

Eastern  
Health  
Authority  
Annual  
Report  
2013



MESSAGE  
FROM THE  
CHAIRPERSON



During the past year Eastern Health Authority (EHA) has continued to excel in the provision and delivery of environmental health services to its five Constituent Councils. Despite some disruption during the refurbishment of the St Peters Town Hall complex, it was business as usual. The redevelopment is now complete and EHA has moved back to a contemporary and streamlined working environment with improved facilities for immunisation clinics.

As the largest Local Government immunisation provider in South Australia, EHA is proud of its role in the prevention and control of communicable diseases. This year EHA continued to promote the benefits of vaccinations against Human Papillomavirus, Whooping Cough and Influenza. In addition the 4 year old pre-school booster vaccinations were widely promoted, resulting in an 18% increase in take-up. This was a heartening response, as it is vitally important for school beginners to have adequate immunities.

EHA is diligent in fulfilling its responsibilities to the public concerning standards in food premises. This year there has been a significant increase in fines for food proprietors for breaches of legislation and EHA has commenced two prosecutions. However, more businesses are benefiting from EHA's training course, "Preventing Kitchen Nightmares – A Guide to Food Safety Fundamentals". This course educates food handlers on safe food practices and assists proprietors to comply with their obligations under the Food Standards Code.

EHA is responsible for the licensing and regulation of standards in 11 Supported Residential Facilities (SRFs) for Constituent Councils and also provides a user pays service to the City of Unley for the licensing of 4 SRFs in its area. These facilities accommodate some of the most disadvantaged and vulnerable people in our community and this year we saw an increasing disparity in standards across the sector. I take this opportunity to commend our staff on the sensitive manner in which they deal with the many complex issues that affect the wellbeing of SRF residents.

The *Public and Environmental Health Act 1987* has been replaced by the *SA Health Act 2011*. This modernised legislative framework requires all councils to have a public health plan by the end of 2013. Constituent Councils have opted for EHA to oversee a regional approach to the public health planning requirements. This is a fine example of how Local Government can work co-operatively to achieve a cost effective and efficient delivery of services to the community.

It has been my pleasure to work with the CEO, staff and Board of Management and I thank them all for their commitment, dedication and support.

**Sue Whittington  
Chairperson**





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Eastern Health  
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Constituent Councils  
in the eastern  
and inner northern  
suburbs of Adelaide,  
South Australia.

# ABOUT EASTERN HEALTH AUTHORITY

Eastern Health Authority (EHA) provides a range of environmental health services to the community on behalf of its Constituent Councils in the eastern and inner northern suburbs of Adelaide, South Australia.

The Constituent Councils are:

- City of Burnside (Burnside)
- Campbelltown City Council (Campbelltown)
- City of Norwood Payneham and St Peters (NPSP)
- City of Prospect (Prospect)
- The Corporation of the Town of Walkerville (Walkerville)

EHA is a regional subsidiary established under Section 43 of the *Local Government Act 1999*. Section 43 enables two (2) or more councils (known as Constituent Councils) to establish a subsidiary to provide specified services of the council or to perform a function of the council under the Local Government Act or other Acts.

During 2012-13 EHA discharged the environmental health responsibilities of its five (5) Constituent Councils under the *Public and Environmental Health Act 1987*, *Food Act 2001*, *Supported Residential Facilities Act 1992* and *Environmental Protection Act 1993*. Services include immunisations, hygiene and sanitation control, licensing and monitoring of supported residential facilities, and inspection of food premises. Immunisation services are provided to Adelaide City Council and the City of Unley on a user pays basis. EHA also licenses and monitors supported residential facilities on behalf of the City of Unley.

	BURNSIDE	CAMPBELLTOWN	NPSP	PROSPECT	WALKERVILLE	TOTAL
Rateable Properties	20,524	22,531	19,284	9,705	3,444	75,488
Population of Council	44,300	50,250	36,600	20,910	7,345	159,405
Number of Food Premises	250	260	442	160	37	1,149
Swimming & Spa Pools Sites	12	3	11	2	2	31
Cooling Towers & Warm Water Systems Sites	17	15	34	8	7	81
Supported Residential Facilities	4	3	1	3	0	11
Hairdressers/ Beauty Treatment	60	52	90	29	7	238
Public & Environmental Health Complaints	63	59	68	25	5	220
Vaccines administered for 2012 SBIP	2,365	2,130	2,322	474	301	7,592
Immunisation Clinics - Client Numbers	672	664	3,223	253	210	5,022
Immunisation Clinics - Vaccines Given	1,369	1,192	6,479	457	412	9,909



Upgrade to the St Peters facility. Photography by Sam Noonan.

# CHIEF EXECUTIVE OFFICER'S REPORT

Being an organisation whose purpose is to protect the health of the community can be challenging in a number of ways. While we face many and varied public health issues on a daily basis, one of our greatest challenges is that we remain largely invisible to the communities we serve.

Our community is generally not aware that their local council is responsible for a vast range of services which include environmental health. Many people would not be aware that their local council monitors and inspects food premises, investigates food poisoning and legionella outbreaks and vaccinate their babies and their children at school. They would not be aware that we monitor the water quality of public pools and ensure there are appropriate standards in Supported Residential Facilities where some of our most vulnerable live.

While it may be a challenge, the best Environmental Health is in fact invisible. It is the vaccine preventable disease you didn't contract, the food poisoning you did not get or the legionella outbreak that didn't occur. I am extremely proud of the work outlined in this report which significantly contributes to these "invisible" outcomes and is a result of the dedicated and committed staff that EHA employs.

Our immunisation services continue to be incredibly popular with around 30,000 vaccinations given during the year. A record number of people attended our public clinics in April and May which stretched our staff to the limit, while we also saw increases in the numbers at worksites and School Based Immunisation Program.

