




Speech By  
**Christian Rowan**

**MEMBER FOR MOGGILL**

---

Record of Proceedings, 26 May 2016

**PUBLIC HEALTH (WATER RISK MANAGEMENT) AMENDMENT BILL**

 **Dr ROWAN** (Moggill—LNP) (12.04 pm): I rise to address the Public Health (Water Risk Management) Amendment Bill 2016, which proposes to amend the Public Health Act 2005. I note that the Queensland parliament's Transport and Utilities Committee recommended that the bill be passed. I certainly support the intent of the bill in establishing a legislative framework for water risk management to protect the health of the public, particularly those at high risk from the effects of legionella, including severely immune compromised patients and residents and patients with chronic diseases in hospitals and residential aged-care facilities.

The objectives of the bill identify that the focus of the legislation is the management of legionella bacteria with the risk management approach proposed applicable to the management of other water borne bacteria. The explanatory notes state that the bill will initially apply to public hospitals as well as private hospitals licensed under the Private Health Facilities Act 1999 and residential aged-care facilities under the Commonwealth's Aged Care Act 1997. The bill identifies a requirement for a water risk management plan, the notification of positive legionella results and the authority for the chief executive to publicly report the presence of legionella.

Legionella is a common occurrence in our water systems. One of the multibarrier treatment strategies is water temperature management. The legionella bacteria multiply where temperatures are between 25 degrees Celsius to 45 degrees Celsius and nutrients are available. The bacteria are dormant at below 20 degrees Celsius and do not survive above 60 degrees Celsius. Ensuring that water temperatures can be delivered within this range when incoming water reflects the ambient temperature in the heat of summer in Queensland can be very challenging. Routine testing, which will form part of a robust water risk management plan, may highlight this challenge further.

I support the reporting of results proposed by new section 61K as long as it provides an opportunity to provide information to the community and enhance understanding of this important public health matter and confidence in our hospital and aged-care facilities. I reinforce the need for healthcare and aged-care facilities to provide notes in relation to the results, including an option to identify actions taken and subsequent results of tests performed.

The Central Queensland Hospital and Health Service submitted concerns regarding the costs for facilities that are already captured by the interim measures implemented in 2013. The costs associated with water sampling and remedial infrastructure measures can be considerable—ranging from hundreds of thousands of dollars to millions of dollars where complex and often aged plumbing systems are installed. Although I support investment in water risk management strategies, I acknowledge that, in a time of constrained Health budgets, this creates an additional cost burden.

The application to aged-care facilities particularly may bring with it some design and capital costs challenges. The design of aged-care facilities can be homelike and hot-water systems may not be of commercial capacity, but domestic systems that do not cope with running the systems for extended

periods to heat the pipes. I call upon the minister to monitor the impact of the bill on aged-care and hospital providers and, where possible, provide guidance for water risk management strategies within this context to mitigate both public health risks and reasonable financial impacts on health service providers. Our private and public healthcare facilities provide exceptional services for the residents of my electorate of Moggill.

In Queensland, we are seeing the return of inefficiency and reduced productivity in some Queensland hospital and health services as a consequence of a government beholden to union bosses—as the member for Mansfield would say, a government of the unions, a government by the unions and a government for the unions. With the scandalous actions already undertaken by various militant unions, including unlawful strikes by the CFMEU and the ETU on hospital sites, including the Sunshine Coast university hospital, there is a real risk of hospital water infrastructure not being appropriately maintained, particularly if the plumbing union undertakes unsanctioned or illegal industrial action, which could lead to risks to patient care.

I have seen firsthand health union thuggery and lawlessness, bullying and intimidation. The current de facto shadow federal Labor health minister, the AMA federal president Brian Owler, and his brand of socialist ACTU affiliated federal ASMOF colleagues, are all advocates for union thuggery and intimidation. Their hypocrisy is extraordinary. Brian Owler's legacy will be one of fostering union bullying and union intimidation and championing socialist left-wing causes to the detriment of Queensland, but no surprise given Labor's treatment and conduct and the vilification of individuals I have heard about in this place.

**Ms Grace:** You let your members down!

**Dr ROWAN:** I take the interjection from the member for Brisbane Central. The health unions have a track record in this state for disrupting health services to the detriment of the people of Queensland and for fostering union bullying and intimidation to the detriment of patients in Queensland. It is the people of Queensland who matter, but when it comes to the unions in this state they foster a culture of bullying, intimidation and harassment to the detriment of services. That is why we had unlawful strikes at the Lady Cilento Children's Hospital.

**Mr RYAN:** I rise to a point of order.

**Mr HINCHLIFFE:** I rise to a point of order.

**Mr DEPUTY SPEAKER** (Mr Crawford): I did not see who had the first point of order.

**Mr RYAN:** I am sure mine will be the same as the Leader of the House would make. It is on relevance. This has no relevance to the bill or the long title of the bill and I ask you to bring the member back to the bill.

**Mr DEPUTY SPEAKER:** Leader of the House, did you have a further point of order or was yours the same?

**Mr HINCHLIFFE:** The member for Morayfield did very well.

**Mr DEPUTY SPEAKER:** Thank you. Member for Moggill, I will remind you to keep to the topic.

**Dr ROWAN:** Thank you for your guidance. My great concern relates to the plumbing unions potentially having unlawful strikes on hospital facilities in this state and disrupting water infrastructure.

**Mr DICK:** I rise to a point of order, again on relevance. This has nothing to do with the legislation. I would respectfully suggest you bring the speaker back to the bill.

**Mr DEPUTY SPEAKER:** As I said before, member for Moggill, if we can keep to the topic.

**Dr ROWAN:** Certainly maintaining our vital infrastructure in this state is very important. Certainly protecting our vital water infrastructure from transmissible infectious diseases, whether that be legionella or other bacteria in our water supplies, is very important. I commend the Public Health (Water Risk Management) Amendment Bill 2016 to the House and I certainly support its intent.