



Part 1 - A Guide to an Environmental Health Plan

Part 2 - Example of an Environmental Health Plan

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Part 1

A Guide to an Environmental Health Plan

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1.0

Glossary Of Terms

AIEH	Australian Institute of Environmental Health
AQL	Acceptable Quality Level - refers to the hygiene standard for carcase and carton meat. It requires compliance with the Australian Standard for Hygienic Production of Meat for Human Consumption.
HACCP	Hazard Analysis Critical Control Point - a quality assurance principle developed for the food industry. The HACCP system is a proactive and preventative method of managing food safety and quality.
Immunity	Immunity is that resistance usually associated with the presence of antibodies or cells having a specific action on the microorganism concerned with a particular infectious disease or on its toxin.
Immunisation	Immunisation is inoculation of the infectious agent itself in killed, modified or variant form, or of fractions or products of the agent, to attain immunity.
NH&MRC	National Health & Medical Research Council
WAMA	Western Australian Municipal Association

2.0 Purpose

The purpose of this document is to present a draft strategic model plan for environmental health. Environmental Health Officers will often have forward plans based on inspection lists or sampling activities. This model is provided to assist in the documentation of the planning process.

A plan can be defined as a document that details activities to be carried out over a set period of time. It will achieve a desired outcome which can be measured and evaluated for effectiveness.

There are a variety of planning techniques and models available. This model is based on a structured functional goal/strategies approach. The model is most suited to a local government which has not engaged specialist organisational strategic planners or consultants. In such a case the model adopted for the entire organisation may be more appropriate.

Part 1 is a brief explanation of each of the components of a structured functional plan with a range of examples where appropriate.

Part 2 is a hypothetical plan.

Acknowledgments

Sections of this document are taken from the Health Plans of the City of Stirling, City of Canning, Shire of Mundaring and the AIEH Municipal Health Plan.

Members Of The Working Group

At various times the following persons have been members of the Working Group:

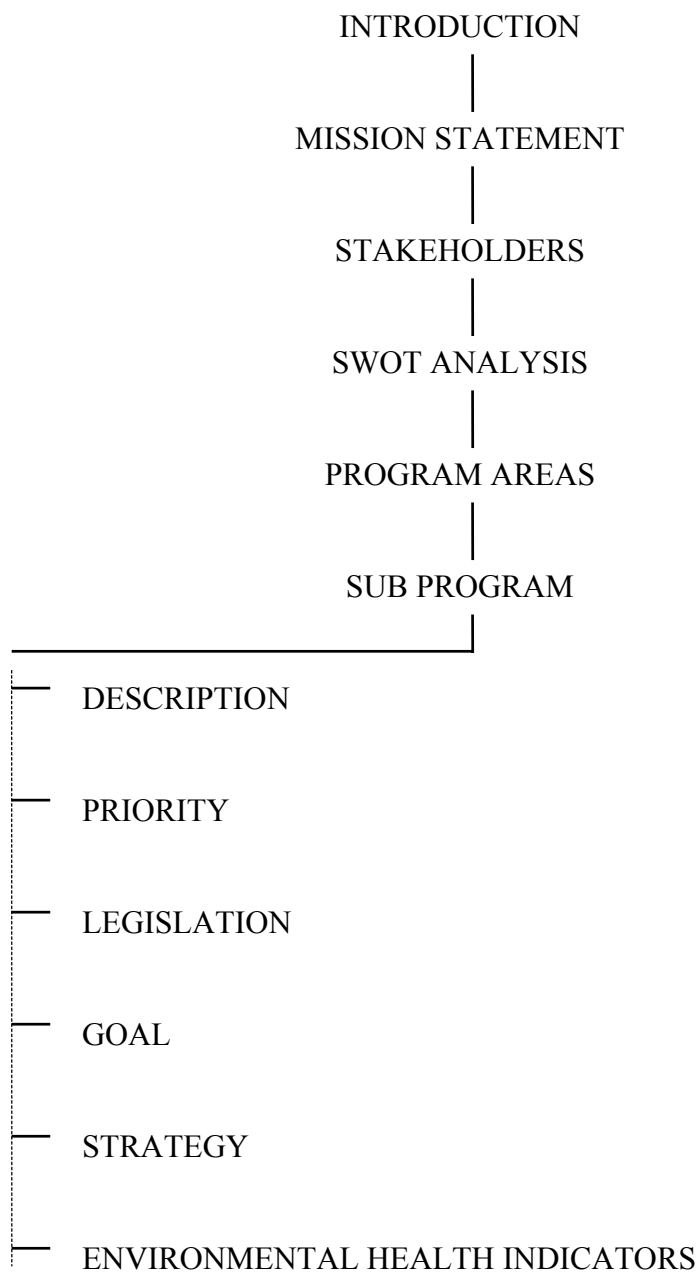
Vic Andrich	-	Town of East Fremantle	Gordon Florence	-	City of Wanneroo
John Bridgham	-	Town of Northam	John Giorgi	-	City of Perth
David Chidlow	-	Shire of Mundaring	Ray Green	-	Town of Narrogin
Elizabeth Cox	-	City of Stirling	Donald Howell	-	Health Dept of WA
Dick Currie	-	City of Perth	Wayne Jolley	-	Health Dept of WA
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John Erceg	-	Shire of Swan	Bert Munyard	-	Shire of Northam
Les Float	-	City of Stirling	David Peckitt	-	Health Dept of WA

3.0 Plan Introduction

The introduction briefly describes the purpose of the strategic plan and the context in which it was developed, including legislative requirements and relationships with other plans.

