



Government of **Western Australia**  
Department of **Health**

# Environmental Health Management in Western Australia

**Results of Local Government Optional Reporting Survey  
2017/2018**

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## Introduction

This document provides a summary of the results of the Local Government (LG) Optional Reporting for the 2017/2018 financial year.

Local Governments Authorities (LGAs) were asked a number of optional questions on various aspects of environmental health for the 2017/2018 financial year as a way to assist the Department of Health in the regulatory review process that is occurring as part of the *Public Health Act 2016* (Public Health Act) implementation.

The implementation of the new Act requires all existing subsidiary legislation under the *Health (Miscellaneous Provisions) Act 1911* to be reviewed and streamlined into a manageable number of regulations. The data collected from the optional reporting will be used to make an informed decision about the public health risks present in WA, determine how they are managed or need to be managed and to understand how the current legislation is being used.

The Department of Health asked questions relating to the following public health risks areas:

- Aquatic facilities
- Asbestos
- Events
- Laundries and bathrooms
- Houses unfit for human habitation
- Public health planning
- Public buildings
- Temporary toilets

The optional reporting survey for the period 2017/2018 had a 17% response rate with 23 of 137 of Western Australia LGs responding. There were no responses received from the Peel, Kimberley and Pilbara regions. Further detail of the location of the respondents and the regional representation are shown in Figure 1.

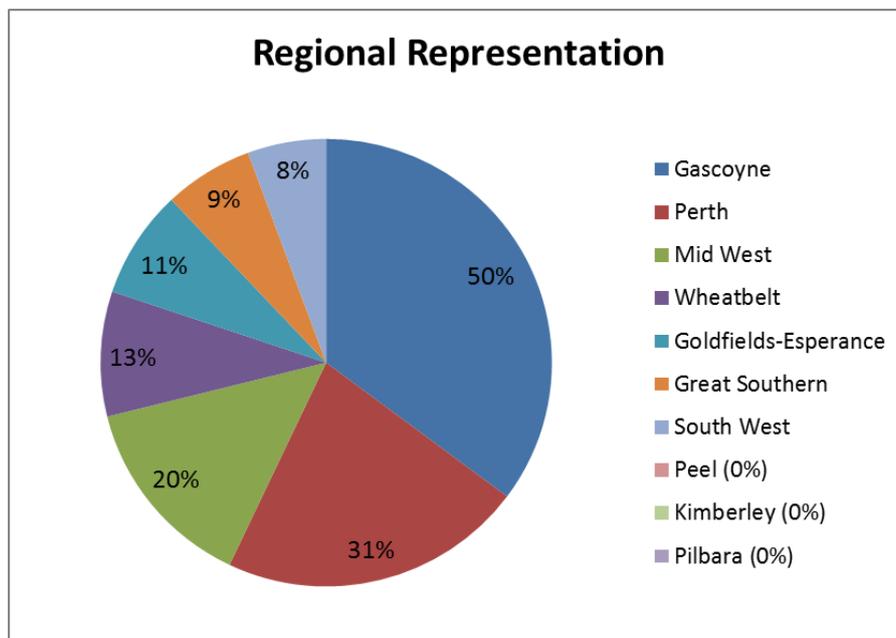


Figure 1: Regional representation (% of all LGAs located in that area that responded)

## Aquatic Facilities

To support the review of the *Health (Aquatic Facilities) Regulations 2007*, the survey investigates the impact and burden on LGs resources needed to regulate aquatic facilities in their districts.

The number of aquatic facilities varies significantly across LGs. Of the LGs that responded, the LG with the most aquatic facilities has 41 facilities in their district, while three LGs have none.

On average the LGs located in the Perth Metropolitan area have significantly more aquatic facilities compared to the other regions.

