Councils. The Coorong District Council recognises that it is best positioned to deal with local environmental issues in the first instance and then seek adequate resources and or guidance from the EPA should they be required.

## Management Objectives and Actions – Built Environment

**Objective 3.10.1** – Support local businesses and residents to minimise their environmental health impacts through effective education.

<b>Actions</b>	<b>Performance Target/s</b>	<b>Year</b>	<b>Resource Implications</b>
3.10.1.1 Educate local business and industry about the impacts of their operations on the environment and environmental management principles.	Initiate educational programs as it becomes available	Ongoing	a – resource allocated
3.10.1.2 Provide education on domestic environmental health issues to local residents through the Council’s website, information pamphlets at Council Offices, public displays, community newspapers.	Initiate educational programs as it becomes available	Ongoing	a – resource allocated

**Objective 3.10.2** – Effectively respond to environmental pollution complaints in cooperation with other relevant responsible agencies.

<b>Actions</b>	<b>Performance Target/s</b>	<b>Year</b>	<b>Resource Implications</b>
3.10.2.1 Respond to environmental pollution complaints within Council’s jurisdiction in a uniform manner.  Pollution/Contamination/Assessment/Investigation	Commence investigation of complaint within 5 business days of receipt of complaint  Refer assessment to external agency within 5 business days of lodgment if beyond jurisdictional responsibility.	Ongoing  As required	a – resource allocated  b – monitor and report resource requirements
3.10.2.2 Maintain an up to date register of all environmental pollution related complaints in the Council area and their assessment status.	Register maintained on Health Manager.	Ongoing	a – resource allocated

**Objective 3.10.3** – Promote ‘healthy built environments’ through Council’s planning policy and assessment.

<b>Actions</b>	<b>Performance Target/s</b>	<b>Year</b>	<b>Resource Implications</b>
3.10.3.1 Ensure that all Development staff are aware of development circumstances requiring referral to the Environmental Health Officer.	Development applications including wastewater systems are referred to the EHO.	Ongoing	a – resource allocated
3.10.3.2 Raise awareness on the role and functions of the EHO and the importance of preventing potential public health issues through Council’s planning policy and assessment processes.	Address at staff meetings	Ongoing	a – resource allocated

### **3.11 Emergency Management**

An important aspect of protecting public health is the effective mitigation and management of emergency or disaster risks to the local area. Emergency planning and management involves various Council sections, other relevant agencies and the local community.

The Council intends to tackle the emergency risks to the Coorong District Council area through the development and implementation of a Coorong Emergency Response Management (CERM) Plan. The Council has representatives from several departments undertaking training in Emergency Plan Management.

The development of the Coorong Emergency Response Management Plan is a component of the Coorong District Councils 2008 - 2012 Strategic Management Plan, and will relate to all relevant national and state guides for managing the environmental health issues during significant emergency events.

## Management Objectives and Actions – Emergency Management

**Objective 3.11.1** – Identify emergency mitigation measures that are the likely to impact on the Environmental Health of the community

Actions	Performance Target/s	Year	Resource Implications
3.11.1.1 Review the CERM process to determine actions that are the responsibility of Environmental Health in consultation with other Council departments.	Completion of review and consultation.	Ongoing	b – monitor and report resource requirements
3.11.1.2 Undertake a gap analysis of actions against recommended actions in the CERM and identify new tasks that need to be addressed in liaison with relevant agencies.	Gap analysis review completed	2013	b – monitor and report resource requirements
3.11.1.3 Implement recommended actions of the CERM Plan that are the responsibility of the department and reflect in the annual budgeting process.	New actions reflected in the 2013/14 Budget.	2013	b – monitor and report resource requirements

**Objective 3.11.2** – Ensure adequate emergency response planning which addresses potential environmental health issues.