It should also indicate who was involved in the preparation of the plan and its time frame.

4.0 Plan Skeleton



5.0 Mission Statement

A mission statement can be defined as a broad statement of purpose. The mission statement can include answers to the following questions;

- Who are we?
- What are the basic needs we fill ?
- What do we do to recognise and respond to these needs ?
- How should we respond to our Stakeholders ?
- What are our core values ?
- What makes us unique ?

Examples

1. *"The Health Department will provide a progressive and effective public and environmental health service, which efficiently addresses community needs and expectations" - Working Group on Environmental Health Planning.*

2. *"The identification and delivery of sustainable environmental health services in accordance with legislative and community needs in a coordinated, balanced and efficient manner so as to enhance and safeguard public health, safety and wellbeing." - City of Canning Draft Mission.*

3. *"The Health Department exists to administer public/environmental health legislation, policy and best practice in the community. It will deliver its service in accordance with legislation, community needs and expectations in a progressive and efficient manner, in the expectation that public health will be preserved and improved."*

In some cases it will be appropriate to create the mission statement from the overall local government corporate plan. The environmental health plan mission statement should complement the health service strategy or goal identified in the corporate plan. This links the Environmental Health Plan to the goals and objectives of the overall organisation.

6.0 **Stakeholders**

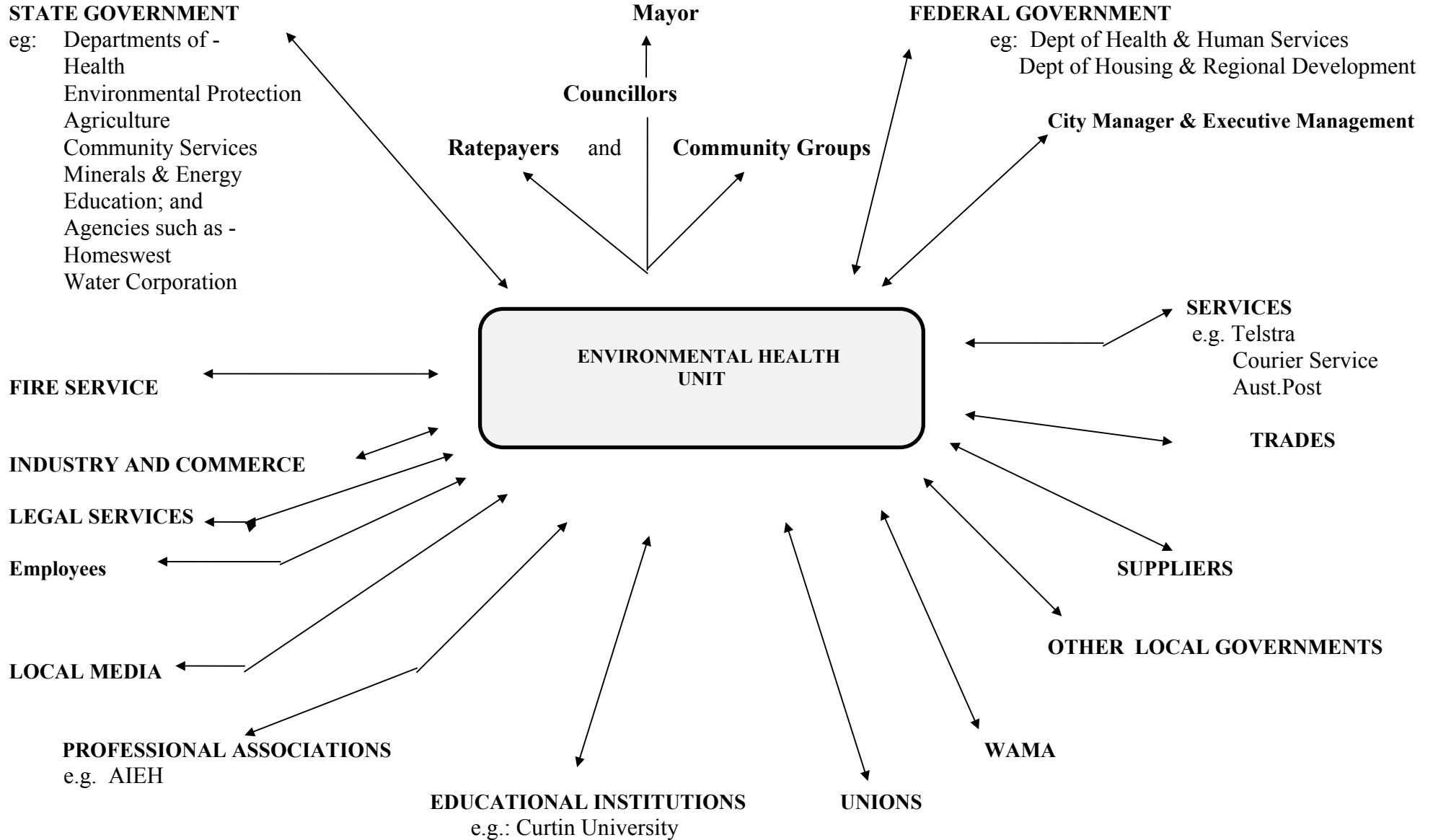
Stakeholders are agencies or people, whose actions influence the conduct of environmental health service delivery. These may be divided into internal and external stakeholders.