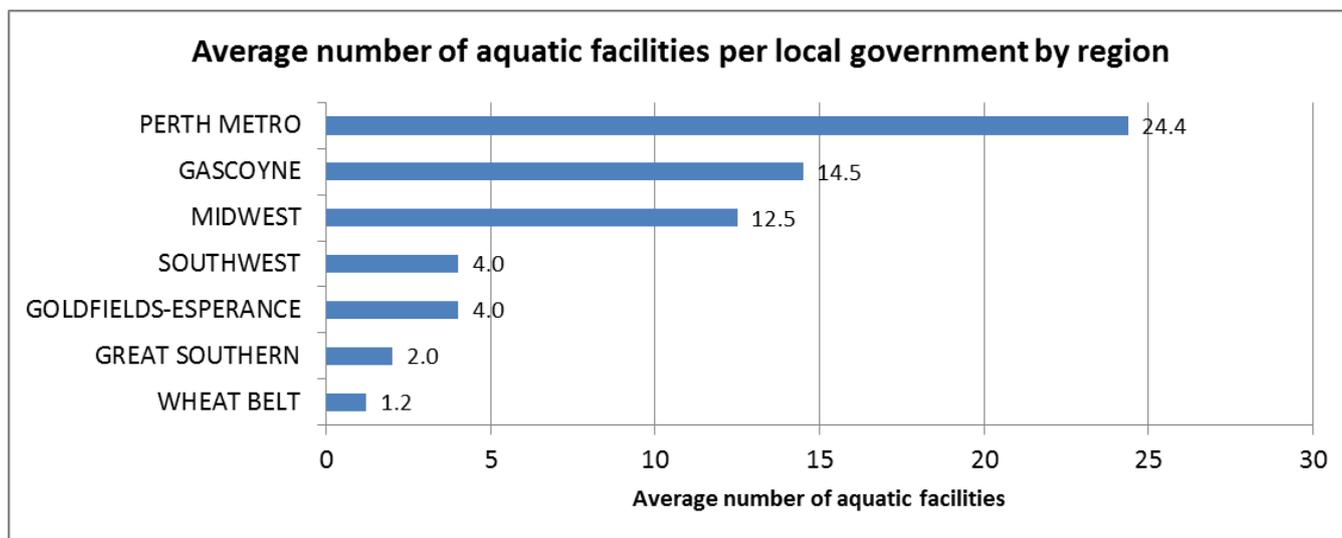


Figure 2: Average number of aquatic facilities per local government by region

The survey compared aquatic facility records maintained by a LG with records maintained by the Department of Health (DOH). From the responses received, it was noted that there were some discrepancies in the aquatic facility records maintained by some LG and DOH.

Half of the local governments with aquatic facilities in their district charge for water sampling and 38% of local governments charge an annual inspection fee. The fee structure for sampling and annual inspections differed across local governments. Some local governments charge by the number of samples which ranges from \$25-35 per sample, while others charge \$77-90 per water body within the facility. A few local governments include the sampling fees in their annual charges for aquatic facilities which ranged from \$327-1541 per annum.

From the responses received, the aquatic facilities that were most prevalent were Group 3 facilities which typically include hotels, motels, serviced apartments, caravan parks and accommodation complexes. Group 3 facilities constituted more than half of all reported facilities (54%), followed by Group 4 (19%), Group 3 (16%) and Group 1 (11%) facilities. It was also noted that the ratio of aquatic facility groups were significantly different across local governments.

From the survey results, there were more facilities that open all year round in the Perth Metropolitan (74%) and Midwest (72%) compared to other regions. Of the Southwest and Great Southern LGs that responded, none of the facilities in their districts were open all year round. Aquatic facilities that do not open all year round will require fewer resources to monitor for compliance as no water sampling is required during non-operational months.

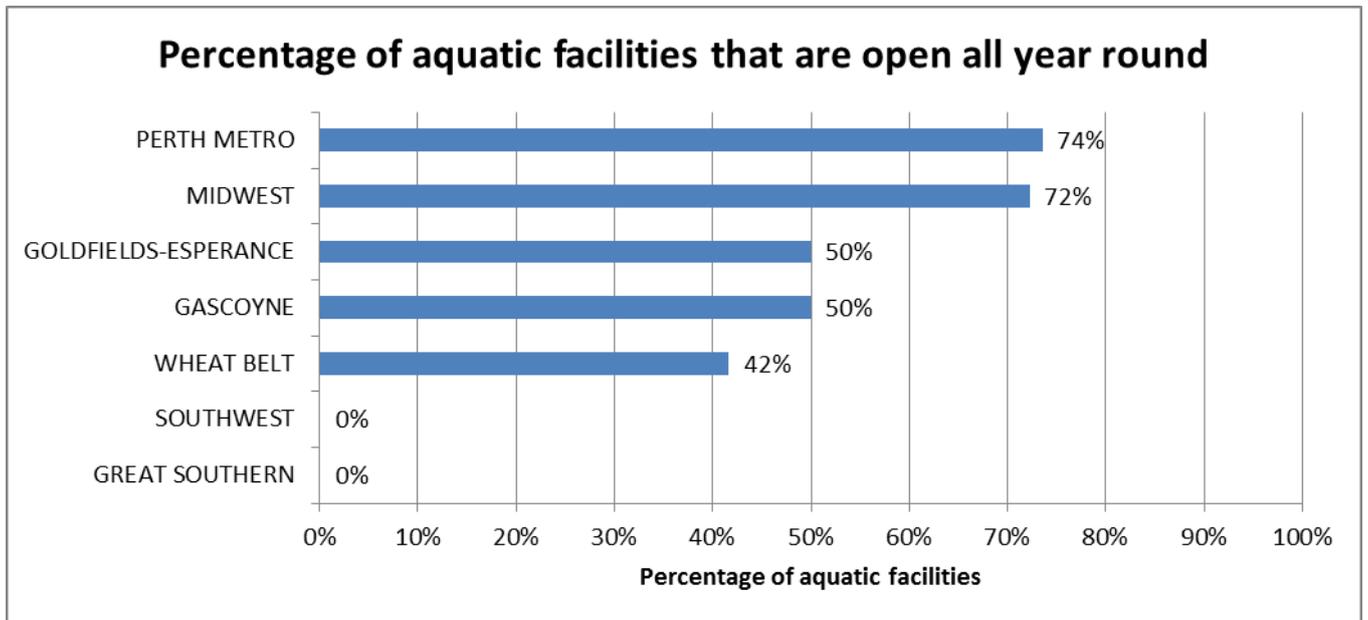


Figure 3: Percentage of aquatic facilities that are open all year round

LGs have also provided data on the work hours used to regulate aquatic facilities. The estimated work hours per aquatic facility were significantly different across LGs. When comparing the average number of hours spent on each facility on a monthly basis, 50% of the local governments which responded spend an average of one hour or less per facility per month, while 25% of the respondents spend between 1 to 2 hours per facility per month. One of the local governments reportedly spends 12 hours per facility per month due to the remoteness of the facilities.

