



Environmental Health Plan 2012 - 2017

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GLOSSARY OF TERMS

<i>AIEH</i>	Australian Institute of Environmental Health
<i>Department of Health</i>	NSW Department of Health. A State agency responsible for administering health matters in NSW.
<i>DLG</i>	NSW Department of Local Government. A State agency responsible for providing policy and legislative framework for the local government sector.
<i>DHA</i>	Commonwealth Department of Health & Ageing. A Federal Agency responsible for administering health matters on a national level.
<i>DEC</i>	Department of Environment & Conservation – A State agency responsible for the environment, conservation, sustainability and cultural heritage.
<i>EPA</i>	Environmental Protection Authority – A State regulatory authority responsible for administering the Protection of the Environment Operations Act 1997 and the statutory functions and powers in this Act.
<i>Food Handler Training Course</i>	A food handler education program or package adequate to provide knowledge commensurate with the activities of specific food handlers and provide them with the basis for development of appropriate skills in food safety and food hygiene.
<i>Food Safety Program</i>	Has the same meaning as ascribed to it by Standard 3.2.2 – <i>Food Safety Practices and General Requirements</i> of the Food Safety Standards published by FSANZ.
<i>FSANZ</i>	Food Standards Australia New Zealand (previously ANZFA)
<i>Goal</i>	The broad purpose towards which each program is aimed.
<i>Hazard Analysis Critical Control Point</i>	A proactive food safety and quality assurance program developed for the food industry.
<i>NHMRC</i>	National Health & Medical Research Council.
<i>MGB</i>	Mobile Garbage Bin (aka “Sulo” bin or wheelie bin)
<i>Objective</i>	The focus of each sub-program that contributes towards the program goal.
<i>Risk Factor Score</i>	A “demerit point” accrual, based upon assessment of various categories of premises at each inspection. While the particular point allocation for each item is to some extent arbitrary, the system does provide a degree of objectivity and consistency from one officer to another.
<i>Target Risk Factor Score</i>	The target score set for a given year. The system is designed to allow for continuous improvement, so that a new target can be set once the previous one has been achieved.

1 Introduction

1.1 General

This plan identifies the statutory obligations the Shire has in relation to environmental health in the Warren Local Government Area as well as additional services that would normally be performed. The purpose of the plan is to provide a structured basis to the management of the various environmental health functions. It details activities to be carried out over a set period of time to achieve desired outcomes that can be measured and evaluated for effectiveness. The plan is based on a structured functional goal/strategies approach and forms part of the Health & Development Division Management Plan.

The *Local Government Act 1993* confers on to Council service and non-regulatory functions including the provision, management or operation of

- ❖ public health services and facilities;
- ❖ waste removal, treatment and disposal services and facilities;
- ❖ pest eradication and control services and facilities; and
- ❖ environment conservation, protection and improvement services and facilities.

The *Public Health Act 1991 [the Act]* empowers authorised environmental health officers (EHO) to inspect premises and enforce the Act. Local government's contribution to the reduction in the spread of disease and maintenance of a safe and healthy population results from both implementation of its legislative responsibilities and provision of other health services as it sees as appropriate to its community.

1.2 What is Environmental Health?

Environmental health is encompassed within the broader area of public health. It is distinct from environmental protection, but the two do overlap in some areas. "Health" has been defined by the World Health Organisation as *a state of complete physical, mental and social well being and not merely the absence of disease and infirmity*. *Environmental health* are those aspects of human health determined by physical, chemical, biological and social factors in the environment.

Environmental health practice covers the assessment, correction, control and prevention of environmental factors that can adversely affect health, as well as the enhancement of those aspects of the environment that can improve human health. It encompasses all the measures necessary to deal with issues such as environmental degradation and hazards including contaminated water and food and chemical exposure. Environmental health practice also provides opportunities to enhance health by planning for improved health outcomes and working towards health promoting environments.

1.3 Strategic Links

The plan is linked to the current Warren Shire Council Management Plan.

Principle Activity: Health

Activity: Inspections & Administration

Strategic Objectives: To ensure compliance with the health regulations for all commercial and domestic buildings.

Principle Activity:	Housing & Community Amenities
Activity:	Waste Management Services
Strategic Objectives:	<p>Promote and maintain a viable waste minimisation system for Warren and villages.</p> <p>Maintain present high level of waste collection from Warren.</p> <p>Develop a long-term plan for waste disposal in the Warren Shire.</p> <p>Protect public health & the environment from potential pollution from on-site waste water management systems.</p>

This plan supplements the Shire's *Management Plan* and sets out the manner in which it is intended that environmental health functions will be undertaken over the next five years. The plan does not, and cannot, anticipate all community service activities of the division, and it should be recognised that many of these are responsive and unpredictable.

The Commonwealth Department of Health and Aged Care produced the *National Environmental Health Strategy* in 1999 and the *National Environmental Health Strategy Implementation Plan* in 2000. Chapter 2 of the *National Environmental Health Strategy* introduced the *Australian Charter for Environmental Health*, which listed responsibilities of Government:

- *Setting clear management standards that are consistent across governments*
- *Ensuring effective mechanisms for linkages between agencies to achieve improved environmental health outcomes*
- *Ensuring appropriate environmental health infrastructure and services are available and effective*
- *Ensuring seamless transition between jurisdictions and agencies, especially in management of environment and environmental health issues*
- *Ensuring that planning and regulatory decisions recognise that the integrity and sustainability of the ecosystem must be maintained*
- *Transparent and consultative decision-making processes*
- *Development of consistent legislation, standards and approaches to enforcement*
- *Planning, preparing and responding to environmental health challenges*
- *Aiding community involvement*
- *Facilitating investment in strategic environmental health research.*

The Environmental Health Plan attempts to link its programs and sub programs to the strategy and/or implementation plan documents.

1.4 Programs

Programs reflect major functional areas in environmental health. Sub programs are components of programs that utilise common processes and activities to achieve the goals of the program. The plan is divided into the following programs:

Administration
Health Promotion
Food
Water Surveillance
Disease Control

Alcohol & Other Drugs
Public Swimming Pools & Spa Pools
Accommodation
Waste Management
Nuisances & Complaints

Objectives and strategies in each of the sub program areas of the plan were developed in consultation with Health & Development staff. Scheduled inspection frequencies (Appendix 1) have been determined with a view to meeting the level of performance that should be expected by the Director General, Department of Health, taking into account the Food Premises Classification System proposed by FSANZ.

1.5 Prioritising

The plan prioritises each sub program. The two most variable factors in prioritising is the health risk and the community expectation as expressed through community groups or the Council. Another factor that affects priority is legislative requirements. As an example, if a function is 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 function will carry a low priority. A statutory requirement by *the Act*, its regulations or local laws may place a specific obligation on the Shire to perform certain activities. In terms of prioritising, these activities must be performed even though the sub program in which they are placed may not have the highest priority. If a statutory activity dominates then the sub program is given the highest priority.

1.6 Risk Factor Scores

The plan features target risk factor scores. These have been initially set at a level to recognise the current conditions of most premises and to provide a basis for measured improvements. It should be noted that some of these are predicated upon adequate resources being available.

1.7 Performance Indicators

Performance indicators have been provided and classified according to whether they reflect workload, efficiency, effectiveness or community satisfaction. Indicators have not been used unless they relate to at least one of these criteria, are easily measured and add some value to the service or understanding of it by their measurement.

1.8 Inspection Regime

The inspection regime is set out in Appendix 1. The number of inspections per year is based on the potential risk to public health the activity at the premises poses especially with regard to vulnerable persons.

This inspection frequency will be used in conjunction with a performance history qualifier.

- *Businesses that have undergone two consecutive inspections and achieved the target score with no critical breaches recorded should have their inspection frequency reduced.*
- *Businesses that have had two consecutive inspections where they have not achieved the target score and critical breaches have been recorded, should have their inspection frequency increased.*

It is recommended that inspection frequencies would be reviewed after the initial inspection of the business.

1.9 References

Reference sources used in preparing this document include:

- *Model Local Government Environmental Health Plan;*
- *Parameters for a Local Government Environmental Health Service* (both prepared by a working group co-ordinated by the Department of Health);
- *National Environmental Health Strategy 1999* (published by the enHealth Council through the Commonwealth Department of Health and Aged Care);
- *National Environmental Health Strategy Implementation Plan 2000* (published by the enHealth Council through the Commonwealth Department of Health and Aged Care);
- *AIEH Municipal Health Plan;*
- *State Government Department Websites;*
- *Federal Government Department Websites.*

1.10 Adoption

The plan was originally adopted by Council on 26th July 2007.

1.11 Review

The plan will be reviewed as required to facilitate alterations to priorities, if necessary, in light of changing community needs, and to enable progress to be assessed.