Internal stakeholders may include Mayor/Councillors, CEO, managers, staff, committees etc.

External stakeholders include Federal and State Government, unions and industrial organisations, community groups, suppliers, professional associations, training organisations, ratepayers, educational institutions, legal services, service industries, economic activities etc.

See the diagram on the next page.

STAKEHOLDER MODEL



7.0

S.W.O.T Analysis

An essential part in the development of an environmental health plan is the identification of **Strengths/Weaknesses, Opportunities/Threats** as an understanding of these will be useful in implementing the plan.*

Strengths/Weaknesses usually relate to the internal stakeholders; eg

Strengths

- Leadership.
- Management professionalism, stability and freedom of action.
- Orientation towards action and innovation.
- Work force dedication and morale.
- Staff competency/experience.
- Effective training programs.
- Organisation - independence and flexibility.
- Adequate funding.
- Good community support/participation.
- Good labour relations.

Weaknesses

- Organisation - too hierarchical.
- Lack of corporate vision.
- No strategic planning.
- Ineffective leadership.
- Poor labour relations.
- Insufficient staff.
- Outdated personnel system.
- Ineffective community participation.
- Legislative restrictions.
- Declining revenue.

Opportunities/Threats are usually identified in the external environment; eg

Opportunities

- Access to services.
- Economic development.
- Reorganisation and service redesign.
- Relationships with community and other key stakeholders.

Threats

- Revenue loss.
- Revenue demands.
- Depressed national and regional economy.
- Competition from other governments, regions and the private sector.
- Decreasing economic base.
- Uncooperative stakeholders

*Reference: Bryson J. M.(1988) Strategic Planning For Public Health And Non Profit Organisations
Jossey Bass Inc. California

8.0 Program Areas

Programs reflect major functional areas in environmental health e.g. Food Safety, Disease Control, Pest Control.

Sub Programs are components of Programs which utilise common processes to achieve targets or goals.

E.g.

PROGRAM	FOOD	DISEASE CONTROL
SUB PROGRAMS	Food Sampling	Immunisation
	Food Premises Inspections	Notifiable Disease
	Meat Inspection	Hairdressing & Skin Penetration

Goal A goal is a general statement of what is to be accomplished. It is a target to aim for.

Examples of Program Goals

Example 1

FOOD

That food for sale to the public meets the prescribed composition standard and is sold and prepared in a manner and in premises that complies with legislation.

Example 2

DISEASE CONTROL

To prevent or limit the spread of infectious diseases in the community.

9.0 **Sub Program Description**

The description is a brief explanation of the background, rationale or subject of the sub program

Examples of Sub Program Descriptions

Example 1

FOOD PREMISES ASSESSMENTS

Regular food premises assessments are conducted to ensure maintenance and improvement of food hygiene standards. Assessments also include training of food handlers.

Example 2

IMMUNISATION

The immunisation service is provided in conjunction with the Health Department of W.A. to maintain and improve the immunisation status of the community.

10.0 Sub Program Priority and Legislation

Priority

The two most variable factors in prioritising sub programs are health risk and community expectation as expressed through either community groups or Council.

For example, if a function is both a high risk to public health and carries a high community expectation, it must assume the highest priority. Alternatively, if the public health risk is low, there is no legislative requirement and no community expectation, the sub program will carry a low priority.

The following graph may assist in developing the priority for any particular sub program.



Section 26 of the Health Act empowers and places responsibility on local government to administer the Act, its regulations and local laws, within its district.

A statutory requirement either by the Health Act, its regulations or local laws may place a specific obligation on local government to perform certain activities. Generally, these are reactive in nature and are tied to approvals, registrations, licences and certifications (eg food premises registration). Such activities are often part of a larger Sub Program (eg Food Premises Assessments). In terms of prioritising, these activities must be performed even though the Sub Program in which it is placed may not have the highest priority. However, if a statutory activity dominates, then the Sub Program should be given a high priority.

Relevant Legislation

This is simply a list of legislation relevant to the Sub Program.

Section 26 of the Health Act empowers and places an obligation on local government to administer the Act and all subsidiary legislation (ie. regulations and local laws made under the Act) within its district. This requirement, therefore, extends across all sub programs covered by this document, but does not need to be stipulated under each separate Sub Program profile. It is however, imperative to list particular and relevant legislation as both a reference and to clarify what legislation there is an obligation for local government to administer.

Examples of Sub Program Legislation

Example 1.

FOOD PREMISES ASSESSMENT

Health Act (Food Hygiene) Regulations 1993
Eating House Local Laws.

Example 2.

IMMUNISATION

Health Act - Sections 250 & 340

NOTE : There may also be other legislation or policies which relate to the performance of a Sub Program which are outside of health legislation. It would be useful to also list such requirements (eg Town Planning policies).

11.0

Sub Program Goal

A goal is a general statement of what is to be accomplished. It is an ideal target to aim for.

Examples of Sub Program Goals

Example 1

FOOD PREMISES ASSESSMENT

To ensure food is prepared using high standards of hygiene in premises which comply with legislation.

Example 2

IMMUNISATION

Provide a safe and comprehensive immunisation service to the community.

12.0

Sub Program Strategies

Strategies are general statements of how goals are to be achieved. They should be statements that can be measured and are achievable.

Examples of Sub Program Strategies

Example 1

FOOD PREMISES ASSESSMENT

- Conduct regular assessments of food premises
- Develop and introduce HACCP and Food Safety Plans.