Actions	Performance Target/s	Year	Resource Implications
3.11.2.1 Incorporate environmental health considerations in Council's emergency response plan.	Environmental health response measures incorporated into the Emergency Response Plan.	2013	b – monitor and report resource requirements
3.11.2.2 Participate in emergency management training to obtain up to date details on emergency management guidelines and proposed State and Regional Emergency Management Plans.	Attendance at meetings. Reports to Council on emergency management, policy, legislation & developments.	Ongoing	b – monitor and report resource requirements
3.11.2.3 Support staff training in emergency management for the environmental health profession.	Attendance at recommended training courses.	Ongoing	b – monitor and report resource requirements <i>(resourcing to be approved through the budget process)</i>
3.11.2.4 Ensure that the department maintains accessible copies of up to date environmental health emergency management guidelines.	Guidelines maintained as an easily accessible resource within the Department.	Ongoing	b – monitor and report resource requirements <i>(resourcing to be approved through the budget process)</i>

### **3.12 Home and Community Care Program**

Council jointly funds the Coorong District Council's Home and Community Care (HACC) program with the Federal Government agency Department of Health and Ageing and the State Governments Department for Communities and Social Inclusion. The program aims to provide practical support through a range of services and information to older people, younger people with a disability and their carers to assist them to remain living independently in their own homes.

HACC services are provided to the community through the Council and suitable Agencies. The Council and Agencies are governed by an overarching agreement with the Department of Health and Ageing and Department for Communities and Social Inclusion, memorandums of understanding are entered into tri-annually between the Council and subcontract Agencies.

There is a requirement for financial and service outcome data reporting and acquittal quarterly.

Additional funding has enabled the employment of a permanent part-time HACC Administration Officer to oversee the day to day operations of the Council's Home Maintenance and Modification program.

#### **HOME MAINTENANCE**

The home maintenance program assists HACC eligible clients who need help with minor maintenance to their own property.

The range of assistance provided by the Home Maintenance program includes:

##### **Home Safety & Security**

- Adjustment or replacement of existing door locks
- Fitting of new locks to windows
- Fitting key guards to screen doors
- Yard cleanup (once per year)
- Gutters cleared of debris

##### **Basic Home Maintenance**

- Minor plumbing - replacing tap and toilet washers
- Minor electrical - replacing light globes
- Minor carpentry - indoors only
- Minor repairs to gutters, fences, doors
- Other minor "fix-it" jobs (limited)
- Seal drafts from doors and windows
- Repair or replace fly wire

##### **Basic Home Modification**

- Installation of battery operated smoke detectors and battery replacement
- Installation of key safety boxes
- Installation of magnetic door catches
- Installation of grab rails and hand held showers

##### **Major Home Modification**

- Installation of ramps and rails
- Bathroom refits (removal of bath etc)

##### **What is NOT available**

- Painting
- Electrical work
- Major plumbing work
- Installation or repair of appliances

**Other Assistance**

If a request does not qualify for assistance under the scheme, referral may be made to qualified tradespersons at the client's request. Costs related to the service are not subsidised and the client is expected to cover the full cost.

**Cost of Services**

All services are subsidised to enable HACC clients to easily access support services. Clients can be requested to contribute a percentage of the service costs or material costs for the Home Modification Services.

As all Home Modification Service requests are from Occupational Therapists, no client will be refused access to a service because of an inability to pay a contribution. Clients who may experience difficulty in paying a client contribution will be interviewed and assessed once a quote has been received.

## Management Objectives and Actions – Home and Community Care Home Maintenance and Modification

**Objective 3.12.1** – Work collaboratively with relevant agencies to provide HACC Services within the Coorong.

<b>Actions</b>	<b>Performance Target/s</b>	<b>Year</b>	<b>Resource Implications</b>
3.12.1.1 Establish and maintain Memorandums of Understanding with suitable agencies.	MOU's in place and updated tri-annually	Ongoing	a – resource allocated
3.12.1.2 Support relevant agencies with promotion and education programs aimed at the informing HACC eligible clients of the services available.	Material available from Council Offices.	Ongoing	a – resource allocated
3.12.1.3 Monitor funding opportunities for the provision of other HACC health and prevention programs within the Coorong district Council area.	Report on opportunities to Council, through the Leadership Group. Applications for additional funding	Ongoing	c- additional resources needed for pro-active programs, based on community needs and grants.