There was a significant increase in Food Act enforcement during the year with expiations being issued for 33 offences totalling \$74,050 in fines. Additionally, seven premises were issued with a Prohibition Order which temporarily requires the business to close and two prosecutions were commenced.

EHA has a balanced approach to food safety enforcement and prefer to be educators where possible. It is disappointing that so many businesses have disregarded the required standards of hygiene and cleanliness and these actions have been necessary.

The end of 2013 saw us leave our temporary office accommodation at Norwood and move back to refurbished offices in the St Peters Town Hall Complex. The layout of the new facility incorporates a reception counter, two workstation areas, three offices, a kitchen/training room, controlled storage and workroom, toilet and shower facilities and a variety of strategic storage solutions and breakout meeting spaces. It is wonderful for our staff to now be working in an attractive and functional work environment.

The South Australian Public Health Act 2011 (the Act) came into full operation on 16 June 2013. During the year we have been preparing for how this will change the way we manage public health issues. One of the most significant changes is the introduction of a "general duty" under the Act which imposes a duty on every person in South Australia to ensure that their actions do not cause harm to the health of others. This is a new concept and represents a risk-based approach to public health law. It is recognised by experts as being the "greatest change in the approach to public health legislation" and as "an all-embracing forward-thinking approach designed for the needs for the 21st century".

Another significant change is the requirement in the Act for councils to plan and report on Public Health in its area. During the year our constituent councils agreed upon a Public Health Planning Governance Structure which will see EHA oversee and coordinate the development of a Regional Public Health Plan. We look forward to working together with our constituent council on this important work in the coming year.

It has been yet another extremely busy year which has included the disruption of moving back to our new office accommodation. The staff have remained committed and focused and I sincerely thank them for their efforts. Thanks also to the Board of Management for their interest in Environmental Health and their continual support to myself and the staff.



**Michael Livori**  
CEO

# GOVERNANCE



## Board of Management 2013

EHA is a body corporate, governed by a Board of Management comprising of two (2) elected members from each Constituent Council: the City of Burnside, Campbelltown City Council, the City of Norwood, Payneham & St Peters, the City of Prospect and the Corporation of the Town of Walkerville.

The Board held formal meetings six (6) times during the year to consider EHA's business and also met informally on one occasion to discuss the Chief Executive Officer's conditions of employment.

Table 2 details Board Member attendance at meetings.

During 2012-13, the Board considered one (1) item where it was necessary to exclude the public from discussion. Table 3 identifies the grounds on which the Board made this determination.

	BOARD MEMBER	MEETINGS ATTENDED
City of Burnside	Cr P Cornish	6
	Cr A Monceaux	6
Campbelltown City Council	Cr J Pfitzner	5
	Cr A Fitzharris	1
	Cr J Kennedy (Proxy)	2
	Cr J Kennedy (Board Member)	3
City of Norwood Payneham & St Peters	Cr S Whittington	5
	Cr G Knoblauch	6
City of Prospect	Cr K Barnett	6
	Cr A Dixon	6
Corporation of the Town of Walkerville	Cr C Wigg	5
	Cr S Bernardi	6

Table 2: Number of meetings attended by individual Board Members.

LOCAL GOVERNMENT ACT 1999	DESCRIPTION	NUMBER OF TIMES USED
Section 90(3)(a)	Information relating to the personal affairs of a person	1

Table 3: Number of times the Board of Management considered an item to be excluded from public discussion.



## Board of Management 2013

### City of Norwood Payneham & St Peters

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Cr Sue  
Whittington  
Chair Person



Cr Garry  
Knoblauch

### City of Burnside

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Cr Peter  
Cornish  
Deputy Chair