Example 2

IMMUNISATION

- Conduct an immunisation program in accordance with NH&MRC Guidelines.
- Actively promote immunisation in the community.

Part 2

Example of an Environmental Health Plan

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SHIRE OF X

ENVIRONMENTAL HEALTH PLAN

1996 - 2000

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Glossary Of Terms

AIEH	Australian Institute of Environmental Health
AQL	Acceptable Quality Level - refers to the hygiene standard for carcase and carton meat. It requires compliance with the Australian Standard for Hygienic Production of Meat for Human Consumption.
DEP	Department of Environmental Protection.
HACCP	Hazard Analysis Critical Control Point - a quality assurance principle developed for the food industry. The HACCP system is a proactive and preventative method of managing food safety and quality.
Immunity	Immunity is that resistance usually associated with the presence of antibodies or cells having a specific action on the microorganism concerned with a particular infectious disease or on its toxin.
Immunisation	Immunisation is inoculation of the infectious agent itself in killed, modified or variant form, or of fractions or products of the agent, to attain immunity.
NH&MRC	National Health & Medical Research Council
WAMA	Western Australian Municipal Association

INTRODUCTION

Section 26 of the Health Act empowers and places responsibility on local government to administer the Act, its regulations and local laws, within its district.

This Environmental Health Plan has been prepared to satisfy the requirements of the Health Act 1911 and the Local Government Act 1995.

It was developed in conjunction with Council's Corporate Plan to set out the manner in which environmental health functions will be performed over the next four years.

Goals and strategies in each of the program areas of the plan were identified in consultations with all staff in Council's Environmental Health Service after a thorough analysis of roles, responsibilities, practices and procedures.

Minimum and desirable inspection frequencies have also been determined to guide Council and indicate the level of performance expected by the Executive Director Public Health of the Health Department of WA. These are produced separate to this document.

It is proposed that this Plan will be reviewed annually to enable progress and priorities to be re-assessed.

MISSION STATEMENT

The Council Environmental Health Service will provide a progressive and effective public and environmental health service, which efficiently addresses community needs and expectations

Stakeholders

Internal

- Shire President
- Councillors
- Chief Executive Officer
- Executive Management
 - Engineering
 - Finance
 - Planning
 - Building
- Planning Committee
- Waste Management Committee
- Environmental Advisory Committee

External

- Ratepayers/Residents
- Federal Government
- State Government
 - Department of Environmental Protection.
 - Health Department of WA
 - Water Corporation
 - Ministry of Planning
 - Local Government Department
 - Department of Agriculture
 - Titles Office
- Food Premises Proprietors/Owners
- Trades
 - Builders
 - Plumbers
- Architects
- Waste Contractor
- Unions
- AIEH
- Curtin University
- Local Media
- WAMA

S.W.O.T Analysis

Strengths

- Environmental Health Service staff with 50 years of combined experience from a range of local governments.
- Supportive Council in relation to environmental health issues.
- Town Planning Scheme 3.

Weaknesses

- Insufficient human resources to effectively carry out all functions.
- Insufficient vehicles for inspection purposes.
- Plumbing self certification.

Opportunities

- Plumbing self certification.
- Devolution of pollution control powers from DEP.

Threats

- Reduced funding.
- Cost of services - water sampling.

PROGRAMS AND SUB PROGRAMS

- 1. Food**
- 2. Disease Control**
- 3. Waste Management**
- 4. Water**
- 5. Accommodation**
- 6. Vector & Pest Control**
- 7. Health Promotion**
- 8. Aboriginal Environmental Health**
- 9. Other**

PROGRAMS

SUB PROGRAMS

- | | |
|------------------------------------|--|
| 1. Food | 1.1 Food Premises Assessments
1.2 Food Sampling
1.3 Meat Inspection |
| 2. Disease Control | 2.1 Notifiable Diseases
2.2 Immunisation
2.3 Hairdressing & Skin Penetration |
| 3. Waste Management | 3.1 Effluent Disposal
3.2 Liquid Waste
3.3 Refuse Collection
3.4 Refuse Transfer/Disposal
3.5 Waste Minimisation (Recycling) |
| 4. Water | 4.1 Water Surveillance
4.2 Public Swimming Pools |
| 5. Accommodation | 5.1 Public Buildings
5.2 Accommodation |
| 6. Vector & Pest Control | 6.1 Vector & Pest Control
6.2 Pesticide Safety |
| 7. Health Promotion | 7.1 Health Promotion |
| 8. Aboriginal Environmental Health | 8.1 Food
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Establishments
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PROGRAM 1

FOOD

GOAL That food for sale to the public meets the prescribed composition standard and is sold and prepared in a manner and in premises that complies with controlling legislation.

Sub Programs 1.1 Food Premises Assessments
 1.2 Food Sampling
 1.3 Meat Inspection

1.1

FOOD PREMISES ASSESSMENTS

DESCRIPTION: Regular food premises assessments are conducted to ensure maintenance and improvement of food hygiene standards. Assessments also include training of food handlers.

PRIORITY: High
Prevention of serious disease in the community.
Legislative requirement

LEGISLATION: Health Act (Food Hygiene) Regulations 1993
Eating House Local Laws

GOAL: To ensure food is prepared using high standards of hygiene in premises which comply with legislation.

STRATEGIES: Conduct regular assessments of food premises.

Develop and introduce HACCP and Food Safety Plans to all Class 1, 2 and 3 food premises.