2 Who Is This Plan For?

This plan is intended to assist Council and officers in meeting their responsibilities under the *Public Health Act 1991*, the *Protection of the Environment Operations Act 1997* and the *Local Government Act 1993*. It also aims to facilitate accountability and to assist the community in understanding both the obligations and functions of the Shire's Environmental Health Services within the Health & Development Division.

Its stakeholders are therefore:

a) Internal:

- Mayor and Councillors;
- Council and its Committees;
- General Manager;
- Manager Health & Development;
- All divisional managers and staff; and particularly
- Health & Development staff.

b) External:

- Residents, ratepayers and visitors;
- Proprietors of businesses, establishments or buildings specifically covered by provisions of the *Local Government Act 1993*, *Public Health Act 1991* & *Protection of the Environment Operations Act 1997*;
- Builders, plumbers and other tradespeople;
- Federal Government, particularly the Department of Health & Aged Care;
- State Government;
- NSW Food Authority;
- Australian Institute of Environmental Health;
- Greater Western Area Health Service.
- Centre for Population Health.

3 What Resources Are Committed To Environmental Health By The Shire?

Environmental Health Services is one of the functions performed by Council's Health & Development Division. The following staff have responsibilities within Environmental Health Services:

- Manager Health & Development (approximately 30% of time)
- Health & Development Technical Support Officer (approximately 30% of time)
- Manager Health & Development Secretary (approximately 10% of time);
- Ranger (approximately 30% of time);
 - Two motor vehicles are allocated to the division's use.

Specialised equipment held includes:

- infrared thermometer
- live capture dog and cat traps;

The division is also provided with the usual office furnishings and equipment, protective clothing, reference library and so forth.

4 Fees

Council may, under the Local Government Act 1993, charge a fee for the administration and carrying out of inspections of premises. These fees may be used to offset the employment costs of the staff involved in the service.

A tiered inspection fee structure, as shown below, is recommended for adoption by Council in the current Management Plan.

Where a premises is required to be inspected under more than one program the inspection will be carried out at the same time to reduce unnecessary travelling.

If inspections are not carried out for a particular premises then the administration fee will not be charged.

The fee does not reflect the travelling time to and from the premises and it is proposed that the fee structure is not complicated by distance charges.

Fee Type	Premises Type	Amount
Annual Administration Fee	Food Premises	\$30.00
Inspection fee	Class A	\$80.00
	Class B	\$50.00
	Class C	\$30.00
Sampling fee	Any	\$50.00

Where:

Class A premises: Level 2 food premises

Class B premises: Level 1 food premises
Public swimming pools

Class C premises: Hairdressing premises
Shared accommodation
Mortuaries
Regulated premises
Skin penetration premises

5 What Are Our Strengths & Weaknesses?

A SWOT analysis was undertaken during the development of this plan, to determine areas in which improvement is possible and what can reasonably be achieved.

Strengths and weaknesses primarily refer to internal factors, while opportunities and threats are related to the environment external to the organisation.

<p>Strengths</p> <ul style="list-style-type: none"> Autonomy given to staff – freedom to be innovative. High morale. Politically stable. Leadership at both Shire and Divisional level. Responsive. Adaptable. Financially stable. 	<p>Weaknesses</p> <ul style="list-style-type: none"> Lack of specialist knowledge and training. Lack of specialist equipment. Limited staff resources. Financial constraints. Inadequate computer based programs.
<p>Opportunities</p> <ul style="list-style-type: none"> Close relationship with community. Established regulation base. Support from State Departments. Community benefit. Networking with other Councils. Community support and co-operation. 	<p>Threats</p> <ul style="list-style-type: none"> Economic rationalism. Focus on fee for service/cost recovery. Lack of understanding of issues. Low community expectations. Fluctuating local economy. Resistance to acceptance of "Regulation". "Cost shifting" by State & Federal Govt's

Program: Administration

Goal

That financial and administrative systems are effective to facilitate efficient health service delivery

6.1 Sub Program 1 – Financial Management

6.1.1 Explanation

Environmental Health Services' annual operating budget is approximately \$260K and of this \$200K is required for the collection and disposal of garbage. In order to maximise the service to ratepayers and residents within available funding it is critically important that these funds are carefully managed.

6.1.2 Objective

6.1.2.1 To ensure:

- timely completion of annual estimates and financial plan preparation;
- best value for money in capital purchases;
- prompt collection of fees due to the Shire; and
- any surplus funds are identified as early as possible in the financial year.

6.1.2.2 To make the most effective use of staff time.

6.1.3 Priority: *High*

Successful delivery of all Shire services hinge upon sound financial and staff management.

6.1.4 Legislation/Standards/Guidelines

Local Government Act 1993

Local Government (General) Regulation 2005

6.1.5 National Environmental Health Strategy Relationship

National Environmental Health Strategy Implementation Plan 2000

Challenge: Build economic analyses and arguments for investing in Environmental Health.

6.1.6 Strategies

Complete annual Environmental Health Services draft estimates in accordance with the corporate timetable.

Thoroughly "test the marketplace" for both price and quality of goods before making any significant equipment purchases.

Accurately maintain records of all applications and premises for which registration or licensing is required.

Issue all accounts for licence and registration renewals at least 21 days before the due date.

Follow up all outstanding accounts at the end of July with a view to institution of recovery action where necessary.

Maintain an Environmental Health Plan and Procedures Manual to which Health & Development staff will work and regularly monitor adherence to.

Develop and maintain an inspection monitoring system.

6.1.7 Performance Indicators

6.1.7.1 Efficiency

- Completion of estimates to corporate timetable.
- Completion of each year's work within the allocated budget.
- Adherence to the programs within the Environmental Health Plan.

6.1.7.2 Effectiveness

- Percentage of licence and registration fees paid by due date.
- Amount of unrecovered debts.

6.2 Sub Program 2 – Service & Enquiries

6.2.1 Explanation

A significant proportion of the time of Shire staff is spent in dealing with the public, either in response to complaints or in the provision of advice and assistance. All dealings should be conducted with professionalism and courtesy.

6.2.2 Objective

To ensure all letters and counter or telephone requests are dealt with courteously and, where a response is appropriate, promptly.

6.2.3 Priority: *High*

The community is entitled to the highest level of customer service.

6.2.4 Legislation/Standards/Guidelines

Health & Development Procedures Manual

6.2.5 National Environmental Health Strategy Relationship

N/A.

6.2.6 Strategies

Develop a Written, Verbal or Telephone Request for Service Procedure to ensure effective and consistent handling of complaints from the public.

Respond to all complaints within 5 working days, and to those which appear to involve a significant health hazard or nuisance as soon as practicable.

Ensure that all letters requiring a reply are responded to within 10 working days.

Maintain accurate records of action taken with respect to correspondence. (The reply, or other correspondence resulting from an investigation, may form all or part of such records, dependent upon the degree of detail contained.)

6.2.7 Performance Indicators

6.2.7.1 Efficiency

- Conformity with the Protocol.
- Response time to complaints (as measured under individual complaint categories within **Program – Nuisances & Complaints**).
- Response time to letters.

6.2.7.2 Effectiveness

- Percentage of repeat complaints (as measured under individual complaint categories within **Program – Nuisances & Complaints**).

6.3 Sub Program 3 – Policies & Procedures

6.3.1 Explanation

The *Public Health Act 1991* empowers the Shire to enforce many of the provisions of the Act. Adopted Council Policies may supplement regulation.

Documented procedures are a valuable aid to providing guidance to, and maintaining consistency of approach between, Shire officers.

6.3.2 Objective

6.3.2.1 To ensure that adopted Council Policies related to Environmental Health remain:

- relevant;
- complementary to one another; and
- consistent with other legislation.

6.3.2.2 To provide staff with clear, unambiguous guidance on the efficient and effective conduct of:

- routine tasks; and
- associated administrative procedures.

6.3.3 Priority: *Moderate to High*

While professional acumen of staff enables them to both undertake their duties and to clearly distinguish discrepancies between policies and interacting legislation, it is not appropriate that they be expected to make determinations in the event of conflict.

Consistency of policy and legislation, as well as the approach to various tasks, should be maintained at all times.

6.3.4 Legislation/Standards/Guidelines

Public Health Act 1991

Local Government Act 1993

Protection of the Environment Operations Act 1997

Health & Development Procedures Manual

6.3.5 National Environmental Health Strategy Relationship

National Environmental Health Strategy Implementation Plan 2000

Challenge: Develop and maintain nationally accepted Environmental Health standards and Guidelines.

6.3.6 Strategies

Review Council's health related policies as required, recommend revocation of those no longer relevant and develop new draft policies for consideration by Council as appropriate to maintain consistency with recognised best practice and complement legislative requirements.

Develop and maintain a corporate environmental management plan to ensure the Shire's operations have minimal adverse impact on the environments of the Shire.

Maintain and review as required, the Health & Development Procedures Manual.