Cr Anne  
Monceaux

### Campbelltown City Council

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Cr John  
Kennedy



Cr Jane  
Pfitzner

### City of Prospect

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Cr Kristina  
Barnett



Cr Ashley  
Dixon

### Corporation of the Town of Walkerville

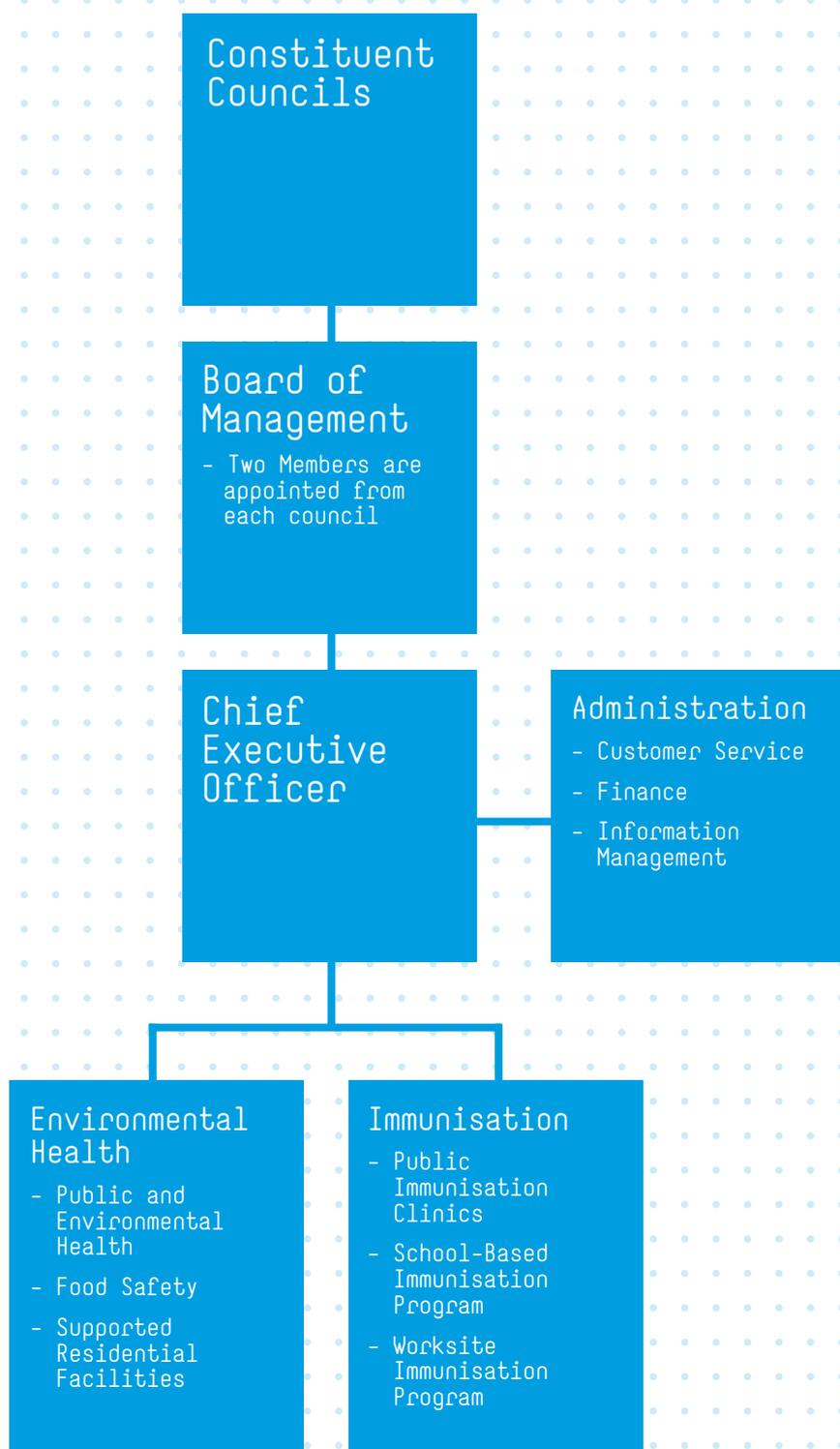
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Cr Carolyn  
Wigg



Cr Sinead  
Bernardi



## Structure & Staffing

EHA comprises three (3) functional areas – environmental health, immunisation and administration. The administration team, led by the Chief Executive Officer, supports the activities of the environmental health and immunisation teams. The Senior Environmental Health Officer and Immunisation Team Leader have responsibilities for achieving the Annual Business Plan objectives relevant to their functional area.

Staffing as at 30 June 2013 comprised a total of 30 employees (19 FTE). Table 4 sets out the number of staff in each team. The table excludes temp staff.

	TOTAL NUMBER OF EMPLOYEES	FTE
Administration	6	5.3
Immunisation	13	4.7
Environmental Health	11	9
<b>TOTAL</b>	<b>30</b>	<b>19</b>

Table 4: Number of total employees and FTE as at 30 June 2013

## Business Planning

### Annual Business Plan

The Annual Business Plan identifies core activities, outlines actions and sets measures to assess performance. Factors and assumptions that influenced the preparation of the 2012-13 Annual Business Plan were:

- enterprise Bargaining (4%) and increment level increases for staff employment arrangements
- the continuation of the contract service to monitor Supported Residential Facilities on behalf of the City of Unley
- the continuation of arrangements with organisations that use our immunisation services on a contract basis (Adelaide City, City of Unley and Worksites)
- workforce considerations in relation to the recently introduced Electronic Performance Management System
- construction of Office Fit-out and relocation to refurbished accommodation at the St Peters Library Precinct
- increase in rent costs
- increase in financing costs for office fit-out
- development of Long Term Financial Plan
- Increase in accounting assistance with Financial Statements
- SA Public Health Act 2011 replacing the Public and Environmental Health Act 1987
- Public and Environmental Health (Wastewater Systems) Regulations 2007 replacing the Public and Environmental Health (Waste Control) Regulations 1995
- new food business risk classification system

The core activities that have been undertaken to deliver on the objectives of the plan are detailed in this report.

## Finance

### Audit Committee

EHA's Audit committee met on two (2) occasions during the year. The Committee's work included reviewing the audited financial statements, developing a work plan and considering External Audit recommendations. A long term financial plan will be considered by the committee in August 2013.

## Financial Statements

The Audited Financial Statements for the year ending 30 June 2013 are provided on page 35. They show an Operating Surplus of \$103,862.

## Freedom of Information

Two (2) requests for information under the *Freedom of Information Act 1991* were received during 2012-13.

One (1) application related to the Annual Report 2012, which is a publicly available document.

The second request was determined and access to the requested document was granted.

An on-line survey on the "Cost of Administering the *FOI Act On-line 2012-13*" was completed.