Implement active HACCP and Food Safety Plans in Class 1, 2 and 3 food premises within 3 years.

ENVIRONMENTAL HEALTH INDICATORS:

Number of food premises assessed per annum

Number of food premises implementing HACCP and Food Safety Plans.

Number of Work Orders issued.

1.2

FOOD SAMPLING

DESCRIPTION: Council participates in the Local Government Analytical Committee food sampling program. Regular sampling and analysis of foods is carried out.

PRIORITY: High
Prevention of adulteration of foods

LEGISLATION: Health (Adoption of Food Standards Code) Regulations 1992
Health (Food Standards) (Administration) Regulations 1986
Australian Food Standards Code

GOAL: That food provided to the public is safe, free from adulteration, properly described and complies with legislation.

STRATEGIES: Devise a food sampling program which utilises all allocated analytical units, placing emphasis on locally manufactured foods.

Conduct regular food sampling.

ENVIRONMENTAL HEALTH INDICATORS:

Number of food samples.

Results of food sample analysis.

Number of warnings/prosecutions.

1.3

MEAT INSPECTION

DESCRIPTION: All beef, sheep, pork and game meat for human consumption is subject to inspection or control procedures to ensure disease free meat is supplied to consumers.

PRIORITY: High
Prevention of serious disease in the community.

LEGISLATION: Health (Meat Inspection & Branding) Regulations 1950.
Health (Game Meat) Regulations 1992.

GOAL: To ensure all beef, sheep, pork and game meat is safe for human consumption.

STRATEGIES: Conduct regular inspections of meat processing premises & operations.
Perform ante-mortem inspections of animals.
Perform post-mortem inspections of carcasses
Audit HACCP plans introduced by abattoirs and meat processors.

ENVIRONMENTAL HEALTH INDICATORS :

Percentage of carcasses and carton meat complying with the AQL standard.

PROGRAM 2

DISEASE CONTROL

GOAL To prevent or limit the spread of infectious diseases in the community.

Sub Programs 2.1 Notifiable Diseases
 2.2 Immunisation
 2.3 Hairdressing & Skin Penetration

2.1

NOTIFIABLE DISEASES

DESCRIPTION: The Health Service is notified of cases of infectious diseases for investigation.

PRIORITY: High
Prevention of serious disease in the community

LEGISLATION: Infectious Diseases (Inspection of Persons) Regulations 1971

GOAL: Reduce the spread of notifiable diseases in the community.

STRATEGIES: Investigate all notifiable diseases reported to Council.
Implement prevention programs.

ENVIRONMENTAL HEALTH INDICATORS:

Number of notifiable diseases investigated.

2.2

IMMUNISATION

DESCRIPTION: The immunisation service is provided in conjunction with the Health Department of W.A. to maintain and improve the immunisation status of the community. Council provides a free immunisation service and maintains records.

PRIORITY: High
Prevention of serious disease in the community.

LEGISLATION: Nil

GOAL: Provide a safe and comprehensive immunisation service to the community.

STRATEGIES: Conduct an immunisation program in accordance with NH&MRC guidelines.

Actively promote immunisation in the community.

ENVIRONMENTAL HEALTH INDICATORS:

Number of clinics held per year.

Annual review of immunisation service.

2.3

HAIRDRESSING & SKIN PENETRATION

DESCRIPTION: Regular assessment of premises is required to ensure high public health standards are maintained.

PRIORITY: High
Prevention of serious disease in the community
Legislative requirement

LEGISLATION: Health (Skin Penetration) Regulations 1987
Hairdressing Establishment Regulations 1972

GOAL: To prevent the spread of infectious diseases.

STRATEGIES: Regular assessment of premises

Education

Enforcement of standards

ENVIRONMENTAL HEALTH INDICATORS:

Number of assessments of hairdressers and skin penetration premises.

PROGRAM 3

WASTE MANAGEMENT

GOAL To ensure the safe and efficient collection, removal or disposal of waste.

Sub Programs 3.1 Effluent Disposal
 3.2 Liquid Waste
 3.3 Refuse Collection
 3.4 Refuse Transfer/Disposal
 3.5 Waste Minimisation (Recycling)

3.1

EFFLUENT DISPOSAL

DESCRIPTION: The Environmental Health Service provides service to developers and plumbers to assist in the development of effluent disposal units and prevent many of the problems that can occur. The advent of alternative waste treatment systems such as Aerobic Treatment Units and Ecomax Leach Drains has resulted in development on lots previously unable to be built on due to septic and leach drain restrictions.

PRIORITY: High
Prevention of serious disease in the community
Prevention of ground water pollution
Legislative requirement

LEGISLATION: Treatment of Sewage and Disposal of Effluent and Liquid Waste Regulations
Sewerage (Lighting, Ventilation and Construction) Regulations 1971

GOAL: To ensure all onsite effluent disposal units are installed and operated in accordance with the legislation.

STRATEGIES: Assess all development applications.

Inspect all installations for approval.

Monitor the regular maintenance programs (ATUs).

ENVIRONMENTAL HEALTH INDICATORS:

Number of plumbing inspections.

Number of ATU audits as a percentage of the total number installed.

3.2

LIQUID WASTE

DESCRIPTION: Monitoring of liquid waste collection vehicles is conducted to ensure health and odour problems do not occur. Investigations of illegal liquid waste disposals are also carried out.