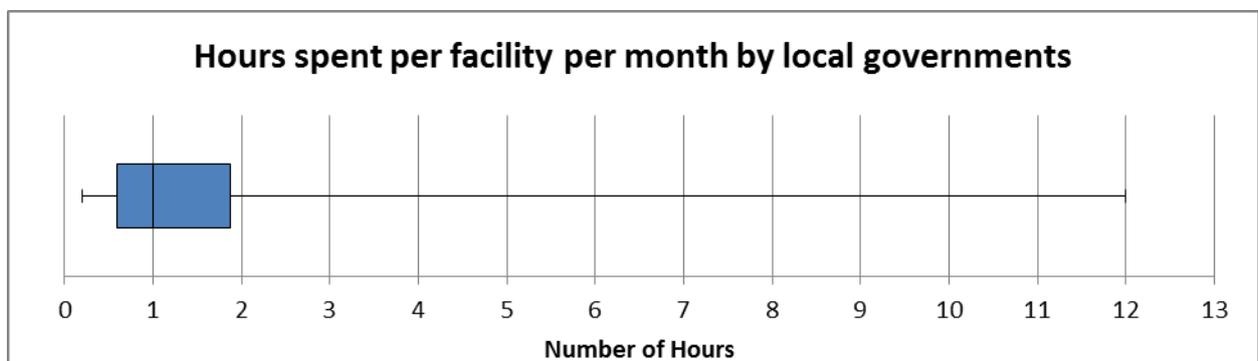


Figure 4: Boxplot showing distribution of hours spent per facility per month by local governments

45% of the LGs reported having aquatic facility closures for the reporting period. Most of the aquatic facility closures were voluntary closures following non-compliant results and/or compromised disinfection system.

## Asbestos

The data obtained from the optional reporting in relation to asbestos will be used to inform the review of the *Health (Asbestos) Regulations 1992* and guide the content of the future asbestos legislation.

A total of 374 asbestos complaints were received by 23 LGs that responded. The number of complaints per local government ranged from no complaints to 99 complaints for the reporting period. The LGs in the Perth Metropolitan Region have the highest average number of complaints compared to other regions. It is thought that this is due to the number of houses and buildings which contain asbestos and that if averaged by the number of dwellings in the region, this would most probably even out. Despite the number of complaints received by the respondents, there was only one infringement notice issued and one prosecution for the reporting period.

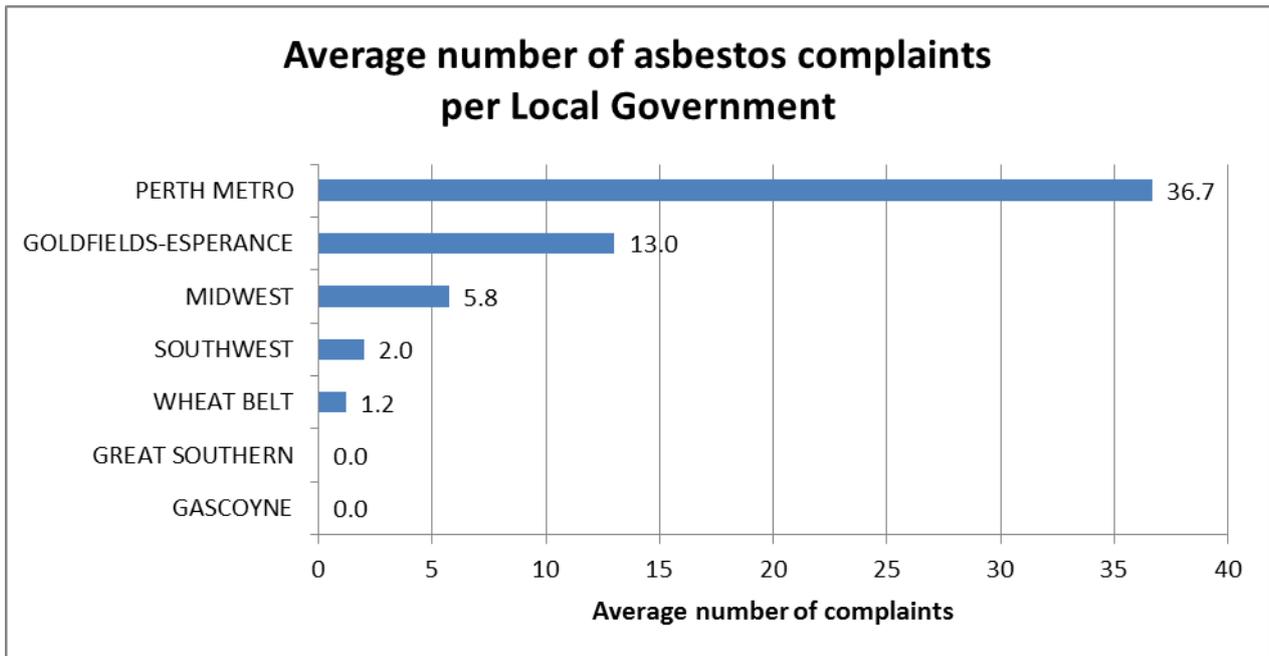


Figure 5: Average number of asbestos complaint per local government

The most prevalent type of asbestos complaint for the period was illegal dumping of asbestos (29%) followed by complaints associated with asbestos fencing (28%). It was also brought to the Department of Health’s attention that cases of illegal dumping of asbestos in rural settings inevitably results in the clean-up and cost being borne by the Local Government as the offenders could not be identified.