6.3.7 Performance Indicators

6.3.7.1 Efficiency

- Completion of policy reviews.
- Completion of the environmental management plan.
- Review of Procedures Manual.

Program: Health Promotion

Goal

That opportunity is afforded to the community to be informed and educated on public and environmental health issues

7.1 Sub Program 1 – Health Promotion & Education

7.1.1 Explanation

Promotion of, and education in, sound public and environmental health principles and practice presents limitless opportunities for the Shire, mainly because of its closeness to the community.

Activities may include:

- display and distribution a range of informative pamphlets on a variety of health matters produced by the Department of Health and other agencies;
- talks to schools and community groups on various environmental health topics; and
- information sessions and more formal training for special interest groups such as food handlers.

7.1.2 Objective

To provide sufficient good information to influence community behaviour towards positive public and environmental health practices.

7.1.3 Priority: – High

Prevention of disease has long been recognised as the most effective means of fostering good health. Access to adequate information facilitates this.

7.1.4 Legislation/Standards/Guidelines

Responding to Environmental Health Incidents – enHealth (2006)

Various NHMRC publications

Various NSW Health publications

7.1.5 National Environmental Health Strategy Relationship

National Environmental Health Strategy 1999 – Chapter 3

Section 3.3 – Community Participation.

7.1.6 Strategies

Develop a closer working relationship with agencies associated with healthcare within the Shire including Greater Western Area Health Service, the Pharmacist and the School so that a holistic approach to the health of the community is developed and resources are maximised.

Ensure a maximum range, appropriate to the target group, of health information pamphlets and handouts are available at the Shire Chambers and other outlets.

Communicate regularly with proprietors of food businesses to keep them informed of developments in technology and legislation.

Support relevant NSW and Commonwealth health promotion campaigns with local displays.

Use local events as opportunities for health education and promotion displays.

Utilise “The Warren Weekly” and “Warren Advocate” and issue public notices on health issues as appropriate.

Deliver information sessions and talks to schools and community groups as requested.

Organise and deliver information/education sessions for food business proprietors on the requirements of the Food Safety Standards.

In conjunction with other healthcare agencies, develop an active community program to promote participation in activities and programs to promote health and fitness.

7.1.7 Performance Indicators

7.1.7.1 Workload

- Number of talks given to schools, and community groups.

7.1.7.2 Effectiveness

- Number of co-operative initiatives supported with other healthcare agencies.
- Number of participants in activities and programs to promote health & fitness.

Program: Food

Goal

**That food for sale to the public is
safe**

8.1 Sub Program 1 - Food Premises/Vehicle Inspections & Food Handler Education

8.1.1 Explanation

The Council is prescribed as an enforcement agency under the Food Act 2003. Under the NSW Food Authority Food Regulation Partnership blueprint all food premises will be required to undergo mandatory annual inspections. Food premises should be regularly assessed to ensure that they are maintained according to regulatory standards and that food handling practices are consistent with those required. Encouraging proprietors to seek out and use a Food Handler Training Course appropriate to the needs of their staff, as well as promotion of the development of Food Safety Plans for High Risk Premises should be an integral part of food premises surveillance.

A schedule of all known food premises, including farm stays and residential institutions is found at Appendix 2. The priority classification and initial inspection frequency is consistent with the Food Regulation Partnership.

8.1.2 Objective

8.1.2.1 To ensure that food for sale to the public is prepared:

- in a sound and hygienic manner;
- in premises which are clean and well maintained; and
- in compliance with legislative requirements.

8.1.2.2 To have all food premises/vehicles at a satisfactory standard.

8.1.3 Priority: - *High*

Prevention of potentially serious illness in the community.

Legislative requirements.

8.1.4 Legislation/Standards/Guidelines

Food Act 2003

Food Regulation 2004

Food Standards Code

Public Health Act 1991

NSW Food Regulation Partnership

8.1.5 National Environmental Health Strategy Relationship

National Environmental Health Strategy 1999 – Chapter 7

Section 7.3 – Food.

National Environmental Health Strategy Implementation Plan 2000

Challenge: Protect public health by reducing adverse health impacts of the built environment.

8.1.6 Strategies

Conduct inspections and assessments of food premises according to the frequency indicated at Appendix 1.

Develop improvement plans with operators and owners of food premises to achieve closer compliance with legislative requirements.

Encourage appropriate Food Handler Training within all food businesses.

Encourage hygiene training within all food businesses.

Encourage the development of Food Safety Plans, initially for High Risk Premises.

8.1.7 Performance Indicators

8.1.7.1 Workload

- Number of inspections.

8.1.7.2 Efficiency

- Adherence to the inspection program (See Appendix 1).

8.1.7.3 Effectiveness

- Number of premises or vehicles that are of a satisfactory standard.
- Number of premises in which staff have undergone Food Handler Training.
- Number of premises in which staff have undergone hygiene training.
- Number of High Risk businesses that have developed and implemented Food Safety Plans.
- Number of rectification directions issued.

8.2 Sub Program 2 – Food Quality Control

8.2.1 Explanation

The monitoring of food quality is a preventative measure whereby food is sampled and analysed for the presence of bacteria and pathogens. For the Shire to undertake food monitoring activities it would need to engage a private analysis contractor on an as needs basis. No monitoring is currently occurring.

When food is considered to be unfit for consumption, it is the responsibility of the Environmental Health Officer to ensure it is withdrawn from sale.

Also, the Shire, through the Health & Development Division, assist in the withdrawal from sale of Category 1 and 2 Food Recalls.

8.2.2 Objective

To ensure that food prepared, manufactured and stored for sale to the public is:

- safe and wholesome;
- of the prescribed composition standard;
- free from adulteration; and
- properly described.

8.2.3 Priority: - *High*

Prevention of adulteration of foods.

8.2.4 Legislation/Standards/Guidelines

Health Act 1991- Section 37

Food Regulation 2004

Food Standards Code – Volume 2

8.2.5 National Environmental Health Strategy Relationship

National Environmental Health Strategy 1999 – Chapter 7

Section 7.3 – Food

National Environmental Health Strategy Implementation Plan 2000

Challenge: Protect public health by reducing adverse health impacts of the built environment.

8.2.6 Strategies

Collect and submit for analysis where warranted samples of food that are the subject of public complaint, and take appropriate follow up action.

Where food is considered to be unfit for consumption and either seize or ensure proper disposal of food, as appropriate.

Assist in Category 1 and 2 Food Recalls, as required by the Department of Health.

8.2.7 Performance Indicators

8.2.7.1 Workload

- Number of samples taken.
- Number of Category 1 & 2 Food Recalls.

8.2.7.2 Effectiveness

- Percentage of samples failing to meet prescribed standards.
- Number of prosecutions (second or subsequent offences).
- Number of prosecutions successful.

8.3 Sub Program 3 – Community Events Planning and Approvals

8.3.1 Explanation

The Shire and the local community are actively involved in a number of events throughout the year, notably the Warren Show, Race Meetings and Market Days. Special measures are necessary in addressing food hygiene and sanitation at such events.

8.3.2 Objective

8.3.2.1 In recognising the Shire's tradition of involvement in and promotion of major community events, to ensure that:

- due consideration is given to community health and safety;
- food preparation, handling and sale is undertaken with proper regard for hygiene principals;
- adequate public and staff toilet facilities are provided;
- waste disposal arrangements are adequate.

8.3.2.2 To have all food stalls operating at Community Events rating a Risk Factor Score not greater than the Target Score (see Inspection Report Form 2) by 30 June 2008, after which a new Target Score may be set.

8.3.3 Priority: - *High*

Potentially high disease risk due to temporary facilities and large number of people.

Legislative requirements.

8.3.4 Legislation/Standards/Guidelines

Food Act 2003

Food Regulation 2004

Food Standards Code

Public Health Act 1991

Temporary Event Food Handling Guidelines

8.3.5 National Environmental Health Strategy Relationship

National Environmental Health Strategy 1999 – Chapter 7

Section 7.3 – Food

National Environmental Health Strategy Implementation Plan 2000

Challenge: Protect public health by reducing adverse health impacts of the built environment.

8.3.6 Strategies

Liaise closely with the event organisers to ensure all food stall holders are referred to the Shire for approval before being allocated a site.

Educate prospective stall holders on the reason for specific health requirements and assist with advice on how these ends may be achieved.

Inspect all food stalls and discuss requirements with proprietors immediately before commencement of each show or festival, and where necessary inspect again during the event.

8.3.7 Performance Indicators

8.3.7.1 Workload

- Number of Community Events requiring inspections.

8.3.7.2 Effectiveness

- Number of stalls with satisfactory inspection.
- Number of stalls required to cease operating due to poor hygiene standards.

Program: Water Surveillance

Goal

To ensure water used for drinking and recreation is safe.