PRIORITY: High
Prevention of serious disease in the community
Prevention of pollution
Legislative requirement

LEGISLATION: Local Laws
Environmental Protection (Liquid Waste) Regulations 1996.

GOAL: Ensure all liquid waste is disposed of at LICENSED facilities.

STRATEGIES: Register all liquid waste contractors.
Monitor operations.

ENVIRONMENTAL HEALTH INDICATORS:

Number of vehicles inspected.

Number of liquid waste collections assessed.

3.3

REFUSE COLLECTION

DESCRIPTION: The Council has an obligation under the Health Act to ensure the collection and removal of rubbish from premises.

PRIORITY: Medium
Legislative requirements

LEGISLATION: Health Act - Sections 112 & 112A
Health Local Laws

GOAL: The effective and safe management of solid waste.

STRATEGIES: Devise a program to ensure the efficient collection and removal of rubbish.

Implement and manage program.

Devise a litter control program.

ENVIRONMENTAL HEALTH INDICATORS:

Number of refuse complaints.

3.4

REFUSE TRANSFER/DISPOSAL

DESCRIPTION: Council operates transfer stations/disposal sites within the district. Inspections are carried out on a regular basis to ensure that the stations/sites are maintained and pollution of the environment does not occur (regular samples of leachate are taken to monitor pollution).

PRIORITY: Medium

LEGISLATION: Health (Asbestos) Regulations 1992.
Health Local Laws
Environmental Protection Act

GOAL: Transfer stations/disposal sites maintained to meet customer demands and without polluting the environment.

STRATEGIES: Regular inspections
Monitor leachate

ENVIRONMENTAL HEALTH INDICATORS:

Number of inspections of transfer stations.

Number of complaints about refuse disposal.

Results of leachate analysis.

3.5

WASTE MINIMISATION (RECYCLING)

DESCRIPTION: The State Government has a goal to reduce waste going to landfill by 50% by the year 2000. Council supports State initiatives, as well as actively implementing its own strategies to extend the finite life of available landfill sites.

PRIORITY: Medium

LEGISLATION: Nil (as yet) but becoming environmentally and economically essential

GOAL: To reduce waste going to landfill by 50% by the year 2000.

STRATEGIES: Develop, promote and implement a comprehensive recycling program.
Monitor and annually review the program.

ENVIRONMENTAL HEALTH INDICATORS:

The percentage reduction in waste going to landfill

PROGRAM 4

WATER

GOAL To ensure all water used for drinking and recreation is safe.

Sub Programs 4.1 Water Surveillance
 4.2 Public Swimming Pools

4.1

WATER SURVEILLANCE

DESCRIPTION: The Environmental Health Service conducts a range of water sampling activities. The major activity is testing of public and semi-public swimming pools for chemicals, bacteria and amoebae. Other activities include testing of non-scheme water, monitoring bores and food processing plants.

PRIORITY: High
Prevention of serious disease in the community
Legislative requirement

LEGISLATION: Health Act (Swimming Pool) Regulations 1964

GOAL: To ensure safe recreational and drinking water.

STRATEGIES: Plan and implement a drinking water sampling program.
Plan and implement a recreational water sampling program.

ENVIRONMENTAL HEALTH INDICATORS:

Number and frequency of water samples.

Results of water sample analysis.

4.2

PUBLIC SWIMMING POOLS

DESCRIPTION: Public Swimming Pools have potential to spread disease or cause injury if not maintained in a hygienic and safe condition. Regular assessments are required to ensure a high standard of public health is maintained. (e.g. checking that pool chemicals such as chlorine gas are stored safely.).

PRIORITY: High
Prevention of disease in the community
Elimination of safety hazards
Legislative requirement

LEGISLATION: Health Act (Swimming Pool) Regulations 1964

GOAL: Public swimming pool facilities maintained in safe and hygienic condition.

STRATEGIES: Regular inspections

Devise and effectively implement a maintenance program for Council's swimming pools.

ENVIRONMENTAL HEALTH INDICATORS:

Number of inspections of public pools.

Number of complaints about pools.

PROGRAM 5

ACCOMMODATION

GOAL That buildings are designed, maintained and operated in a manner to ensure the health and safety of users.

Sub Programs 5.1 Public Buildings
 5.2 Accommodation

5.1

PUBLIC BUILDINGS

DESCRIPTION: It is the responsibility of Council to ensure that overcrowding and blocked exits to not occur. Other items inspected include exit signs, ventilation, toilet facilities and fire fighting equipment.

PRIORITY: High
Public safety
Legislative requirement

LEGISLATION: Health Act- Part VI - Public Buildings
Health (Public Buildings) Regulations 1992

GOAL: Safe Public Buildings.

STRATEGIES: Ensure coordination of Council's building approval process.

Prepare and maintain a register of all public buildings.

Regular assessments.

ENVIRONMENTAL HEALTH INDICATORS:

Number of public buildings assessed.

Number of work orders issued.

Number of overcrowding/locked exit incidents.

5.2

ACCOMMODATION

DESCRIPTION: Accommodation facilities such as dwellings, caravan parks, lodging houses, farm stay homes and workplaces are required to have adequate standards of hygiene and safety.

PRIORITY: High
Prevention of disease
Public safety
Legislative requirement

LEGISLATION: Health Act
Health Act (Caravan Parks and Camping Grounds) Regulations 1974
Health Local Laws
Construction Camp Regulations
Health (Construction Work) Regulations 1973
Health Act (Laundries and Bathrooms) Regulations
Sewerage (Lighting, Ventilation and Construction) Regulations 1971
Building Code of Australia

GOAL: To ensure healthy, safe accommodation.