**Objective 3.12.2** – Provision of quality HACC Services within the Coorong

<b>Actions</b>	<b>Performance Target/s</b>	<b>Year</b>	<b>Resource Implications</b>
3.12.2.1 Establish a network of suitably qualified trades' people to provide HACC Services and monitor the quality of work.	Establish databases and update regularly.	Ongoing	a – resource allocated
3.12.2.2 Participate in training, information briefings and seminars in relation to HACC services and funding.	Attendance at training and information sessions.	Ongoing	b – monitor and report resource requirements
3.12.2.3 Provide information to Council on HACC reforms and submit proposals for written responses to Council.	Information reports provided to Council.	As required	a – resource allocated
3.12.2.4 Provide community forums for client feedback	Initiate HACC feedback forums and follow up any complaints with in 5 business days	Ongoing	a – resource allocated

**Objective 3.12.3** – Ensure accurate and up-to-date financial and outcome data

<b>Actions</b>	<b>Performance Target/s</b>	<b>Year</b>	<b>Resource Implications</b>
3.12.3.1 Report financial and outcome statistics to HACC in accordance with contractual agreements.	Statistics reported to the HACC in a timely manner	Ongoing	a – resource allocated

## 4 Reviewing the Environmental Health Management Plan

The Sustainable Development Department is committed to reviewing its progress against the objectives and actions outlined in this Plan. The following types of information will be maintained by the Department to assist in reviewing progress against performance measures:

- Details of inspections and performance status on electronic databases of inspected facilities
- Notes on property files
- Key environmental health statistics e.g. immunisation records, waste control systems
- Notes on contractor performance and activities
- Records of environmental health complaints and follow-up actions undertaken
- Minutes of Department meetings
- Relevant documentation on environmental health policies, legislation and standards kept by the Department

### Responsibilities for Monitoring Plan Implementation

Food Safety	Environmental Health Officer
Immunisation	Environmental Health Officer
Notifiable Disease Control	Environmental Health Officer
Housing Conditions and Amenity	Environmental Health Officer
Manufactured Water Systems	Environmental Health Officer
Public Health Pest Control	Environmental Health Officer
Hairdressing and Skin Penetration Activities	Environmental Health Officer
Waste Control Systems	Environmental Health Officer
Waste Management	Manager Technical Services & EHO
Built Environment	Director Sustainable Development
Emergency Management	Director Sustainable Development
HACC Home Modification /Maintenance	Environmental Health Officer

Quarterly progress reports will form the basis of annual reports to be submitted to Council and to the Public and Environmental Health Council (as required under the *Public and Environmental Health Act 1987*).

## 5 References

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## 6 Glossary

Glossary of terms used in this report:

**Communicable Diseases** – Important groups of communicable diseases include food-borne diseases, vaccine preventable diseases, vector-borne diseases, zoonotic infections, HIV/AIDS related diseases and quarantinable diseases. Communicable diseases are notifiable under the *Public and Environmental Health Act 1987*.

**Cooling Towers** - Cooling towers are devices designed to cool water and dissipate heat to the environment and are often associated with air conditioning, refrigeration systems, and a wide range of other plant. The towers may have a variety of materials in their construction including fibreglass, P.V.C., galvanised and stainless steel, brass, wood and concrete.

**Ecologically Sustainable Development** – 'using, conserving and enhancing the community's resources so that ecological processes, on which life depends, are maintained, and the total quality of life, now and in the future, can be increased'.

**Environmental Health** - Those aspects of human health, including quality of life that are determined by physical, chemical, biological, social and psychosocial factors in the environment. It also refers to the theory and practice of assessing, correcting, controlling and preventing those factors in the environment that can potentially affect adversely the health of present and future generations.

**Food Business** – Under the *Food Act 2001*, 'food business' means a business, enterprise or activity (other than primary food production) that involves:

- The handling of food intended for sale; or
- The sale of food.

Regardless of whether the business, enterprise or activity concerned is of a commercial, charitable or community nature or whether it involves the handling or sale of food for one occasion only. Food business even includes businesses like chemists, cinemas, corner stores, petrol stations and swimming pools, if they sell packaged or any other type of food. Food businesses from major food manufacturers to the local church group that holds a once per year food fair, have defined responsibilities under the legislation to ensure the safety of food.