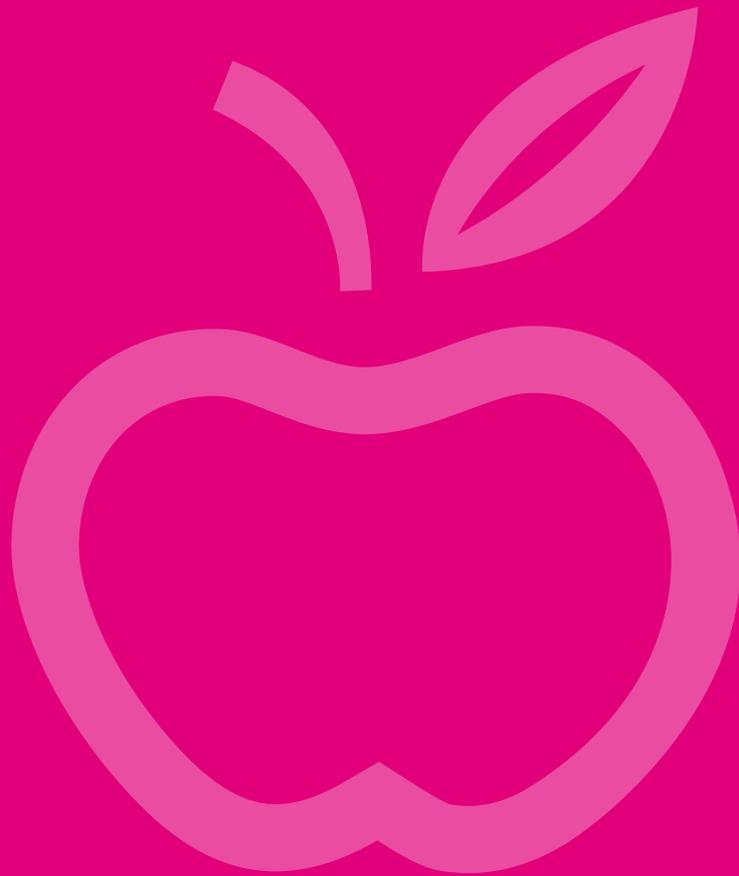
## Occupational Health, Safety and Welfare

"To create a workplace environment where the health and wellbeing of employees is highly valued. Our workplace environment encourages and supports employees to maintain or adopt healthy lifestyles."

In October 2012 Eastern Health Authority's (EHA) Work Health Safety (WHS) System was externally evaluated by WorkCover SA over a 5 day period.

In December 2012 EHA received a full Adequacy Checklist Report from WorkCover detailing the outcomes of the evaluation. The report showed that EHA was identified as having several non-conformances, with a number of these being systemic Local Government non-conformances.

HEALTH  
EDUCATION  
AND PROMOTION



Promotion of public and environmental health is a statutory requirement of all Councils under the *Public and Environmental Health Act 1987*. EHA engages in various activities and events to fulfil this duty under the Act by promoting proper standards of public and environmental health in its area. Through varied health promotion strategies, EHA attempts to prevent the occurrence and spread of notifiable diseases within its area.

Health promotion and education is an integral role of EHA and supports its enforcement functions. It is vital to provide the community with a clear understanding of all facets of public health to create a proactive approach to healthy living environments.

Health promotion activities that were routinely undertaken included:

## 'Immunise at 4' increasing coverage rates in 4 year olds

EHA actively promoted the safe administration of 4 year booster vaccination from 3.5 years of age. Strategies to increase community awareness included:

- informing parents at clinics
- reminder 'immunise at 4' sticker placed on the front cover of the child's health record book
- 'Reminder Note' featured prominently on the 2013 immunisation timetable

In addition, 48 recall letters were mailed to previous EHA clients during 2012-13, whose 4 year old children showed no record of receiving their booster vaccinations.

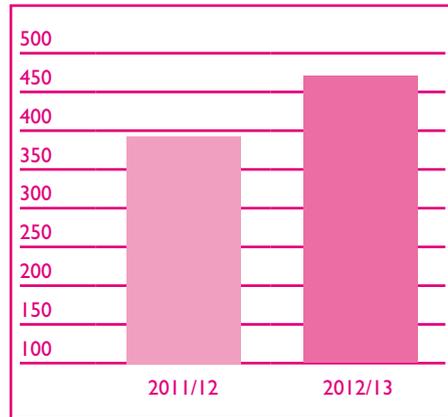


Table 5: Two Year Comparison of 4 year olds Vaccinated at EHA Clinics

A total of 471 vaccinations were provided to 4 year olds at EHA clinics during 2012-13. This is an 18.3% increase compared to 398 vaccinated during 2011-12, as shown in Table 5.

## Seasonal Influenza Promotion

As part of the 2013 seasonal influenza program EHA Immunisation Service assisted Ri Aus Science Exchange and SA Health in promoting a 'Flu Vaccination Cafe' to coincide with World Immunology Day on 29 April 2013.

## 'Preventing Kitchen Nightmares - A Guide to Food Safety Fundamentals'

EHA provided food safety training to an extensive range of businesses and community groups during 2012-13.

The food handler training session 'Preventing Kitchen Nightmares – A Guide to Food Safety Fundamentals' continued into its fifth consecutive year. Authorised Officers conducted 11 training sessions with a total number 107 people attending.

The content of the training was reviewed and amended to increase the interactivity between the presenters and the attendees. It is encouraging to see that improvements were noticed during routine inspections of businesses whose staff had attended the training sessions.

EHA was contacted by a school, a community club and an aged care facility to undertake in-house training. Authorised Officers presented to 16 staff within the school, 23 volunteers at the community club lunch program and 45 staff across six (6) aged care facilities. The training presentations were tailored to target specific food safety issues to ensure food handlers were able to obtain the necessary basic safe food handling principles.

## Food Safety Week

EHA took part in Food Safety Week by arranging an interactive display stand at Norwood Library and Firlie Plaza shopping centre. This year's theme was "Cross contamination with a focus on hand washing, cleaning of cooking utensils, storage and the separation of raw and cooked foods within the home kitchen". A participatory exercise involved a life sized poster of a domestic refrigerator. Participants were asked to demonstrate where common household foods should be stored. Environmental Health Officers provided advice, answered questions on food hygiene issues and distributed a range of promotional materials and gifts which generated public interest and encouraged participation. There was a positive reaction from the community and information was well received.

# IMMUNISATION



Global vaccination programs are one of the most successful and cost-effective ways of preventing childhood morbidity and mortality against an increasing number of infectious diseases. The Australian government vaccination programs have greatly reduced the burden of infectious diseases and continue to protect our population from potential outbreaks of serious communicable illnesses.

Many vaccine preventable diseases (VPD) are presently controlled by vaccination and are no longer feared by the Australian community, but recent experience overseas (measles outbreak in UK, 2012) has shown that these VPDs can re-emerge if vaccination rates are not maintained.