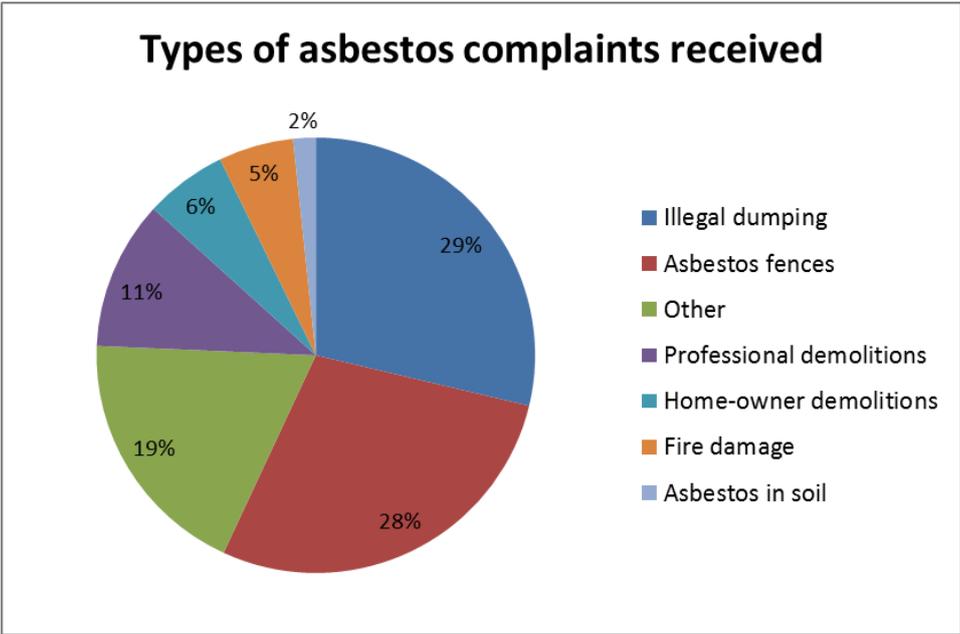


Figure 6: Types of asbestos complaints received

## Events

The data obtained from the optional reporting in relation to events will be used to inform the review of the *Health (Public Buildings) Regulations 1992* and guide the content of the future events legislation.

35% of LGs have a bookings team/officer for public events and 43% of LGs have local laws that apply to functions or events.

The respondents reported a total of 263 events being held in 2017/2018, where the majority of the events were medium risk events (52%) followed by low risk events (40%) and high risk events (8%). The majority of the events (61%) had around 50-500 attendees.

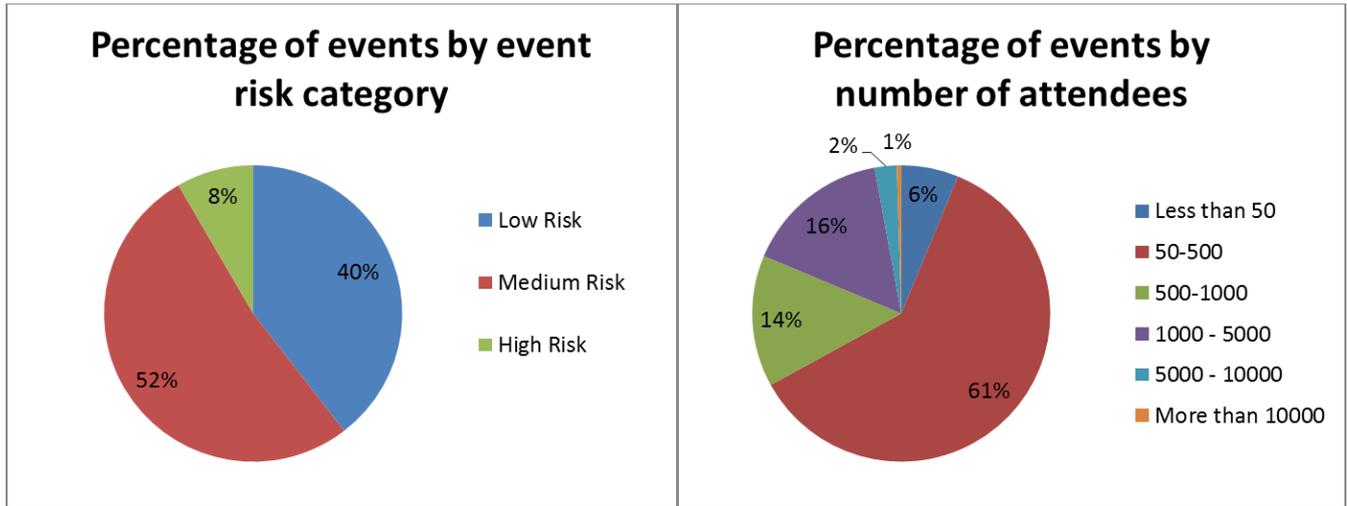


Figure 7: Percentage of events by event risk category and number of attendees

The application fee structure was significantly different across LGs. Most LGs have a flat application fee regardless of the event risk type which ranged from no charge to \$295. Some LGs charge an hourly rate of \$142/hr for the entire duration of the event, while some have an incremental fee structure which increases with event risk, ranging from no charges for low risk events to \$971 for high risk events. A few local governments exempt the application fees for non-profit / charity organisations.