9.1 Sub Program 1 – Water Sampling – Food Premises & Commercial Accommodation

9.1.1 Explanation

Monitoring of non scheme water supplies used for public drinking purposes is a public health measure.

No monitoring is carried out at present. A schedule of premises that are food premises or provide accommodation that are not connected to a town water supply are at Appendix 10.

9.1.2 Objective

To ensure that water sold, or used in the preparation of food for human consumption, is safe and meets the standards specified by the Australian Drinking Water Guidelines.

9.1.3 Priority: - High

Prevention of potentially serious disease in the community.
Legislative requirements.

9.1.4 Legislation/Standards/Guidelines

Public Health Act 1991

Food Regulation 2004

Food Standards Code – Volume 2

Australian Drinking Water Guidelines 1996.

Guidance on the Use of Rainwater Tanks – enHealth 2004

9.1.5 National Environmental Health Strategy Relationship

National Environmental Health Strategy 1999 – Chapter 7

Section 7.1 – Water Quality

National Environmental Health Strategy Implementation Plan 2000

Challenge: Protect public health through availability of safe and adequate drinking water.

9.1.6 Strategies

Collect, and submit for laboratory examination, water samples from food premises and commercial premises not connected to a scheme supply according to the schedule indicated in Appendix 1 where necessary.

Review laboratory reports of samples and initiate corrective action where necessary.

In conjunction with sampling program or routine food premises inspections, as appropriate, regularly inspect the various components of the source and supply to ensure the integrity of protection.

Educate business proprietors on the importance of ensuring that supplies are properly protected and treated and meet the required microbiological and chemical standards.

9.1.7 Performance Indicators

9.1.7.1 Workload

- Number of samples taken.

9.1.7.2 Efficiency

- Adherence to inspection program (see Appendix 1).
- Response time to identified problems (as compared to Target Response Time of 2 working days).

9.1.7.3 Effectiveness

- Number of samples failing to meet prescribed standards.

9.2 Sub Program 2: Public Swimming Pools and Spa Pools

9.2.1 Explanation

A public swimming pool or spa pool is one that is used by the public or the members, guests, customers or patrons of hotels, motels, clubs, schools, workplaces, etc. All people who use public swimming pools and spa pools are susceptible to infection and these pools and spas are more likely to be contaminated with a greater diversity of disease causing organisms than domestic swimming pools and spa pools. All public swimming pools and spa pools must be disinfected regularly. Swimming pool water should be sampled regularly to check for free chlorine levels, pH, amoebae and other micro-organisms.

A schedule of public swimming pools and spa pools is at Appendix 4.

9.2.2 Objective

To ensure maintenance of public swimming pool and spa pool water in safe condition such that it will not support harmful micro-organisms.

9.2.3 Priority: *High*

Prevention of potentially serious disease in the community.

Legislative requirements.

9.2.4 Legislation/Standards/Guidelines

Public Health (Swimming Pools and Spas) Regulation 2000.

NSW Health Public Swimming Pools and Spa Pools Guidelines (1996)
Water Management for Public Swimming Pools and Spas (HB241 – 2002)

Australian Pesticides and Veterinary Medicines Authority (APVMA)
'Guide for Demonstrating Efficacy of Pool and Spa Sanitisers (July 2004)
NSW Health Protocol for Minimising the Risk of Cryptosporidium in Public Swimming Pools and Spa Pools

9.2.5 National Environmental Health Strategy Relationship

National Environmental Health Strategy 1999 – Chapter 7

Section 7.1 – Water Quality

National Environmental Health Strategy Implementation Plan 2000

Challenge: Protect public health by ensuring the safety and sustainability of recreational waters.

9.2.6 Strategies

Examine documentary proof of water maintenance testing of public swimming pools and spas.

Provide educational material to owners/operators of public swimming pools and spas to increase awareness of the potential of serious disease from unsafe water.

Test all public swimming pool and spa waters for free chlorine levels and collect samples and submit for laboratory examination at the frequency indicated within Appendix 1.

9.2.7 Performance Indicators

9.2.7.1 Workload

- Amount of educational material provided to owners/operators of public swimming pools and spas.

9.2.7.2 Efficiency

- Level of awareness and knowledge of owners/operators of public swimming pools and spas.
- Accurate document record keeping and monitoring program in place.

9.2.7.3 Effectiveness

- Number of unsatisfactory inspections.

9.3 Sub Program 3 – Natural (Recreational) Waters

9.3.1 Explanation

Recreational waters may become contaminated for a number of reasons including, but not limited to, pollution incidents, contaminated stormwater run-off, sewer spills or poor waste management of vessels. Monitoring of recreational water to check for chemical and microbial contamination (eg: bacteria, parasites, viruses) is required to ensure that levels do not exceed the minimum accepted levels for bathing and other recreational pursuits. No monitoring is currently undertaken by the Shire.

A schedule of locations proposed to be monitored is at Appendix 7.

9.3.2 Objective

To ensure recreational water is safe such that risk to public health due to contact with the water is minimised.

9.3.3 Priority: *Moderate*

Prevention of some potential for transmission of parasites and diseases.

No Legislative requirements.

9.3.4 Legislation/Standards/Guidelines

DEH Australian Water Quality Guidelines for Fresh and Marine Waters 1992

NHMRC Guidelines for Managing Risks in Recreational Water (2005)

9.3.5 National Environmental Health Strategy Relationship

National Environmental Health Strategy 1999 – Chapter 7

Section 7.1.4 – Recreational Water

National Environmental Health Strategy Implementation Plan 2000

Challenge: *Protect public health by ensuring the safety and sustainability of recreational waters.*

9.3.6 Strategies

Collect samples from popular recreation waters and submit for laboratory examination at the frequency indicated within Appendix 1.

Apply conditions of consent to any development approval that may result in erosion and/or sedimentation occurring.

Develop and implement public education program aimed at raising awareness on the impact on the riverine environment from littering and uncontrolled run-off.

9.3.7 Performance Indicators

9.3.7.1 Workload

- Number of samples taken.
- Number of complaints received.

9.3.7.2 Efficiency

- Adherence to the sampling program (See Appendix 1).

- Sediment and erosion control policy developed by June 2008.

9.3.7.3 Effectiveness

- Number of unsatisfactory sample results.

Program: Disease Control

Goal

That the incidence of preventable, communicable disease in the community is minimised.

10.1 Sub Program 1 - Infectious Disease Management

10.1.1 Explanation

If the Shire considers that a situation has arisen in which the health of the public is, or is likely to be, at risk, the Shire must notify the Medical Officer of Health of the Greater Western Area Health Service.

The Greater Western Area Health Service Centre for Population manages infectious disease investigations. They notify the Shire of incidents of infectious disease in Warren. These are investigated with a view to both identifying the source, where possible, and limiting the potential for spread.

10.1.2 Objective

To minimise the opportunity for the spread of infectious diseases in the community.

10.1.3 Priority: - *High*

Prevention/control of spread of communicable diseases in the community.

10.1.4 Legislation/Standards/Guidelines

Public Health (General) Regulation 2002 – Reg 18

10.1.5 National Environmental Health Strategy Relationship

N/A

10.1.6 Strategies

Provide support to the Greater Western Area Health Service.

Develop procedures for the Investigation of Food Poisoning Outbreaks.

Promote infectious disease management, on an as needs basis. E.g. flood events, moaquitos.

10.1.7 Performance Indicators

10.1.7.1 Workload

- Number of notifications.
- Sourcing promotional material and undertaking advertising

10.1.7.2 Efficiency

- Level of awareness and knowledge of the public on how to minimise the risk of infectious diseases.

10.2 Sub Program 2 - Hairdressing & Skin Penetration Premises Inspections

10.2.1 Explanation

Employees and patrons of hairdressing and skin penetration premises are exposed to the risk of contracting a range of diseases or medical conditions that can lead to serious illness. Equipment can become contaminated if not thoroughly cleaned and sterilised. The likelihood of this occurring increases where a premises is not kept clean, an operator does not work hygienically or where sterilisation practices are inadequate.

Regular assessment and education of operators should be undertaken to ensure hygiene standards are maintained. No inspections are currently being carried out. A schedule of hairdressing and skin penetration premises is at Appendix 3.

10.2.2 Objective

- 10.2.2.1 To minimise the opportunity for the spread of infectious diseases in the community.
- 10.2.2.2 To have all Hairdressing and Skin Penetration premises rating a Risk Factor Score not greater than the Target Score (see Inspection Report Forms 3 & 4) 30 June 2008, after which a new Target Score may be set.

10.2.3 Priority: *High*

Prevention of potentially serious disease in the community.
Legislative requirements.