With high vaccination rates, the threat of outbreaks remains low, re-enforcing the importance to maintain high participation in vaccination programs, with the aim that some of these diseases will ultimately be eliminated worldwide.

Achieving and maintaining high rates of vaccination coverage calls for an ongoing commitment from many private and public stakeholders. In South Australia, EHA is a key stakeholder in this endeavour providing a proactive local government immunisation service for seven (7) councils in the eastern-central metropolitan region. This service encompasses three (3) main programs: public clinics, schools and workplaces.

EHA continues to immunise children from non-Medicare temporary resident families. A total of 109 children were immunised in line with the Australian National Immunisation Program.

Accountable vaccine cold chain management, continuous staff training, education and balanced information on the benefits and possible risks of immunisation are a significant part of EHA's comprehensive immunisation service to its community.

EHA continues to immunise children from non-Medicare temporary resident families. A total of 109 children were immunised in line with the Australian National Immunisation Program.

## Public Immunisation Clinics

An average of five (5) public clinics a week were delivered throughout the five (5) constituent and two (2) client council residential areas.

Providing a variety of accessible clinics is important for maintaining and improving immunisation coverage.

Table 6 clearly demonstrates that the community benefit from this wide choice.

As an example and as shown in Table 6, 1095 Campbelltown residents attended our clinics in 2012-13. A total of 61% or 668 of the 1095 residents attended clinics outside their council area.

There were 6370 clients, an average of 123 clients a week, attending clinics during 2012-13, which is an increase of 3% from 2011-12. A total of 12587 vaccines were administered to these clients, 338 less (2.5%) than the previous year.

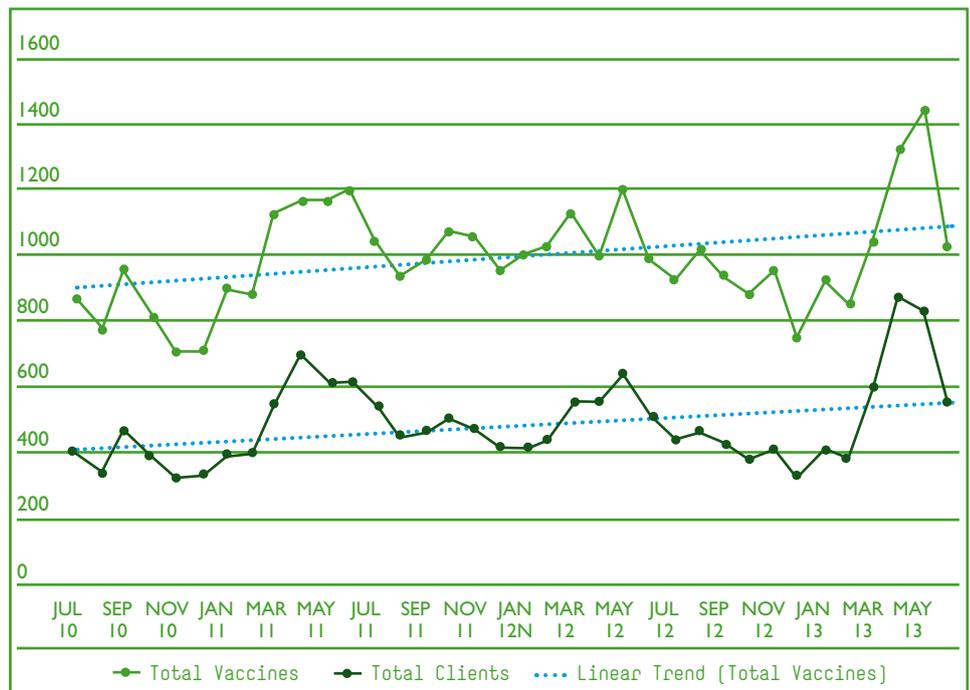
The continued trend of increased client attendance supports the accessibility and professional service provided by EHA to the community.

The small decrease of vaccines provided for 2012-13 is partly due to the Prevenar 13 infant supplementary dose program ceasing in October 2012.

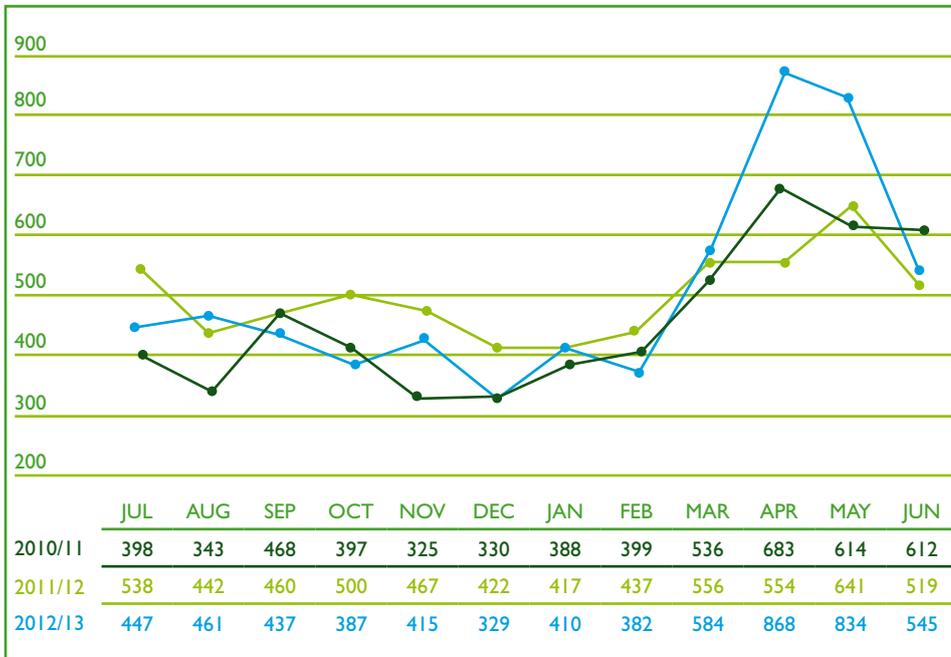
Graph 1 demonstrates the peaks and troughs in demand for public clinics over a three (3) year period. The peaks observed represent the demand for seasonal influenza vaccination. The linear graph reveals an ongoing increase in patronage and vaccinations administered, with April-May 2013 showing a three (3) year record high.