Common issues relating to event management that were raised by the respondents were:

- Late lodgement of applications and provision of required paperwork.
- Limited resources to inspect events for compliance, especially those held during the weekends.
- Current regulations not suitable for application to outdoor public events.

There were no reported crowd crush issues or near-misses for the reporting period.

## Healthy Homes

### Laundries and bathrooms

The data related to laundries and bathrooms was requested to inform the discussion paper related to the review of the *Health Act (Laundries and Bathrooms) Regulations*.

Across 4 LGs, there were a total of 11 complaints specifically on laundries, bathrooms and toilets. There were another 31 complaints relating to houses unfit for habitable where the reporting LGs stated would include issues with laundries, bathrooms and toilets.

### Lodging houses

Lodging houses are not regulated with a specific regulation. Rather the *Health (Miscellaneous Provisions) Act 1911* specifies certain requirements and also enables local governments to make local laws that provide further requirements and controls. Through the use of model local laws, all local governments have made similar lodging house local law provisions.

The optional reporting survey was used to obtain information regarding the public health impact of lodging houses. This was sought to assist in the preparation of a discussion paper seeking to obtain submissions on future alternative ways of protecting public health related to houses in multiple occupancy [lodging houses].

Based on the survey responses, the local government in the Goldfield-Esperance region have the highest average number of lodging houses (23), followed by the South West Region (7). All other LGs have an average of less than 5 lodging houses in their district.

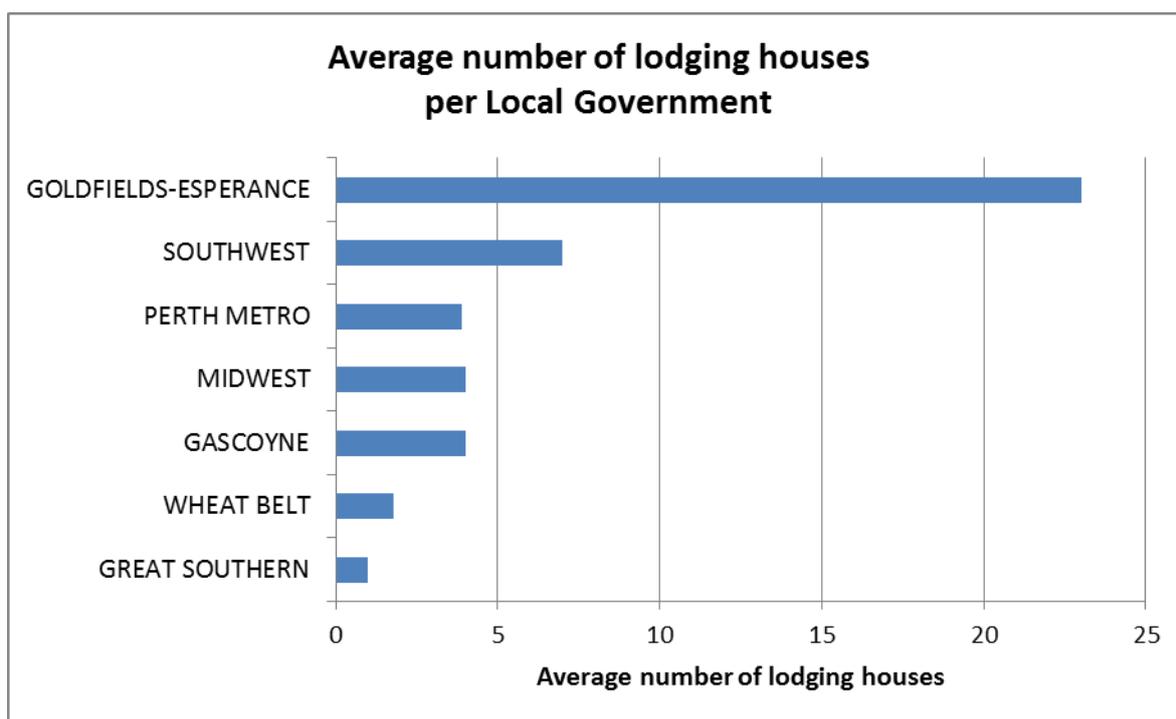


Figure 8: Average number of lodging houses per local government

The registration fee for lodging houses varies across LGs ranging from \$126-337.

During the reporting period, only 3 LGs received complaints associated with lodging houses, one of which was an unregistered lodging house. With the exception of one, all the other respondents inspect the lodging houses in their district annually. There were no reported illnesses associated with lodging houses or any prosecutions for non-compliant lodging houses

for the period. Notwithstanding, 90% of LGs felt that legislation is needed to regulate lodging houses.

### **Houses unfit for human habitation**

The introduction of the Public Health Act provides an opportunity to review the provisions currently in place in regard to houses unfit for human habitation. The optional reporting questions related to hoarding, squalor, mould, lighting and ventilation seeks to gauge the extent of each problem in WA.