10.2.4 Legislation/Standards/Guidelines

Public Health Act 1991 – Section 51

Public Health (Skin Penetration) Regulation 2000

Local Government Act 1993

Local Government (General) Regulation 2005

Skin Penetration Code of Best Practice 2001 – NSW Health

Guidelines on Skin Penetration – NSW Health

Guidelines for the Construction and Operation of Hairdressing, Beauty and Skin Penetration Premises 1999 – HRHEC

Hygienic Procedures for Tattooists 2000 - DHA

10.2.5 National Environmental Health Strategy Relationship

National Environmental Health Strategy 1999 – Chapter 7

Section 7.7 – Built Environment

National Environmental Health Strategy Implementation Plan 2000

Challenge: Protect public health by reducing adverse health impacts of the built environment.

10.2.6 Strategies

Conduct inspections of hairdressing establishments and skin penetration premises, according to the frequency indicated in Schedule 1 with particular focus on hygiene and sterilisation practices.

Educate proprietors of those businesses in disease and infection prevention techniques.

Ensure new premises are constructed to comply with at least minimum prescribed standards.

10.2.7 Performance Indicators

10.2.7.1 Workload

- Number of inspections.
- Number of approvals.

10.2.7.2 Efficiency

- Adherence to the inspection program (See Appendix 1).

10.2.7.3 Effectiveness

- Number of premises with satisfactory inspections
- Number of rectification directions issued.

10.3 Sub Program 3 – Mortuaries & Funeral Homes

10.3.1 Explanation

Premises such as these have the potential to become contaminated if not thoroughly cleaned and sterilised. The likelihood of this occurring increases where a premises is not kept clean, an operator does not work hygienically or where waste disposal practices are inadequate.

Regular assessment and education of operators should be undertaken to ensure hygiene standards are maintained. No inspections are currently being carried out. A schedule of mortuaries and funeral homes is at Appendix 9.

10.3.2 Objective

- 10.3.2.1 To minimise the opportunity for the spread of infectious diseases in the community.
- 10.3.2.2 To have all Mortuaries and Funeral Homes rating a Risk Factor Score not greater than the Target Score (see Inspection Report Form 8) by 30 June 2008, after which a new Target Score may be set.

10.3.3 Priority: *High*

Prevention of potentially serious disease in the community.
Legislative requirements.

10.3.4 Legislation/Standards/Guidelines

Public Health (Disposal of Bodies) Regulation 2002
Local Government Act 1993
Local Government (General) Regulation 2005

10.3.5 National Environmental Health Strategy Relationship

National Environmental Health Strategy 1999 – Chapter 7
Section 7.7 – Built Environment
National Environmental Health Strategy Implementation Plan 2000

Challenge: Protect public health by reducing adverse health impacts of the built environment.

10.3.6 Strategies

Conduct inspections of mortuaries and funeral homes, according to the frequency indicated in Schedule 1 with particular focus on hygiene and waste disposal.

Educate proprietors of those businesses in disease and infection prevention techniques.

Ensure new premises are constructed to comply with at least minimum prescribed standards.

10.3.7 Performance Indicators

- 10.3.7.1 Workload
 - Number of inspections.

- Number of approvals.

10.3.7.2 Efficiency

- Adherence to the inspection program (See Appendix 1).

10.3.7.3 Effectiveness

- Number of premises with satisfactory inspections
- Number of rectification directions issued.

10.4 Sub Program 4 – Microbial Control

10.4.1 Explanation

Certain air handling systems, hot water systems, warm water systems and water cooling systems provide a suitable environment have the potential to cause Legionnaires' disease if not properly installed or maintained. These systems must be installed, operated and maintained to prevent or inhibit the growth in the systems of micro-organisms that are liable to cause Legionnaires' disease and other diseases. These systems should be checked on a regular basis to ensure compliance with the legislated standards. A premises that contains any these systems is a regulated premises and must be registered with the Council.

There are no regulated premises currently registered with Council.

Evaporative air conditioning systems are not regulated as the potential to cause Legionnaires' disease is low due to the water in the well constantly being bled off and replenished. Problems may occur if the bleed pipe is short circuited back into the well.

10.4.2 Objective

To ensure that the public is not exposed to the risk of disease through exposure to causative micro-organisms from certain air handling systems, hot water systems, warm water systems and water cooling systems.

10.4.3 Priority: *Moderate*

Prevention of some potential for transmission of diseases.

Legislative requirements.

10.4.4 Legislation/Standards/Guidelines

Public Health Act 1991 – Sections 43 -50

Health (Microbial Control) Regulation 2000

NSW Code of Practice for the Control of Legionnaires' Disease 2004 – NSW Health

10.4.5 National Environmental Health Strategy Relationship

National Environmental Health Strategy 1999 – Chapter 7

Section 7.7 – Built Environment

National Environmental Health Strategy Implementation Plan 2000

Challenge: Protect public health by reducing adverse health impacts of the built environment.

10.4.6 Strategies

Ensure an up to date register of regulated premises is held.

Conduct inspections and assessments of regulated systems, with emphasis on maintenance of to the required regulatory standard, at the frequency indicated in Appendix 1.

Education of premises owners/occupiers with regard to the operation and maintenance of regulated systems.

Education of premises owners/occupiers with regard to the correct operation of evaporative air conditioning systems.

Take corrective action when evaporative air conditioning systems found to be defective.

10.4.7 Performance Indicators

10.4.7.1 Workload

- Number of inspections.

10.4.7.2 Effectiveness

- Number of rectification directions issued.

10.5 Sub Program 5– Safe Needle & Syringe Disposal

10.5.1 Explanation

Random disposal of used needles has the potential to cause injury as well as the spread of blood borne diseases such as HIV and Hepatitis B and C. Also, public perception, largely through lack of knowledge, is such that discarded needles and syringes cause alarm, which is often greater than warranted by the circumstances.

10.5.2 Objectives

- 10.5.2.1 Provide sound, practical, scientifically based advice to the public on the safe collection and disposal of used needles and syringes.
- 10.5.2.2 Ensure Council's staff are properly informed and equipped to deal with discarded needles and syringes if encountered.
- 10.5.2.3 Take actions designed to minimise risk in identified problem areas.

10.5.3 Priority: *High*

Potentially serious public health issue.

High level of public concern.

10.5.4 Legislation/Standards/Guidelines

Local Government Act 1993

Protection of the Environment Operations Act 1997

Community Sharps Management Guidelines for NSW Councils 2004 – NSW Health

10.5.5 National Environmental Health Strategy Relationship

N/A

10.5.6 Strategies

Train all staff that are potentially at risk of being in contact with used needles.

Ensure copies of the pamphlet *"Be a Sharps Safety Stickler with used syringes, needles and lancets – a guide to the safe disposal of community sharps"* are available at the Shire Chambers and other suitable locations.

Develop a procedure for Collection and Disposal of Improperly Discarded Sharps.

Ensure that Shire vehicles that are deemed necessary, carry suitable sharps containers, and that outdoor staff are familiar with safe handling and disposal techniques.

Educate staff and the public, on the safe collection and disposal of used needles and syringes.

Maintain records of all reports of discarded "sharps" for purpose of identification of problem areas.

Provide appropriate disposal bins, and service them, or enact other practical strategies to minimise risk in identified problem areas.

Assist in, and facilitate, dissemination of information to injecting drug users on needle exchange programs, counselling services and other agencies operating on sound public health grounds.

10.5.7 Performance Indicators

10.5.7.1 Efficiency

- Certification, by monthly audit, that:
 - the pamphlet "*Be a Sharps Safety Stickler with used syringes, needles and lancets – a guide to the safe disposal of community sharps*" is always available;
 - sharps containers are regularly checked (for vandalism, continued need and degree of use) and serviced as necessary, and
 - Number of improperly disposed sharps

Program: Alcohol & Other Drugs

Goal

**That the abuse and harmful effect of
drugs in the community are minimised**

11.1 Sub Program 1 – Alcohol

11.1.1 Explanation

Abuse of alcohol is one of the most significant health and social issues in the community. Alcohol is associated with significant problems in our community (for example: social, health, financial and cultural harms). Up to 60-70% of incidents such as assaults, malicious damage and street offences attended by police are alcohol-related. The Shire, because of its close community contact, is well placed to be a representative voice to contribute to and support the wider effort to minimise alcohol abuse and resulting social and health problems.

11.1.2 Objective

- 11.1.2.1 To raise and maintain community awareness of the negative health and safety effects of alcohol abuse.
- 11.1.2.2 To encourage liquor outlets in the adoption of responsible business practices.

11.1.3 Priority: *Moderate*

No legislative responsibility.

11.1.4 Legislation/Standards/Guidelines

Liquor Act 1982

National Alcohol Strategy for 2005 – 2009 – DHA

Australian Alcohol Guidelines – DHA

Youth Alcohol Action Plan – NSW Health

Adult Alcohol Action Plan – NSW Health

11.1.5 National Environmental Health Strategy Relationship

N/A

11.1.6 Strategies

Ensure a range of pamphlets and handouts on alcohol and health are available at the Shire Chambers and at the various special events held throughout the year.