WHERE CLIENTS ATTEND (CLINIC VENUE BY %)									
WHERE CLIENTS COME FROM (Council Area)	NUMBER OF CLIENTS FROM COUNCIL AREA	BURNSIDE	CAMPBELL-TOWN	NPSP	PROSPECT	WALKERVILLE	ADELAIDE	UNLEY	TOTAL %
Burnside	961	32%	6%	45%	1%	4%	2%	11%	100%
Campbelltown	1095	4%	39%	51%	1%	2%	1%	2%	100%
NPSP	1688	5%	5%	83%	1%	2%	1%	2%	100%
Prospect	364	2%	4%	48%	32%	5%	4%	5%	100%
Walkerville	197	2%	1%	72%	4%	17%	1%	4%	100%
Adelaide	413	19%	2%	28%	6%	4%	30%	11%	100%
Unley	923	10%	0%	14%	1%	1%	3%	71%	100%
Other	729	9%	9%	38%	7%	4%	8%	25%	100%
Total Number of Clients	6370								

Table 6: The number of clients per council area and choice of clinic venue.



Graph 1: EHA Public Immunisation Clinics Three (3) Year Linear Comparison for Client Attendance & Vaccines Administered

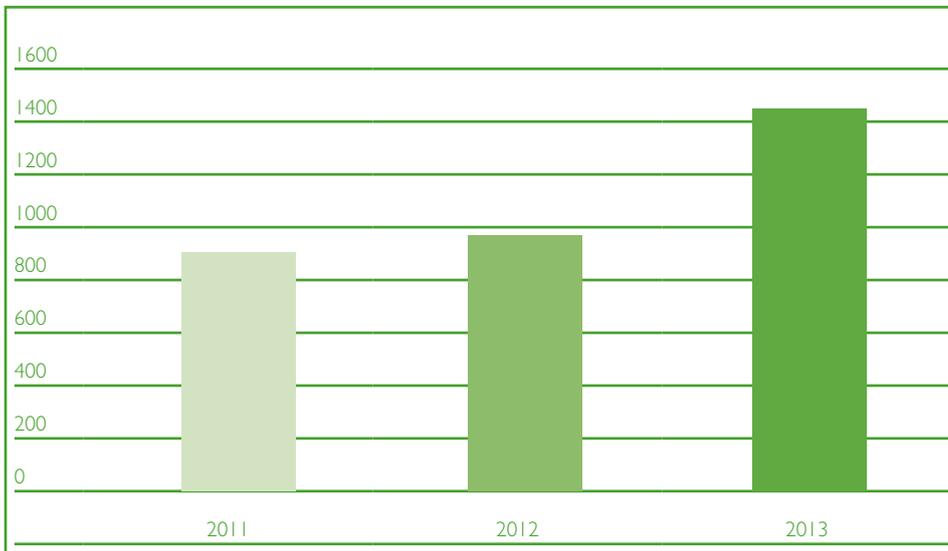


Graph 2: Financial Three (3) Year Comparison of all Public Clinics by financial year

Graph 2 compares client attendance at all clinics over the last three (3) financial years. The large increase in numbers seen when comparing 2010-11 and 2011-12 was due to the commencement of the City of Unley public immunisation clinics.

The graph shows that in 2012-13 (blue line) there was a massive spike of pre-winter influenza where 1488 vaccines were administered between March to May 2013. This three (3) year record high was a challenging period for our staff.

Graph 3 demonstrates the continual increase in the total number of influenza vaccines administered at public clinics. This increase is likely to be attributed to the impact of media reports on increased influenza outbreaks in the northern hemisphere.



Graph 3: Three (3) Year Comparison of Influenza Vaccines Administered at Public Clinics

## Case Study - Focus on Timeliness of Pertussis (Whooping Cough) Vaccination

Pertussis commonly known as whooping cough is caused by the bacterium *Bordetella pertussis*. The disease is highly infectious and most serious in babies under the age of 12 months. Babies are at greatest risk of infection until they can have at least two (2) doses of the vaccine (minimum 4 months old) as the mother's antibodies do not provide reliable protection. It is spread through droplets in the air and it can develop from upper respiratory tract (nose, throat and windpipe) infections into pertussis pneumonia (lung infection).

Babies up to 12 months of age are at most risk of having severe health problems from whooping cough. About 1 in 200 babies

who get whooping cough before they are 6 months old will die from the infection and many others continue to have health problems post infection.

Adolescents and adults with whooping cough may have milder or atypical symptoms, such as a prolonged cough (rather than coughing spells) or coughing without the whoop.

In Australia, there are epidemics of pertussis about every 3 – 5 years, with the most recent peak in 2010. Studies demonstrate that 50% of infants less than 6 months of age usually contract pertussis from a parent or older sibling, for the other cases the probable source cannot be identified.

Although South Australia does not have an adult funded pertussis vaccination program, there are several strategies recommended for providers to follow that support prevention of pertussis infection in an infant under 12 months.