STRATEGIES: Review all development applications.

Examine plans for compliance with health legislation

Prepare and maintain a register of all public accommodation facilities

Regular assessments.

ENVIRONMENTAL HEALTH INDICATORS:

Number of assessments of accommodation facilities

PROGRAM 6

VECTOR & PEST CONTROL

GOAL To manage the control of vectors and pests and ensure the safe use of pesticides.

Sub Programs 6.1 Vector & Pest Control
 6.2 Pesticide Safety

6.1

VECTOR & PEST CONTROL

DESCRIPTION: The Environmental Health Service manages programs for the control of pests and vectors of disease.

PRIORITY: High
Legislative requirement

LEGISLATION: Health Local Laws
Pesticides Regulations

GOAL: Minimise nuisances and health risks due to the presence of pests and vectors of disease.

STRATEGIES: Develop monitoring programs.
Implement eradication/management programs.

ENVIRONMENTAL HEALTH INDICATORS:

Number of reports of notifiable disease (where the disease implicates a vector).
Number of pest complaints.

6.2

PESTICIDE SAFETY

DESCRIPTION: Council monitors the storage, distribution, use and disposal of pesticides.
Inspections of pesticide firms and vehicles are carried out to ensure the safe application of pesticides.

PRIORITY: Medium
Legislative requirement

LEGISLATION: Pesticide Regulations

GOAL: To ensure the safe storage, distribution, use and disposal of pesticides.

STRATEGIES: Ensure technical competency of Council staff.
Review Council's existing pesticide management programs.
Develop monitoring and management programs.

ENVIRONMENTAL HEALTH INDICATORS:
Completion of staff training program.

PROGRAM 7

HEALTH PROMOTION

GOAL To promote community and public health.

Sub Programs 7.1 Health Promotion

7.1

HEALTH PROMOTION

DESCRIPTION: The Environmental Health Service provides a range of health programs and activities to raise awareness and effect positive behavioural change.

PRIORITY: Medium

LEGISLATION: Nil

GOAL: To promote community and public health.

STRATEGIES: Undertake a community needs analysis
Develop programs according to priority of needs
(e.g. Promote the Foodsafe strategy.)

ENVIRONMENTAL HEALTH INDICATORS:

Number of premises undertaking the FOODSAFE program.

PROGRAM 8

ABORIGINAL ENVIRONMENTAL HEALTH

GOAL To improve and maintain the environmental health standards of
Aboriginal communities.

Sub Programs 8.1 Food
 8.2 Disease Control
 8.3 Waste Management
 8.4 Water
 8.5 Accommodation
 8.6 Pest Control
 8.7 Health Promotion

8.1

FOOD

DESCRIPTION: An Aboriginal community may have its own food premises, the surveillance of which is important for food safety, since it will often be the only option for food supply. Food hygiene in the home may be an even bigger issue which can only be approached through culturally appropriate health education.

PRIORITY: High
Prevention of enteric disease.
Legislative Requirement

LEGISLATION: Health Act (Food Hygiene) Regulations 1993
Health Local Laws

GOAL: To ensure food is prepared using high standards of hygiene in commercial premises which comply with legislation and is handled safely at the domestic level.

STRATEGIES: Conduct regular assessments of food premises.

Develop and implement HACCP and Food Safety Plans to all Class 1, 2 and 3 food premises.

Contribute to or if appropriate initiate health programs on food safety.

Assist and train community Aboriginal Environmental Health Workers in food safety.

ENVIRONMENTAL HEALTH INDICATORS:

Number of food premises assessed per annum

Number of food premises implementing HACCP and Food Safety Plans.

Number of Food Safety health promotion programs implemented.

8.2

DISEASE CONTROL

DESCRIPTION: The Health Service is notified of cases of infectious diseases for investigation.

PRIORITY: High
Prevention of serious disease in each community

LEGISLATION: Infectious Diseases (Inspection of Persons) Regulations 1971

GOAL: Reduce spread of notifiable diseases in each community.

STRATEGIES: Ensure investigation of all notifications reported to Council.
Implement prevention programs where indicated.
Support relevant immunisation, health education or other programs.

ENVIRONMENTAL HEALTH INDICATORS:

Number of notifiable diseases investigated per community.

8.3

WASTE MANAGEMENT

DESCRIPTION: Waste management includes solid waste (refuse) and sewage/wastewater management. It is imperative to ensure each community has efficient systems for the collection and disposal of refuse and the treatment and/or the disposal of sewage and wastewater.

PRIORITY: High
Prevention of disease
Prevention of vectors of disease and other pests.

LEGISLATION: Health Act
Treatment of Sewage and Disposal of Effluent and Liquid Waste Regulations.
Health Local Laws

GOAL: To ensure all sewage, wastewater and refuse is disposed of safely.

STRATEGIES: Ensure approval of all applications and installations of sewage/wastewater treatment or disposal systems.

Ensure an effective refuse collection system is implemented and conducted regularly.

Ensure a suitable refuse disposal site is created and properly managed.

Ensure regular surveillance and maintenance of sewage/wastewater treatment or disposal systems.

Ensure prompt repairs to systems are effected.

ENVIRONMENTAL HEALTH INDICATORS:

Number of approvals for systems per community.