Support relevant NSW and Federal alcohol and health campaigns with local displays..

Support the Police Service and local licensees with the local Liquor Accord.

Liaise with the Police Service, Greater Western Area Health Service, other relevant agencies and community groups in support, development and implementation of strategies directed at minimising harmful use of alcohol.

11.1.7 Performance Indicators

11.1.7.1 Workload

- Number of programs in which the Shire participates or which it supports.

11.1.7.2 Efficiency

- Number of residents witnessed as consuming alcohol in a public place.
- Feedback/comments from Local Liquor Accord.

11.2 Sub Program 2 – Tobacco

11.2.1 Explanation

Use of tobacco is the single most costly negative factor upon public health in Australia today, in terms of both lives and dollars. Legislation restricts the sale of tobacco products to certain persons and prohibits the smoking of tobacco products in parts of some public buildings.

11.2.2 Objective

11.2.2.1 To raise and maintain community awareness of the negative health effects of tobacco use.

11.2.3 Priority: *Moderate*

No legislative responsibility.

11.2.4 Legislation/Standards/Guidelines

Public Health (Tobacco) Regulation 1999

Smoke Free Environment Act 2000

11.2.5 National Environmental Health Strategy Relationship

N/A

11.2.6 Strategies

Ensure a range of pamphlets and handouts on smoking and health are available at the Shire Chambers.

Support relevant NSW smoking and health campaigns (such as *Quit Week*) with local displays, availability of kits, etc.

11.2.7 Performance Indicators

11.2.7.1 Efficiency

- Feedback/comments from Greater Western Area of Health

11.3 Sub Program 3 – Illicit Drugs & Solvent Abuse

11.3.1 Explanation

Use of illicit drugs and abuse of solvents, particularly among young people, is a potential serious health problem in our community. The Shire is able to provide leadership and positive ideas for dealing with illicit drugs and solvent abuse. The community as a whole needs to better understand, discuss, take ownership of the issue and the solutions, and be empowered to address its causes and impacts.

11.3.2 Objectives

- 11.3.2.1 To raise and maintain community awareness of the negative health effects of drug and solvent abuse.
- 11.3.2.2 As far as is possible, to facilitate the efforts of the various statutory and community groups, such as Centre for Drug and Alcohol, Community Policing and Drug Action Groups, which are directly involved with users.

11.3.3 Priority: *High*

Serious public health issue.

11.3.4 Legislation/Standards/Guidelines

N/A

11.3.5 National Environmental Health Strategy Relationship

N/A

11.3.6 Strategies

Ensure a range of pamphlets and handouts on drug and solvent abuse and health are available at the Shire Chambers.

Support relevant NSW and Federal campaigns with local displays or such other participation as may be appropriate in a particular instance.

Liaise with the Police Service, Greater Western Area Health Service, other relevant agencies, community groups and other local governments in support and development of strategies directed at minimising illicit drug and solvent abuse.

11.3.7 Performance Indicators

11.3.7.1 Efficiency

- Certification, by monthly audit of pamphlet stocks, that appropriate information on drug and solvent abuse is always available.

Program: Public Swimming Pools & Spa Pools

Goal

**That public swimming pools offer
minimum risk to health and safety**

12.1 Sub Program 1 - Public Swimming Pool & Spa Pool Inspections

12.1.1 Explanation

Regulations under the Public Health Act specify a number of management and safety criteria for operation of public swimming pools and spa pools. The Shire may enter and inspect any premises containing a public swimming pool or spa pool.

A schedule of public swimming pools and spa pools is at Appendix 4.

12.1.2 Objective

12.1.2.1 To ensure that public swimming pool facilities are maintained in safe and hygienic condition, in accordance with regulatory requirements.

12.1.2.2 To ensure that public swimming pools and spas are safe and kept in a hygienic manner.

12.1.3 Priority: *High*

Public Safety responsibility.

12.1.4 Legislation/Standards/Guidelines

Public Health (Swimming Pools & Spa Pools) Regulation 2000.

Water Safety 2004 - DLG

12.1.5 National Environmental Health Strategy Relationship

National Environmental Health Strategy 1999 – Chapter 7

Section 7.7 – Built Environment

National Environmental Health Strategy Implementation Plan 2000

Challenge: Protect public health by reducing adverse health impacts of the built environment.

12.1.6 Strategies

Undertake at the frequency indicated in Appendix 1, inspections, where practicable in conjunction with the water sampling program.

Educate owners/operators of public swimming pools and/or spas of their responsibilities and the associated risks.

Encourage owners/operators of public swimming pools and/or spas to undertake first aid/resuscitation training.

12.1.7 Performance Indicators

12.1.7.1 Workload

- Number of inspections.

12.1.7.2 Efficiency

- Adherence to the inspection program (See Appendix 1).
- Level of awareness and knowledge of owners/operators

12.1.7.3 Effectiveness

- Level of compliance and number of swimming pools with satisfactory inspections
- Number of rectification directions issued.

Program: Accommodation

Goal

That buildings affording public accommodation, either for residential or short duration purposes, are safe.

13.1 Sub Program 1 – Shared Accommodation Premises

13.1.1 Explanation

Shared accommodation includes a boarding house, bed and breakfast, caravan park, hostel, farm stay, hotel/s, motel/s tourist and visitor accommodation and tourist facility. These premises are required to meet adequate safety and hygiene standards. Minimum floor areas also apply to rooms in shared accommodation. Council should remain aware of and consider the health and safety of shared accommodation premises.

A schedule of shared accommodation premises is at Appendix 5.

13.1.2 Objective

- 13.1.2.1 To ensure that shared accommodation premises are maintained and operated in a manner that is safe, hygienic and consistent with legislative requirements.
- 13.1.2.2 To have all shared accommodation premises rating a Risk Factor Score not greater than the Target Score (see Inspection Report Form 7) by 30 June 2008, after which a new Target Score may be set.

13.1.3 Priority: *High*

Public safety and prevention of disease.

Legislative requirements.

13.1.4 Legislation/Standards/Guidelines

Public Health (General) Regulation 2002 – Reg 22

Local Government Act 1993

Local Government (General) Regulation 2005 - Clause 83 & Schedule 2

13.1.5 National Environmental Health Strategy Relationship

National Environmental Health Strategy 1999 – Chapter 7

Section 7.7 – Built Environment

National Environmental Health Strategy Implementation Plan 2000

Challenge: Protect public health by reducing adverse health impacts of the built environment.

13.1.6 Strategies

Conduct inspections of shared accommodation premises, at the frequency indicated at Appendix 1.

Assess all Construction Certificate applications for shared accommodation premises against relevant standards, and require modifications to plans or impose conditions of approval as appropriate.

13.1.7 Performance Indicators

13.1.7.1 Workload

- Number of inspections.
- Number of complaints received.

13.1.7.2 Efficiency

- Adherence to the inspection program (See Appendix 1).

13.1.7.3 Effectiveness

- Number of shared accommodation premises with satisfactory inspections.
- Number of rectification directions/infringement notices issued.

13.2 Sub Program 2 – Licensed Premises

13.2.1 Explanation

There is an expectation that the Shire is responsible for liquor-related problems, including noise from parking around licensed premises, the actions of persons going to and from licensed premises, property damage and litter. The Shire is specifically recognised in the Liquor Regulation 1996 in relation to the issue or removal of liquor licences.

13.2.2 Objective

- 13.2.2.1 To ensure that licensed premises do not impact adversely on the amenity of the local community.

13.2.3 Priority: *High*

Public safety and prevention of disease.

13.2.4 Legislation/Standards/Guidelines

Liquor Regulation 1996 – Clause 18
Registered Clubs Act 1976

13.2.5 National Environmental Health Strategy Relationship

National Environmental Health Strategy 1999 – Chapter 7

Section 7.7 – Built Environment

National Environmental Health Strategy Implementation Plan 2000

Challenge: Protect public health by reducing adverse health impacts of the built environment.

13.2.6 Strategies

Maintain copies of liquor licences current within the Shire.

Network with the Local Liquor Accord to address local issues.

13.2.7 Performance Indicators

13.2.7.1 Workload

- Number of complaints received.

13.2.7.2 Efficiency

- Number of premises with satisfactory inspections.
- Number of rectification directions/infringements notices issued.

Program: Waste Management

Goal

**That waste is managed in a manner
that causes minimum risk to health
and the environment**

14.1 Sub Program 1 – Refuse Collection & Disposal

14.1.1 Explanation

Refuse collection and disposal is a fundamental health issue. The Local Government Act 1993 confers on the Shire an implied obligation to provide and manage waste removal, treatment and disposal services and facilities. If refuse is not collected and disposed of efficiently and effectively potential public health issues arise including spread of disease from unsanitary premises and contamination of ground water.