**Health** - The World Health Organisation (the United Nations specialised agency for health) defines health as 'a state of complete physical, social and mental wellbeing, and not merely the absence of disease or infirmity'.

**Insanitary Condition** – As defined by the *Public and Environmental Health Act 1987*, premises are in an insanitary condition if:

- the condition of the premises gives rise to a risk to health; or
- the premises are so filthy or neglected that there is a risk of infestation by rodents or other pests; or
- the condition of the premises is such as to cause justified offence to the owner of any land in the vicinity; or
- offensive material or odours are emitted from the premises; or
- the premises are for some other reason justifiably declared by the authority to be in an insanitary condition.

**Legionella Bacteria** - Legionella bacteria are very common in our environment at low levels and can be found in rivers, ponds and soil. Cooling towers and warm water systems can provide a warm, supportive environment conducive to growth well beyond normal environmental levels. The presence of other water based organisms, such as amoeba, algae and other bacteria within these environments can provide greater nutrient levels further enhancing growth of Legionella.

**Legionnaires Disease (Legionellosis)** - Legionnaires' disease (Legionellosis) is a serious and sometimes fatal form of pneumonia. Legionnaires' disease is caused by infection with Legionella bacteria. There are over forty strains, those that are most commonly associated with human cases are Legionella pneumophila and Legionella longbeachae. Although not all cases of Legionnaires' disease are severe, up to ten per cent of cases are fatal

**Manufactured Water Systems** - Air conditioning plants (such as cooling towers) or warm water distribution systems.

**Notifiable Diseases** - Diseases that are notifiable under the *Public and Environmental Health Act 1987*. The Act places a duty on doctors and laboratories to forward any relevant data on cases of notifiable diseases to the Department of Health Communicable Diseases Branch.

**Public Health** - The art of preventing disease, prolonging life and promoting health.

**Supported Residential Facility** – As defined by the *Supported Residential Facilities Act 1992*, a supported residential facility means premises at which, for monetary or other consideration (but whether or not for profit), residential accommodation is provided or offered together with personal care services (other than for members of the immediate family of the proprietor of the facility).

**Vector** - A vector is 'any organism capable of transmitting the causative agent of human disease or capable of producing human discomfort or injury, including mosquitoes, flies, fleas, cockroaches, or other insects and ticks, mites, or rodents'.

## **Appendix 1            Information about the Coorong District Council**

### **Community, District and Council Overview**

#### **Key features:**

- 8,860 square kilometres of mainly rural land
- Main towns of Tailem Bend, Meningie, Tintinara and Coonalpyn plus other smaller settlements (Tailem Bend very accessible from Adelaide)
- Dukes Highway and the Princess Highway are key transport corridors
- Large area of coastline and the environmentally renowned Coorong
- Adjoins lower reaches of River Murray and encompasses Lake Albert and part of Lake Alexandrina
- Strong diversified primary industry base
- Council offices maintained at Tailem Bend, Meningie, and Tintinara (“Nobody is more than 80 km from a service centre”)
- Population 5,825 (2009 ABS Estimated Resident Population).
- Rateable Properties – 3,761
- 8,836 square kilometres of mainly rural land.
- Main towns of Tailem Bend, Meningie, Tintinara and Coonalpyn plus other smaller settlements including Peake, Sherlock, Coomandook, Yumali, Ki Ki, Noonameena, Salt Creek, Policeman’s Point, Narrung and Raukkan.
- Large area of coastline and the environmentally renowned Coorong.
- Includes lower reaches of River Murray and encompasses Lake Albert and part of Lake Alexandrina.
- Strong diversified primary industry base.
- Length of Council Roads 1,884kms including 321kms of sealed roads and 1,563kms of unsealed roads
- Replacement Cost of Infrastructure \$114,212,000
- Full time staff (FTE’s) 59.9.
- General Rate Income \$4,954,955
- Community Wastewater Management Scheme (CWMS) Rates \$476,200
- NRM Levies \$102,468
- Other separate rates \$23,024