The statistics for hoarding and squalor complaints varies significantly across LGs. Some LGs do not subcategorise the complaints received for unfit / substandard housing. The highest number of complaints for hoarding within a single LG was 10 complaints, while the average number of hoarding complaints across all LGs was 1.5 complaints. 60% of LGs received no hoarding complaints in their district, while 58% have no known cases of hoarding.

26% of the LGs received complaints relating to squalor. The highest number of complaints relating to squalor within a single LG was 15 cases. There were a total of 11 reported cases of hoarding with residents living in squalor where 6 of these cases were from a single LG.

Across 10 LGs, a total of 27 specific complaints related to dampness or mould in housing were reported. There were a total of 6 complaints related to lack of ventilation, poor air quality or lighting in housing reported across 7 LGs.

Across 8 LGs, a total of 45 notices were issued to declare houses unfit for habitation. 80% of the houses that have been declared unfit for habitation were located in the Perth Metropolitan region and of these, 22% were due to hoarding and squalor.

## Public Health Planning

The Public Health Act requires local governments to prepare a local public health plan. The plan must identify the public health needs of their local government district from data relating to the health status and health determinants in their district. The plan aims to promote, improve, and protect the public health in the local government district via public health services. In preparation for stage 5 of implementation of the Public Health Act, the Chief Health Officer (CHO) has produced the First Interim State Public Health Plan to enable local governments to be consistent with the objectives and policy of the State. The survey investigates the progress of the LGs in their public health planning and the resources that were used to develop the plans.

Across the 23 LGs that responded, four have produced public health plans. Only two have current public health plans and the other two intend to update their public health plans prior to the enactment of Part 5 of the Public Health Act. All four LGs produced their public health plans using their existing employees and have been in contact / partnered with their local health service provider. Only one of the four LGs partnered with a not-for-profit organisation in the development of their public health plan.

18 of 23 LGs indicated that they have not produced a public health plan. Of these, 14 LGs intend to produce a public health plan prior to the enactment of Part 5 of the Public Health Act.

74% of LGs were aware that their local Health Service Provider can assist with providing specific health profile data to support the public health planning process. 48% of LGs used the public health planning resources that are available through the Department of Health website to assist with the development of their public health plan.

The consultation also surveyed the local governments to determine if they have policies on various areas relating to public health. The following chart depicts the percentage of LG respondents having a policy on the various areas relating to public health.

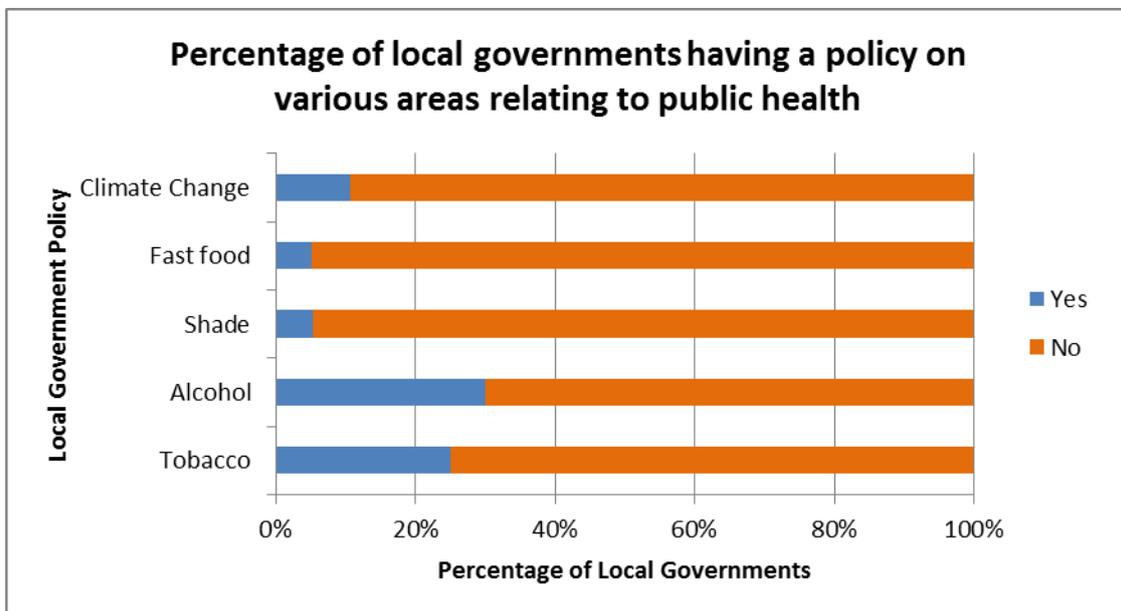


Figure 9: Percentage of local governments having a policy on various areas relating to public health

Other policies mentioned by respondees were;

- Mosquito Management Plan
- Urban Forest Strategy Street Tree Plan
- Environment & Sustainability Policy & Strategy
- Physical Activity & Healthy Eating Plan
- Leisure, Arts & Lifestyle Plan
- Environmental Health Plan
- Access & Inclusion Plan
- Age Friendly Belmont Plan
- Physical activity policy

## Public Buildings

The data obtained from the optional reporting in relation to public buildings will be used to inform the discussion paper related to the review of the *Health (Public Buildings) Regulations 1992*. Many of the regional hubs however did not submit a response to these questions so the averaged and total results are not considered to be reflective of the actual statistics for the region.