Number of assessments of refuse disposal and sewerage systems.

8.4

WATER

DESCRIPTION: Aboriginal communities often have their own water supply system. The water must be protected from contamination at source, storage and reticulation. Recreational water (swimming pools) must also be protected.

PRIORITY: High
Prevention of enteric disease
Legislative requirement.

LEGISLATION: Health Act
Health Act (Swimming Pools) Regulations 1964

GOAL: To ensure safe drinking, sanitation and recreational water.

STRATEGIES: Ensure relevant water monitoring programs (i.e. drinking and recreational) are in place.

Ensure appropriate response when non-complying water sample result is obtained.

Ensure regular assessment of water supply system, swimming pool etc.

ENVIRONMENTAL HEALTH INDICATORS:

Number and frequency of water samples per community.

Percentage of water samples with satisfactory analysis results.

Number of assessments of each community's water supply system and swimming pool.

8.5

ACCOMMODATION

DESCRIPTION: Many Aboriginal communities have inadequate or sub-standard housing. Improving both are important factors in improving the health of Aboriginal people. The safety of public buildings on Aboriginal communities also warrants attention.

PRIORITY: High
Prevention of disease
Public safety

LEGISLATION: Health Act
Health (Public Buildings) Regulations 1992
Health Local Laws

GOAL: To ensure adequate levels and hygienic standards of housing as well as safe public buildings.

STRATEGIES: Ensure regular assessments of houses and responsive maintenance.

Assess public buildings.

Support community submissions for increase in levels or repairs/improvements to housing.

ENVIRONMENTAL HEALTH INDICATORS:

Number of times public buildings assessed per community.

Number of times houses assessed.

Number of repairs done relevant to those requested.

8.6

PEST CONTROL

DESCRIPTION: Vectors and pests such as mosquitoes, cockroaches and flies are significant health problems in many Aboriginal communities. Dogs may also be a significant health problem through the transmission of ectoparasites.
Safe handling of pesticides will also be an issue in many Aboriginal communities.

PRIORITY: High
Prevention of serious disease.

LEGISLATION: Health Act
Health Local Laws
Health (Pesticide) Regulations 1956

GOAL: Minimise nuisances and health risks due to the presence of pests and vectors of disease and ensure the safe handling of pesticides

STRATEGIES: Monitor oxidation ponds etc for mosquitoes.

Maintain oxidation ponds etc clear of vegetation.

Monitor homes for cockroaches and flies and refuse disposal sites for flies.

Ensure conduct of treatments as necessary.

Ensure dog control/treatment programs are implemented.

Support training program implementation by community Aboriginal Environmental Health Worker.

Ensure relevant community workers are adequately trained to use pesticides effectively and safely.

ENVIRONMENTAL HEALTH INDICATORS:

Number of reports of vector borne disease.

Number of vector/pest complaints.

Number of vector/pest/dog health treatments or programs implemented.

8.7

HEALTH PROMOTION

DESCRIPTION: Health promotion is a very important factor in the long term improvement of environmental health standards in Aboriginal communities. Issues such as safe food handling (domestic and commercial), house sanitation and refuse disposal need to be progressed.

PRIORITY: Medium/High

LEGISLATION: Nil

GOAL: To promote practices which will lead to improved community environmental health standards.

STRATEGIES: Support/assist and where appropriate implement health promotion programs in communities.

Support/assist training of Aboriginal Environmental Health Workers in health promotion and in implementation of programs.

Incorporate health promotion activities into every assessment/contact possible.

ENVIRONMENTAL HEALTH INDICATORS:

Number of programs/events contributed to per community.

PROGRAM 9

OTHER

GOAL To effectively manage local government’s obligations in relation to associated legislation and issues.

Sub Programs 9.1 Offensive Trades & Pet Food Establishments
9.2 Emergency Management

9.1

OFFENSIVE TRADES/PET FOOD ESTABLISHMENTS

DESCRIPTION: Regular inspections are conducted to ensure the activities undertaken in registered premises do not cause a public health nuisance.

PRIORITY: High
Legislative requirement
Potential to cause pollution

LEGISLATION: Health Act (Part VII-Nuisances & Offensive Trades)
Health Local Laws
Health (Pet Meat) Regulations 1990

GOAL: To ensure the operation of offensive trades and pet meat establishments do not create pollution or nuisance.

STRATEGIES: Maintain a regular inspection program

Develop an improvement program.

ENVIRONMENTAL HEALTH INDICATORS:

Number of offensive trades/pet food establishments inspected.
Number of complaints about offensive trades/pet food establishments.

9.2

EMERGENCY MANAGEMENT

DESCRIPTION: Environmental health issues such as provision of safe food and water, sewage/waste disposal and infectious disease are major considerations in emergencies. Council has an obligation and a leading role to play in local planning and response to any emergencies.

PRIORITY: Medium
State Emergency Management arrangements

LEGISLATION: Nil

REFERENCE

DOCUMENTS: SEMAC Policy Statement #7 (Cabinet Minute - August 1985)

Draft State Health - Emergency Management Support Plan (Westplan - Health)

STRATEGIES: Promote and support local emergency planning activities.

Participate in the development of local emergency plans.

Attend regular meetings to review plans.

Implement staff training program.

Participate in emergency plan exercises.

ENVIRONMENTAL HEALTH INDICATORS:

Completion of local emergency plan (environmental health component).

Number of plan review meetings.

Number of emergency plan exercises.

Completion of staff training programs.