These are:

a) timely vaccination of the newborn – the most important way to protect infants from severe pertussis disease.

b) a single booster dose of adult whooping cough is recommended for all adults planning a pregnancy or as soon as possible after delivery of an infant, and for parents, grandparents and other carers of young babies and siblings

c) health and child care workers

d) booster pertussis vaccination for all adolescents (11-14 years of age) through the funded School Based Program

For 2012-13 EHA immunisation staff remained vigilant in following the above recommendations for pertussis prevention in the community and continued their commitment to educate and promote pertussis (dTpa) vaccination to parents and immediate carers of newborn babies.

A total of 640 adolescent/adult dTpa vaccines were administered at clinics, as compared to 604 for 2011-12, an increase of 6%, as shown in Graph 4.

Table 7 shows that an increased vaccination of dTpa to adults and adolescents has been effective in the significant decrease of pertussis notifications received since 2010-11.

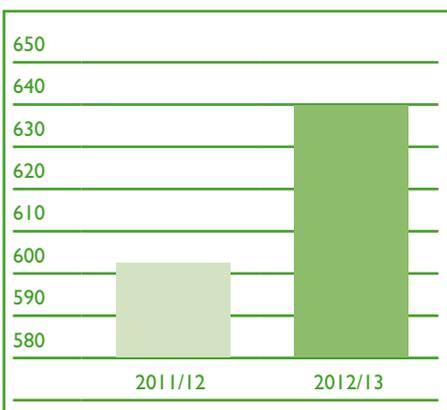
## School Based Immunisation Program

The 2012 School Based Immunisation Program (SBIP) involved the:

- year 8 male and female students receiving two (2) doses of Hepatitis B vaccine
- year 8 male and female students receiving one (1) dose of Varicella (chicken pox) vaccine
- year 8 female students receiving three (3) doses of Human Papillomavirus (HPV) vaccine
- year 9 male and female students receiving one (1) dTpa vaccine

A total of 101 visits were made to 27 schools, where 11859 vaccines were administered. This was an increase of 240 vaccines (2%) when compared to 2011.

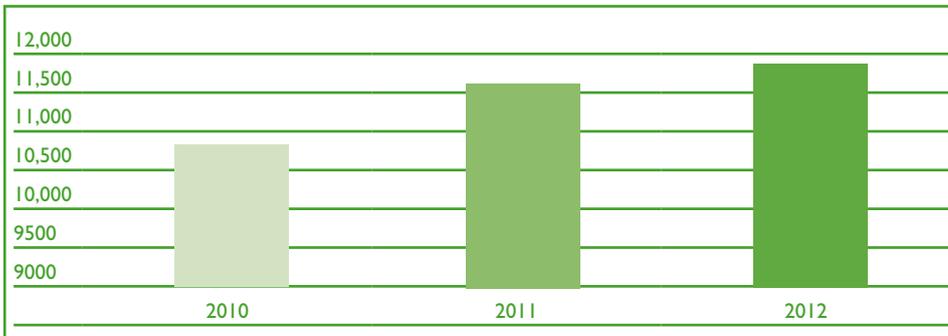
The SBIP statistics are based on the previous school calendar year from February to December 2012. Table 8 details vaccines delivered at schools in each council area (Graph 5).



Graph 4: Two (2) year comparison of adolescent and pertussis vaccination at EHA public clinics

Council Area	Pertussis 2010/11	Pertussis 2011/12	Pertussis 2012/13	Influenza 2010/11	Influenza 2011/12	Influenza 2012/13
Burnside	149	16	6	148	136	149
Campbelltown	165	25	21	221	224	226
NPSP	113	10	15	108	133	98
Prospect	66	2	4	55	41	8
Walkerville	21	3	6	23	27	41
Total	514	56	52	555	561	522

Table 7: A three (3) year comparison of pertussis and influenza of reported vaccine preventable diseases



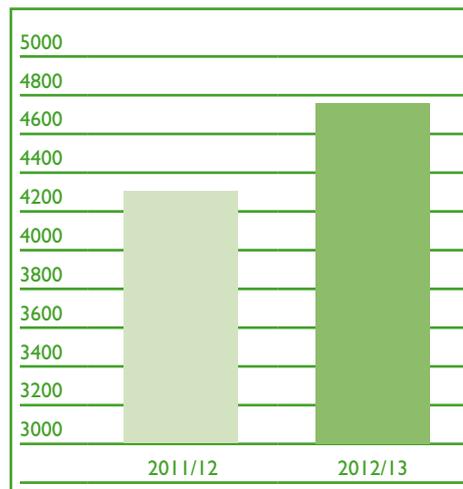
Graph 5: Three (3) year comparison of vaccines administered at school program

NUMBER OF VACCINE TYPES ADMINISTERED FOR THE 2012 SBIP					
COUNCIL AREA	Hep B	VZV	HPV	dTpa	TOTAL
Adelaide	1204	395	1187	647	3433
Burnside	802	210	848	505	2365
Campbelltown	833	280	590	427	2130
NPSP	884	255	724	459	2322
Prospect	217	75	40	142	474
Unley	266	66	330	172	834
Walkerville	78	20	139	64	301
<b>Total</b>	<b>4284</b>	<b>1301</b>	<b>3858</b>	<b>2416</b>	<b>11859</b>

Table 8: Number of vaccine types administered for the 2012 SBIP

VACCINE TYPE	TOTAL
Influenza	4679
Hepatitis B	34
Hepatitis A & B	23
dTpa	32
<b>Total</b>	<b>4768</b>

Table 9: Vaccines provided at the 2012-2013 Worksite Program



Graph 6: A two (2) year comparison of vaccines administered at worksite programs

## Worksite Immunisation Program

The 2013 worksite promotional material was mailed to approximately 300 businesses prior to the winter season.

The number of workplace bookings during 2012-13 was 123, which is 7% more than the previous year.