From data provided by the respondents, 77% of public buildings are located in the Perth Metropolitan region, followed by the Midwest region (9%).

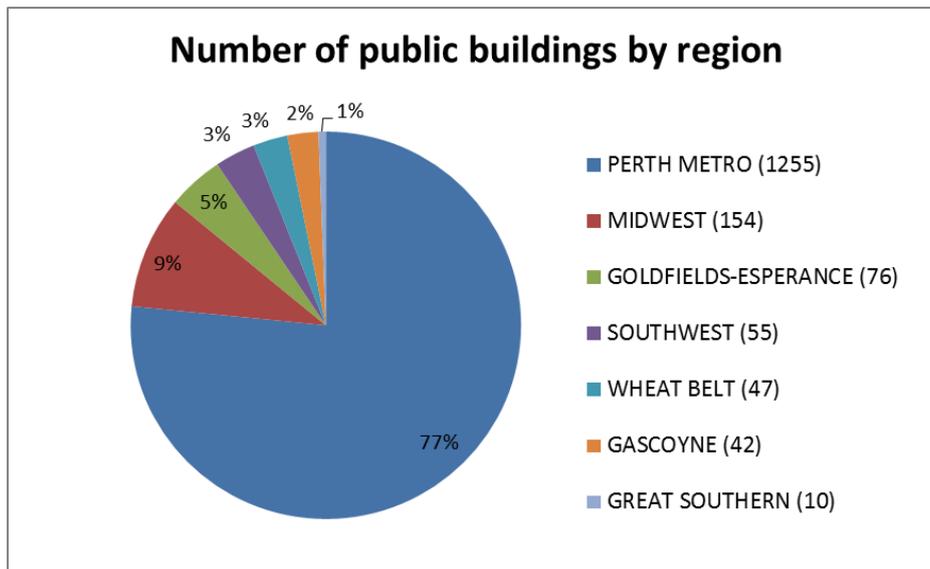


Figure 10: Number of public buildings by respondent's region

19 of 22 LGs register the public buildings in their district and keep the information in a registration database, 1 local government did not respond. Not all local governments maintain a current classification of their public buildings using the classification method recommended in *Guidelines on the Application of the Health (Public Buildings) Regulations 1992*.

### Approval and inspection fees

15 of 23 local governments charge approval fees for public buildings using various fee structures. The following different fee structures were mentioned:

- Flat rate regardless of the public building risk category ranging from \$110 - \$399.
- Flat rate depending on if the premises is licensed, ranging from \$138 for non-licensed premises to \$207 for licensed premises
- Incremental fee structure that increases with the public building risk category ranging from \$113 for a low risk building to \$871 for a high risk building.
- Incremental fee structure that increases with occupancy limit of the building ranging from \$90 to \$811.

19 of 23 local governments do not charge inspection fees for public buildings. Of those who do, their fees ranged from \$87-100 per hour to a flat rate of \$94-150.

The survey also investigates the scope of inspection by LGs. The following list details the percentage of LGs that covers the different aspects of a public building in their inspection:

- Means of egress - 100%
- Signage - 100%
- Lighting - 100%
- Firefighting equipment/services - 100%
- Air handling systems - 65%
- Fire detection/alarm system - 83%
- Occupant warning system - 61%
- Lifts - 22%
- Standby power supply - 48%
- Building clearance for emergency services access - 52%
- Glazed assemblies, balconies, balustrades, refrigerated chambers, strong rooms or vaults - 61%
- Bushfire protection measures - 17%.

The following chart depicts the number of local governments and the typical percentage of public buildings in their district not having all the above safety measures in place. Half of the LGs that responded have less than 10% of public buildings not having all the required safety measures in place, while one-third of the LGs have around 10-20% and the remaining LGs have more than 35%.