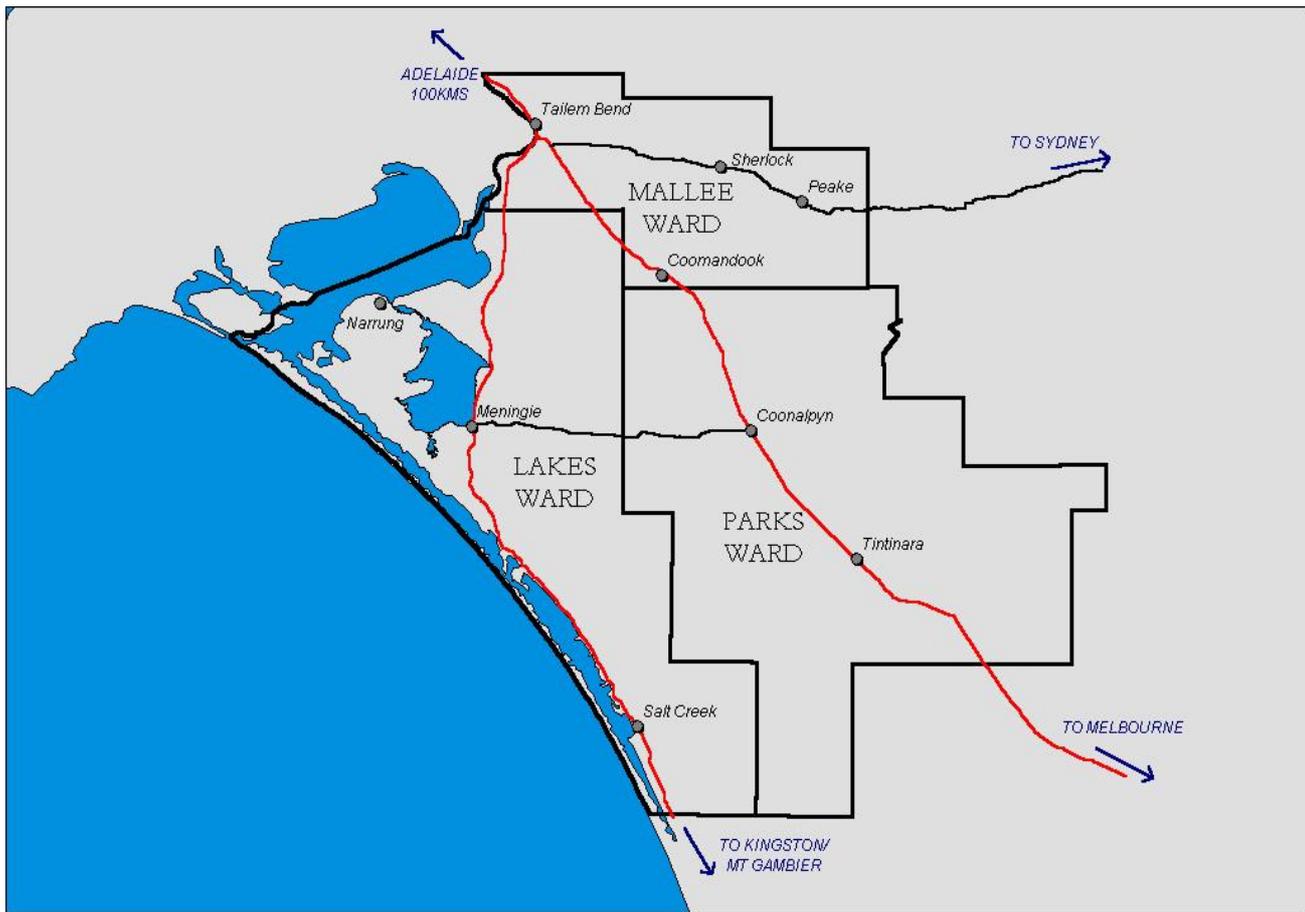
## Coorong Population Projections

The population projections have been extracted from Statistical Division population projections used by State Government agencies.

The projections are based on population estimates from the 2001 ABS Census of Population and Housing and other relevant data. Demographic data required to produce a new set of population projections based on the 2006 ABS Census of Population and Housing will not be available until late 2008. Therefore, a 2006 set of population projections will not be available until 2009.