14.1.2 Objective

- 14.1.2.1 Ensure refuse is collected and transported from premises in a safe and efficient manner.
- 14.1.2.2 Ensure litter is removed from public areas.
- 14.1.2.3 Ensure refuse is disposed of in an effective manner that avoids adverse impacts on the environment.

14.1.3 Priority: *High*

Prevention of potentially serious disease in the community.

Prevention of soil and groundwater pollution.

Legislative requirements.

14.1.4 Legislation/Standards/Guidelines

Protection of the Environment Operations Act 1997

Protection of the Environment Operations (Waste) Regulation 2005

NSW Waste Avoidance and Resource Recovery Strategy 2007 (DECC)

NetWaste Mid-Western Subregional Waste Management Plan 2003

Solid Waste Landfills – 1996 (NSW EPA)

Waste Minimisation Manual for Local Government (KAB)

14.1.5 National Environmental Health Strategy Relationship

National Environmental Health Strategy 1999 – Chapter 7

Section 7.5 – The Health Aspects of Waste Management

National Environmental Health Strategy Implementation Plan 2000

Challenge: Protect public health by reducing adverse health impacts of the built environment.

14.1.6 Strategies

Ensure a weekly domestic MGB waste collection takes place.

Strategically place litter bins at public places where litter is likely to be dropped. Collect and dispose of contents as necessary on a regular basis.

Operate the waste depots in accordance with statutory requirements.

Develop procedures on activities carried out at the Ewenmar Waste Depot. E.g. steel recycling.

Remove dumped rubbish as soon as possible to ensure the amenity of the area is not diminished.

14.1.7 Performance Indicators

14.1.7.1 Workload

- Number of domestic MGB collection services performed.
- Volume of waste material disposed of at waste depots.

14.1.7.2 Efficiency

- Number of waste collection service complaints.
- Number of complaints against the waste depots.
- Adherence to waste depot protocols.

14.1.7.3 Effectiveness

- Number of re-occurring complaints.
- Number of non-compliances with conditions of waste depot protocols.

14.2 Sub Program 2 - Asbestos

14.2.1 Explanation

Asbestos is a naturally occurring fibrous material that is declared as a hazardous substance. Asbestos was commonly used in the manufacture of building products up until 1987. Asbestos fibres can cause diseases such as asbestosis and mesothelioma. The risk of developing an asbestos related disease depends on the number of fibres inhaled.

14.2.2 Objective

- 14.2.2.1 Provide sound and practical advice to the public and members of the construction industry on safe maintenance and handling of materials that may contain asbestos.
- 14.2.2.2 Ensure the removal of materials that may contain asbestos is carried out in a manner that minimises the risk to public health.

14.2.3 Priority: *High*

Prevention of potentially serious disease in the community.

High level of public concern.

Legislative requirements.

14.2.4 Legislation/Standards/Guidelines

Occupational Health & Safety Regulation 2001

Environmental Protection Operations Act 1997

Environmental Protection Operations (Waste) Regulation 2005

National Occupational Health & Safety Commission Code of Practice – Safe Removal of Asbestos (2005)

enHealth - Management of asbestos in the non-occupational environment (2005)

NSW WorkCover Guide to Working with Asbestos (2003)

Australian Standard AS2601:2001 – Demolition of Structures

NSW WorkCover - Fibro & Asbestos – A Renovator and Homeowner's Guide

14.2.5 National Environmental Health Strategy Relationship

National Environmental Health Strategy 1999 – Chapter 7

Section 7.5 – The Health Aspects of Waste Management

National Environmental Health Strategy Implementation Plan 2000

Challenge: Protect public health by reducing adverse health impacts of the built environment.

14.2.6 Strategies

Ensure copies of the pamphlet "*Fibro & Asbestos - A Renovator and Homeowner's Guide*" are available at the Shire Chambers.

Ensure adequate information is available to the public regarding the public health risks of asbestos and the legal requirements of safe disposal.

Apply conditions of consent to and development approvals involving demolition that may contain asbestos, to ensure any risk is minimised and that the asbestos material is disposed of correctly.

14.2.7 Performance Indicators

14.2.7.1 Efficiency

- Number of complaints received regarding asbestos.

14.3 Sub Program 3 – On Site Waste Water Management

14.3.1 Explanation

For land in the Shire where sewer is not available, appropriate waste water disposal systems must be installed to manage waste water generated on the property. New technology has resulted in development on lots throughout Australia, which would previously not have been possible. Councils regulate the installation and operation of on-site sewage management systems under the Local Government Act 1993. Regulations under the Act specify performance standards and require Councils to supervise the operation of on-site sewage management systems.

14.3.2 Objective

To ensure that on site waste water management systems are installed and operated in accordance with legislative requirements, therefore resulting in disposal of liquid waste in a safe and environmentally sound manner.

14.3.3 Priority: *High*

Prevention of potentially serious disease in the community.

Prevention of groundwater pollution.

Legislative requirements.

14.3.4 Legislation/Standards/Guidelines

DLG Environmental & Health Protection Guidelines – On-Site Sewage Management for Single Households.

Australian Standard AS1457 – On-site Management of Domestic Waste Water.

Local Government Act 1993

Local Government (General) Regulation 2005

14.3.5 National Environmental Health Strategy Relationship

National Environmental Health Strategy 1999 – Chapter 7

Section 6.5 – The Health Aspects of Waste Management

National Environmental Health Strategy Implementation Plan 2000

Challenge: Protect public health by reducing adverse health impacts of the built environment.

14.3.6 Strategies

Assess all installation applications against regulatory requirements.

Inspect, as appropriate, all installations upon completion and prior to use.

Educate operators of their responsibilities on the correct operation of a waste water management system.

Ensure educational material is available at the Shire Chambers.

14.3.7 Performance Indicators

14.3.7.1 Workload

- Number of system inspections.

14.3.7.2 Efficiency

- Time taken to process applications (as measured against the Target Time of 7 days).

14.3.7.3 Effectiveness

- Number of re-inspections due to incomplete or unsatisfactory work.

Program: Nuisances & Complaints

Goal

That all activities within the community are conducted in a manner which does not impact negatively on public health and amenity or the environment.

15.1 Sub Program 1 – Vermin & Pest Control

15.1.1 Explanation

Vermin and other pests can carry and spread many types of disease to both humans and animals, and can also attract other animals such as snakes in search of food. To ensure that properties are managed correctly and do not attract vermin, or become unsightly Council has powers under the Local Government Act 1993. Effective vermin & pest control demands widespread community co-operation.

15.1.2 Objective

To ensure that, as far as possible, property owners undertake measures to limit the likelihood of attraction and breeding of rats, mice, flies, mosquitoes and other vermin, pests and vectors of disease.

15.1.3 Priority: *High*

Prevention of spread of potentially serious disease in the community by animal vectors.

Community expectation.

Legislative requirements.

15.1.4 Legislation/Standards/Guidelines

Local Government Act 1993 – Section 124

Public Health (General) Regulation 2002 – Clause 21

15.1.5 National Environmental Health Strategy Relationship

National Environmental Health Strategy 1999 – Chapter 7

Section 7.6 – Vector Borne Diseases

National Environmental Health Strategy Implementation Plan 2000

Challenge: To protect public health through better responding to the risks posed by vector borne disease.

15.1.6 Strategies

Respond as quickly as possible to vermin & pest complaints, which are lodged in accordance with Council's adopted Protocol.

Monitor properties in accordance with the Overgrown & Dilapidated Property Improvement Program.

Provide advice to householders on control measures.

Where appropriate, inspect surrounding properties and provide control advice.

Issue notices and orders to take control measures where necessary.

15.1.7 Performance Indicators

15.1.7.1 Workload

- Number of complaints.

15.1.7.2 Efficiency

- Response time to complaints (as measured against the Target Time of 5 days).

15.1.7.3 Effectiveness

- Number of recurring complaints.
- Number of rectification directions issued.

15.2 Sub Program 2 - Noise

15.2.1 Explanation

Noise pollution can be defined as unwanted or offensive sounds that unreasonably intrude into our daily activities. It has many sources, most of which are associated with urban development: road, air and rail transport; industrial noise; neighbourhood and recreational noise. Noise can affect human health and well-being in a number of ways, including annoyance reaction, sleep disturbance, interference with communication, performance effects, effects on social behaviour and hearing loss. The Council are generally responsible for neighbourhood noise issues and have authority to issue noise abatement directions to control noise from premises. Council has an essential role in minimising the effects of excessive noise, particularly in their local residential areas, from workshops, premises not scheduled by the EPA and public places.

15.2.2 Objective

To ensure that occupiers of premises are able to enjoy their rights to freedom from unreasonable noise intrusion.

15.2.3 Priority: *Medium*

Community expectation.
Legislative requirements.