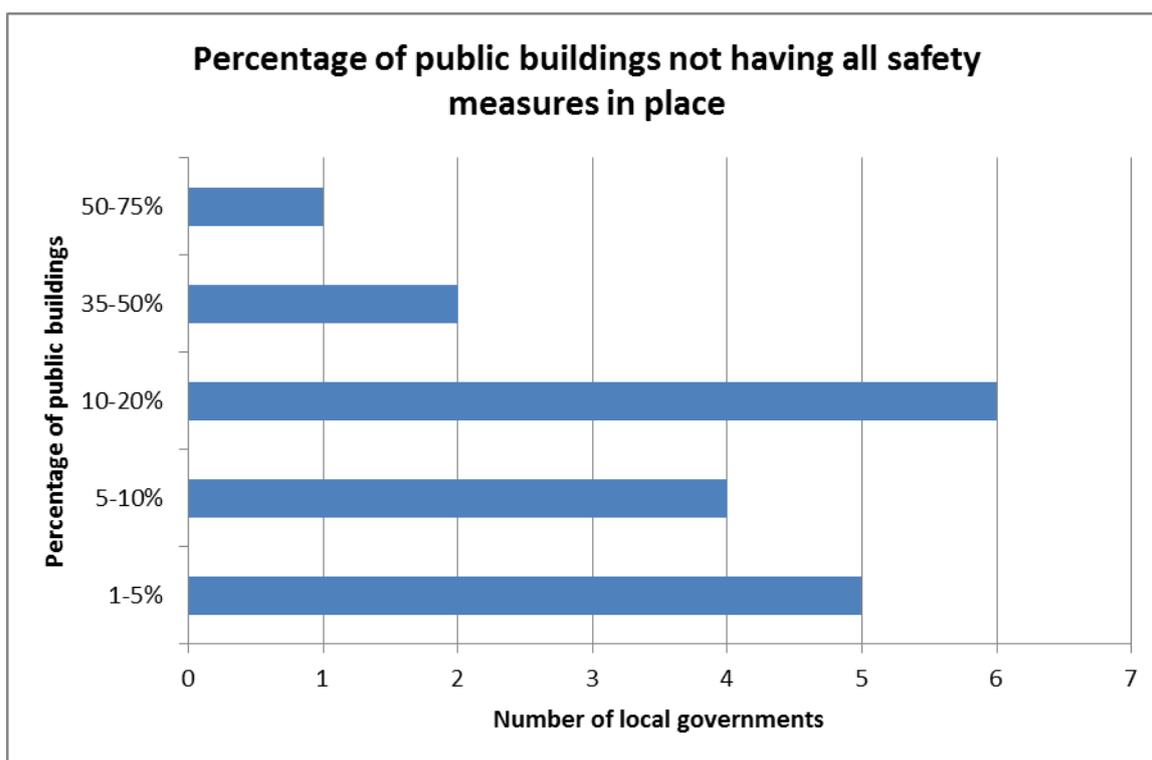


Figure 11: Percentage of public buildings not having all safety measures in place

Of the local governments that provided a response, 58% were not aware of any unapproved change of use of public buildings in their district, while 32% of LGs have around 1-5% public buildings that did not notify a change of use and 10% of LGs have around 5-10%.

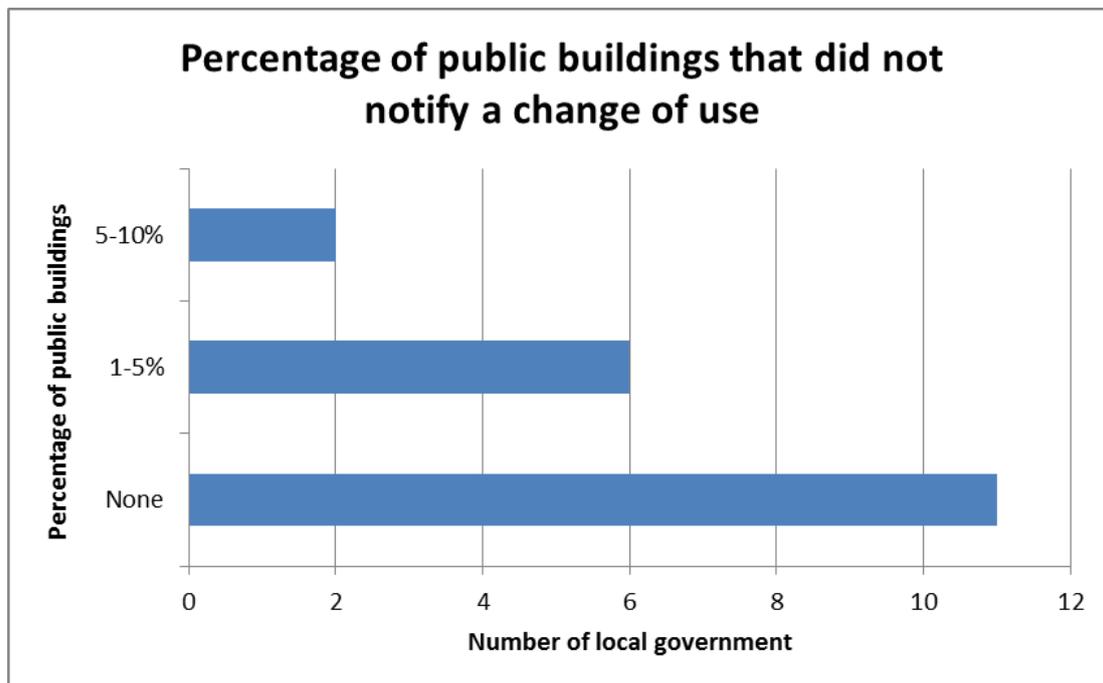


Figure 12: Percentage of public buildings that did not notify a change of use

Half of the LGs that provided a response felt that public buildings with a capacity of less than 50 people should be excluded from the regulation and the other half felt that it should be included. Those who opted for public buildings with a capacity of less than 50 people to be excluded from the regulation felt that the risk is low enough to warrant exclusion. However, those who opted for public buildings of this capacity to be still be included in the regulations felt that the risks in such a public building is still significant and should still be managed to ensure the safety and welfare of the occupants.

During the reporting period, two LGs reported receiving complaints associated with public buildings and none were related to crown buildings or overcrowding.

## Temporary Toilets

In a previous survey, it was shown that there was a current lack in provision of accessible temporary toilets. This survey investigated this situation further.

77% of the LGs have an inclusion officer/plan for their LG. 61% of LGs take into consideration the design of accessible temporary toilets when its provision is required, while 59% of LGs assess the accessible temporary toilets at events / settings to ensure they will meet the requirements of people with disabilities.

**This document can be made available in alternative formats on request for a person with a disability.**

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