<b>Persons</b>	<b>2001</b>	<b>2006</b>	<b>2011</b>	<b>2016</b>	<b>2021</b>
<b>0-4</b>	417	341	307	291	273
<b>5-9</b>	438	390	324	292	275
<b>10-14</b>	468	392	354	292	261
<b>15-19</b>	386	351	295	257	210
<b>20-24</b>	255	305	281	233	193
<b>25-29</b>	309	232	289	264	217
<b>30-34</b>	369	299	236	291	264
<b>35-39</b>	461	351	293	230	283
<b>40-44</b>	455	436	338	282	223
<b>45-49</b>	399	455	442	342	285
<b>50-54</b>	429	376	433	421	325
<b>55-59</b>	406	452	401	463	450
<b>60-64</b>	328	392	444	394	457
<b>65-69</b>	254	306	371	423	378
<b>70-74</b>	203	235	288	350	403
<b>75-79</b>	169	167	198	245	302
<b>80-84</b>	89	141	143	173	219
<b>85+</b>	82	100	150	182	230
<b>Total</b>	<b>5,917</b>	<b>5,721</b>	<b>5,587</b>	<b>5,425</b>	<b>5,248</b>

# Coorong District Map



## Appendix 2 – Statutory Responsibilities for Environmental Health

The Acts of Parliament under which the Coorong District Council has a statutory role for environmental health include the:

*Public and Environmental Health Act 1987*  
*Food Act 2001*  
*Supported Residential Facilities Act 1992*

Other relevant Acts, include the:

*Environment Protection Act 1993*  
*Local Government Act 1999*  
*Housing Improvement Act 1940*

The table below summarises the components of these Acts which (either directly or indirectly) require Local Government to provide environmental health services for its community.

### Council's Statutory Responsibilities for Environmental Health

Relevant Legislation	Council's Administration Role
<i>Food Act 2001 and Regulations</i>	As stated in Part 2 S.4(1) of the Food Regulations 2002 all municipal and district councils are an 'enforcement agency' under the <i>Food Act 2001</i> . Council is the enforcement agency for food premises that operate within the council area. For mobile food businesses, the location of the 'main depot or food preparation area' determines the relevant authority.
<i>Public and Environmental</i>	S.12(A)2 of the <i>Public and Environmental Health Act 1987</i> states that 'It s <i>Health Act 1987</i> and the duty of a local council to promote proper standards of environmental <i>Regulations</i> health in its area'.
<i>Supported Residential Regulations</i>	Part 3 S.9(1) of the <i>Supported Residential Facilities Act 1992</i> defines the 'Role of councils': <i>Facilities Act 1992</i> and A council has the function to undertake the administration and enforcement of this Act within its area and to be responsible for licensing of SRFs which are situated within its area.
<i>Local Government Act 1999</i>	Chapter 2 S.6 of the <i>Local Government Act 1999</i> describes the principle functions of a council. Within this list of functions it states that it is a function of a council to: Provide services and facilities that benefit its area including health Manage, protect, restore and enhance the environment  Under S.254 of the <i>Local Government Act 1999</i> Council can order improvements to unsightly property conditions resulting in the 'impairment of the amenity' of the locality.  S.7(d) of the Act requires councils 'to take measures to protect its area from natural and other hazards and to mitigate the effects of such hazards' (e.g. councils need to address emergency management with their communities).
<i>Housing Improvement Act 1940</i>	Using the <i>Housing Improvement Act 1940</i> the Council has powers to address housing conditions that are potentially 'un-fit' or 'undesirable' for human habitation and if deemed necessary require work to be carried out on the house or its demolition.

*Environment Protection  
Act 1993*

Through recent amendments to the *Environment Protection Act 1993*, councils can now volunteer as ‘administering agencies’ under the Act and enforce the Act for non-licensed activities.

## Appendix 3 – List of Notifiable Diseases



### Diseases notifiable under Section 30 of the Public and Environmental Health Act, 1987

Department  
of Health

Notifications should occur as soon as practicable, but in any event within 3 days of suspicion of diagnosis.