15.2.4 Legislation/Standards/Guidelines

Protection of the Environment Operations Act 1997

DEC Noise Guide for Local Government (2004)

EPA NSW Industrial Noise Policy (2000)

ENHealth - The Effects of Environmental Noise – Other than Hearing Loss (2004)

15.2.5 National Environmental Health Strategy Relationship

National Environmental Health Strategy 1999 – Chapter 7

Section 7.7 – Built Environment

National Environmental Health Strategy Implementation Plan 2000

Challenge: Protect public health by reducing adverse health impacts of the built environment.

15.2.6 Strategies

Educate the community as to individual responsibility in relation to noise.

Apply conditions of consent to any development approval that may emit noise.

Respond as quickly as possible to complaints about excessive noise.

Attempt to achieve resolution to problems to the satisfaction of complainants by negotiation with offenders.

Where necessary, measure offending noise and issue:-

- warning letters;
- Prevention Notices;
- Noise Control Orders; or

- Noise Abatement Directions.

15.2.7 Performance Indicators

15.2.7.1 Workload

- Number of complaints.

15.2.7.2 Efficiency

- Response time to complaints (as measured against the Target Time of 5 days).

15.2.7.3 Effectiveness

- Number of recurring complaints.

15.3 Sub Program 3 – Air Pollution

15.3.1 Explanation

To most Australians, urban and regional air pollution is today's greatest environmental threat. Industry, power generation and motor vehicles release pollutants that may lead to photochemical smog, haze, and acidification. Locally air pollution includes odours, emissions from workshops and smoke from wood fires and can be one of the most persistent and annoying nuisances resulting from community living.

Council has the responsibility to ensure approvals for the installation of wood fires are obtained and excessive pollution is not emitted from premises not scheduled by the EPA.

15.3.2 Objective

To ensure that occupiers of premises are able to enjoy their rights to freedom from unreasonable air pollution.

15.3.3 Priority: *Medium*

Community expectation.

Legislative requirements.

15.3.4 Legislation/Standards/Guidelines

Protection of the Environment Operations Act 1997

Local Government Act 1993

Clean Air (Control of Burning) Regulation 1995

Clean Air (Plant & Equipment) Regulation 1997

15.3.5 National Environmental Health Strategy Relationship

National Environmental Health Strategy 1999 – Chapter 7

Section 7.2 – Air Quality

National Environmental Health Strategy Implementation Plan 2000

Challenge: Protect public health by reducing adverse health impacts of the built environment.

15.3.6 Strategies

Apply conditions of consent to any development approval that may emit noise.

Respond as quickly as possible to complaints about air pollution.

Attempt to achieve resolution to problems to the satisfaction of complainants by negotiation with offenders.

Where necessary issue:-

- warning letters;
- Prevention Notices; or
- Clean up Directions.

15.3.7 Performance Indicators

15.3.7.1 Workload

- Number of complaints.

15.3.7.2 Efficiency

- Response time to complaints (as measured against the Target Time of 5 days).

15.3.7.3 Effectiveness

- Number of recurring complaints.

15.4 Sub Program 4 - Other Nuisances

15.4.1 Explanation

A range of issues which commonly result in community complaint are covered under provisions of the *Local Government Act 1993* or *Public Health Act 1991*.

15.4.2 Objective

To ensure that occupiers of premises are able to enjoy their rights to freedom from adverse affects to their comfort or health as a result of inadequate housing or due to the intrusion of dust, odour, fumes, smoke and other nuisances.

15.4.3 Priority

Varies from low to high dependent upon each individual case, taking into account community expectations.

15.4.4 Legislation/Standards/Guidelines

Local Government Act 1993

Public Health Act 1991 and various Regulations there under

15.4.5 National Environmental Health Strategy Relationship

National Environmental Health Strategy 1999 – Chapter 7

Section 7.2 – Air Quality

Section 7.5 – Health Aspects of Waste Management

Section 7.7 – Built Environment

National Environmental Health Strategy Implementation Plan 2000

Challenge: Protect public health by reducing adverse health impacts of the built environment.

15.4.6 Strategies

Respond as quickly as possible to nuisance complaints that are lodged.

Attempt to achieve resolution to problems to the satisfaction of complainants by negotiation with offenders.

Where necessary, issue:-

- warning letters;
- rectification directions
- infringement notices; or
- Orders as appropriate.

15.4.7 Performance Indicators

15.4.7.1 Workload

- Number of complaints.

15.4.7.2 Efficiency

- Response time to complaints (as measured against the Target Time of 5 days).

15.4.7.3 Effectiveness

- Number of recurring complaints.
- Number of rectification directions, Health Orders or infringement notices issued.

Appendices

Appendices

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EH08	Mortuaries & Funeral Homes

Inspection/Activity Frequency

Category	Number in Category	Frequency per Year	Number of Inspections per Year [#]	Comment
1 Food Premises				
Level 2	22	2	44	
Level 1	1	1	4	
Level 0	5	0	0	
2 Water Sampling				
2.1 Public Swimming Pools	6	1	6	
2.2 Natural Waters	5	12	60	
3 Hairdressing & Skin Penetration				
3.1 Hairdressers*	4	1	4	
3.2 Skin Penetration*	3	1	3	
4 Public Swimming Pool Inspections	5	1	5	
6 Shared Accommodation	6	1	6	
7 Regulated Premises	0	1	0	
8 Mortuaries & Funeral Homes	1	1	1	

*Some of these inspections may be carried out concurrently with other inspections at the same premises.

Food Premises**Level 2**

	Priority Classification
1 Collie Hotel	P2
2 Nevertire Hotel	P2
3 Warren Bowling Club	P2
4 Clarke's Corner Shop	P2
5 Riverside Store	P2
6 Warren & District United Services Club	P2
7 IGA Supa Supermarket	P1
8 5 Star Supermarket	P1
9 117 Bakery Café	P1
10 Royal Hotel	P2
11 Macquarie Valley Motor Inn	P2
12 Warren Motor Inn	P2
13 Warren Golf Club & Restaurant	P2
14 Racecourse Restaurant	P2
15 Warren Multi Purpose Service	P1
16 Calara House	P1
17 Warren Sporting Complex	P2
18 Warren Central School Canteen	P2
19 St. Mary's School Canteen	P2
20 Warren Nursery & Café	P2
21 Haddon Rig Jackeroo	P2
22 Willie Retreat	P2
23 Club House Hotel	

Food Premises

Level 1	Priority Classification
1 Warren Swimming Pool	P3

Level 0	Priority Classification
1 Warren News Agency	P4
2 Anderson's Pharmacy	P4
3 Caltex Roadhouse Warren	P3
4 Uncle Clarrie's Service Station Warren	P3

The initial inspection frequency is related to the priority classification and there are 3 levels of inspection:

- Level 0 – Incident only (ie: no routine inspections) – Priority Classification P4 & P3
- Level 1 – 1 inspection per year - Priority Classification P3
- Level 2 – Maximum 2 inspections per year - Priority Classification P2 and P1

Hairdressing & Skin Penetration Premises

Hairdressing Premises

- 1 Helen's Hair Cut
- 2 Hair Cut Shop
- 3 Mary's Comb and Cutter
- 4 Adele's Cutting Cottage

Skin Penetration Premises

- 1 Anderson's Pharmacy
- 2 Hair Cut Shop
- 3 Adele's Cutting Cottage
- 4 Helen's Hair Cut

Public Swimming Pools & Spa Pools

- 1 Warren Public Swimming Pool
- 2 Macquarie Valley Motor Inn Pool
- 3 Haddon Rig Jackeroo Pool
- 4 Macquarie Caravan Park Pool

Shared Accommodation

- 1 Royal Hotel
- 2 Macquarie Valley Motor Inn
- 3 Warren Motor Inn
- 4 Haddon Rig Jackeroo
- 5 Macquarie Caravan Park
- 6 Willie Retreat
- 7 Club House Hotel

Industrial Premises

- 1 Caltex Roadhouse Warren
- 2 BP Service Station Warren
- 3 Chesterfields
- 4 Three Rivers Machinery
- 5 Macquarie Toyota
- 6 Fuller Bros Holden
- 7 S&S Machinery
- 8 Warren Shire Council Depot
- 9 Dwyers Transport
- 10 Warren Smash Repairs
- 11 Dowleans Radiators
- 12 Twynams Gin
- 13 Western Farm Machinery
- 14 Robey & Hutchinson
- 15 Auscott Gin

Sampling Locations of Natural Waters

- 1 Boat Ramp
- 2 Jetty (Warren Hole)
- 3 Below Warren Weir
- 4 Bruce's Hole (end of Oxley Parade)
- 5 Swimming Pool Hole (opposite Bore Flat)

Regulated Premises

Nil registered

Mortuaries & Funeral Homes

1 Walsh Funerals

Premises with Non-Scheme Water Supply Providing Food or Accommodation

- | |
|--|
| <ol style="list-style-type: none">1 Haddon Rig Jackeroo2 Willie Retreat |
|--|

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