June 2004

- |   |   |
|---|---|
| ■ Acquired Immune Deficiency Syndrome (AIDS)                  | ☒ Leptospirosis   |
| ☒ <b>Anthrax</b>  | ☒ Listeriosis   |
| ☒ Arbovirus infections, other                                 | ☒ Malaria   |
| ☒ <b>Australian bat lyssavirus infection</b>                  | ☒ <b>Measles</b>  |
| ☒ Barmah Forest virus infection                               | ☒ <b>Meningococcal disease, invasive</b>                              |
| ☒ <b>Botulism (<i>C.botulinum</i> causing food poisoning)</b> | ☒ Mumps   |
| ☒ Brucellosis   | ☒ <b>Murray Valley Encephalitis virus infection</b>                   |
| ☒ <i>Campylobacter</i> infection                              | ❖ Mycobacterial infection, non-tuberculous                            |
| ■ <i>Chlamydia trachomatis</i> , genital only                 | ❖ Mycobacterial infection, tuberculosis                               |
| ☒ <i>Chlamydia pneumoniae</i> infection                       | ☒ <b>Paratyphoid (S.Paratyphi)</b>                                    |
| ☒ <b>Cholera</b>  | ☒ Pertussis (Whooping cough)  |
| ☒ Cryptosporidiosis   | ☒ <b>Plague</b>   |
| ☒ Dengue virus infection                                      | ☒ Pneumococcal disease, invasive                                      |
| ☒ <b>Diphtheria</b>   | ☒ <b>Poliomyelitis</b>  |
| ■ Donovanosis   | ☒ Psittacosis/Ornithosis  |
| ☒ <b>Food poisoning (including Botulism)</b>                  | ☒ Q fever   |
| ■ Gonococcal infection  | ☒ <b>Rabies</b>   |
| ☒ <b>Haemolytic Uraemic Syndrome (HUS/TTP)</b>                | ☒ Ross River virus infection  |
| ☒ <b>Haemophilus influenzae</b> infection, invasive           | ☒ Rubella and Congenital Rubella Syndrome                             |
| ☒ <b>Haemorrhagic fevers</b>                                  | ☒ <i>Salmonella</i> infection   |
| ☒ Hepatitis A   | ☒ <b>Severe Acute Respiratory Syndrome (SARS)</b>                     |
| ■ Hepatitis B   | ☒ <b>Shiga Toxin Capable/Producing <i>E.coli</i> infection (STEC)</b> |
| ■ Hepatitis C   | ☒ <i>Shigella</i> infection   |
| ☒ Hepatitis, other viral                                      | ■ Syphilis/Congenital Syphilis  |
| ■ HIV infection   | ☒ Tetanus   |
| ☒ Hydatid disease   | ❖ Tuberculosis  |
| ☒ <b>Japanese Encephalitis virus infection</b>                | ☒ <b>Typhoid (S.Typhi)</b>  |
| ☒ Kunjin virus infection                                      | ☒ Varicella-zoster infection (chickenpox and shingles)                |
| ☒ <i>Legionella longbeachae</i>                               | ☒ <b>Viral haemorrhagic fevers</b>                                    |
| ☒ <b>Legionella pneumophila</b>                               | ☒ Whooping cough (Pertussis)  |
| ☒ <i>Legionella</i> , other species                           | ☒ <b>Yellow fever</b>   |
| ☒ Leprosy   | ☒ <i>Yersinia</i> infection   |

#### KEY

- ☒ **Urgent notification.** Contact the Communicable Disease Control Branch as soon as possible on phone 8226-7177 (24 hour paging service).
- ☒ Routine notification. Post or fax the *Report of notifiable disease or related death form* to CDC Branch, Reply paid service No. 11, PO Box 6, RUNDLE MALL, SA, 5000 or confidential fax to 8226-7197.
- Requires notification to STD Services. A special form will be forwarded automatically to the doctor upon a positive laboratory result, or phone 8226-6025 for a copy.
- ❖ Routine notification. Post the *Report of notifiable disease or related death form* to SA Tuberculosis Service, 275 North Terrace, ADELAIDE SA 5000 or phone 8222-5483.