Table 9 shows a breakdown of the vaccine types administered at worksites. A total of 4768 vaccines were administered during 2012-13, an increase of 10% on the previous year. There was more demand for Influenza (9%), Pertussis and Hepatitis A & B vaccinations than in 2011-12.

Graph 6 demonstrates an increased trend in vaccines delivered through the worksite program over a two (2) year period, for 2011-12 and 2012-13.

PUBLIC AND  
ENVIRONMENTAL  
HEALTH



"Environmental Health addresses all the physical, chemical, and biological factors external to a person, and all the related factors impacting behaviours. It encompasses the assessment and control of those environmental factors that can potentially affect health. It is targeted towards preventing disease and creating health-supportive environments. This definition excludes behaviour not related to environment, as well as behaviour related to the social and cultural environment, and genetics."

WORLD HEALTH ORGANISATION (WHO). 2012

During 2012-13 EHA fulfilled its duty of public health care for the Constituent Councils through the administration of *The Public and Environmental Health Act 1987* and Regulations.

## Complaints and Referrals

EHA received 220 complaints from the public or referrals from SA Health or the Environment Protection Authority SA. As outlined in Table 10 the total number of complaints received during the year represents a 22% and 24% decrease when compared with 2011-12 and 2010-11 respectively.

EHA has adopted a risk based-approach to public health and environment related complaints. Authorised Officers invest time to discuss the details of an alleged complaint with the complainant to determine if there is an actual potential public health risk. Together with Constituent Council support, this has seen a continual decline in the number of complaints EHA manages.

Where Authorised Officers have determined alleged complaints do not pose a potential public health risk, educative material or details of alternative agencies are provided.

As shown in Table 10 there has been a steady decrease in the number of air quality and water quality complaints and a significant decrease in hazardous waste complaints. Constituent Council support to assess incidences in the first instance, such as water quality complaints and collection of syringes in public places, has seen a continual decline in the number of complaints received by EHA.

Eleven (11) animal keeping complaints required investigation during the 2012-13 period. Whilst we have seen a small increase compared to last year, there has been significant decrease (45%) in the number of animal keeping complaints when compared to 2010-11 (Table 10). A total of nine (9) complaints were in relation to feeding feral cats and pigeons and two (2) complaints were received regarding odours associated with accumulated dog faeces. The complaints received were nuisance related with no direct risk to public health. Authorised Officers worked with general inspectors from Constituent Councils to investigate and resolve these complaints. Letters regarding animal keeping practices and odour prevention were distributed to educate residents and follow up inspections were conducted as necessary.

The Public and Environmental Health Act 1987 prescribe a list of diseases that are notifiable to SA Health Communicable Disease Control Branch (CDCB). Notification of these diseases allow for investigation and surveillance to be undertaken to protect the community from the risk of infectious diseases.

	2010-11	2011-12	2012-13
<b>Animal Keeping</b>	20	8	11
Notifiable Disease	18	28	29
<b>Sanitation</b>	50	50	45
Vector Control	132	133	97
<b>Waste Control</b>	0	4	0
Air Quality	23	16	13
<b>Water Quality</b>	28	19	17
Hazardous Substances	7	13	2
<b>Other</b>	13	10	6
<b>TOTAL</b>	291	281	220

Table 10: A three (3) year comparison of the type of public health complaints received.

As shown in the Table 11 a total of 29 notifiable disease complaints were received from CDCB during the year which was comparable with the number of notifications received in 2011-12. However, when compared to 2010-11 there was approximately a 61% increase in the total number of complaints received. This trend could be reflected by the increased awareness of infectious disease and increased testing by medical practitioners.

Campylobacter and Salmonella remain the most frequently reported food borne disease. The reporting period saw 199 confirmed cases of Campylobacter and 75 confirmed cases of Salmonella. Table 11 indicates that whilst the number of reported Campylobacter and Salmonella cases across the Constituent Councils increased when compared to 2011-12 and they were comparable to 2010-11.

Rates of disease fluctuate over time for a variety of reasons but common causes can be person-to-person transmission and smaller incidences of transmission by contaminated foods. Whilst there was an increase in the number of reported cases of Campylobacter and Salmonella, no reported outbreaks relating to food poisoning were received. EHA continued to focus on improved levels of regulation of the food industry and education about food handling to the community.

As represented in Table 11 there was a slight increase in the number of *Cryptosporidiosis* and decrease in the *Legionellosis* cases requiring investigation during the year. Investigations of these reported cases are investigated to ensure adequate procedures and precautions are taken to ensure further exposure to these bacteria is eliminated.

The number of sanitation and vector control complaints requiring investigation was represented by a 27% decrease when

compared to the number of complaints received during the previous year (Table 10).

Following the investigation of an alleged sanitation complaint, it was noted that a high proportion of these related to overgrown vegetation and accumulation of materials and were not regarded as "insanitary" under the *Public & Environmental Health Act 1987*. Where an insanitary condition exists, Authorised Officers encourage the alleged offender to voluntarily take the necessary actions to remove the insanitary condition.

As detailed in the Table 12, eight (8) properties failed to remove the insanitary condition and as a result were issued a notice under *Section 15 of the Public & Environmental Health Act 1987* during 2012-13. None of these properties were declared to be unfit for human habitation. Five (5) of these properties were related to Squalor and Hoarding Complaints.

The insanitary condition was successfully resolved in three (3) of the five (5) properties relating to squalor and hoarding. Actions for the two (2) remaining properties where the insanitary condition could not be resolved will continue to be reviewed in 2013-14.

There were no instances during the year when EHA needed to exercise its power under the *Public and Environmental Health Act 1987* and took action on default.

The nature of these complaints can be complex as mental health issues relating to dementia, obsessive-compulsive behaviour or other disorders can contribute to the residents becoming unable to maintain their home, such as not willing to seek assistance and to co-operate with relevant agencies and authorities. Authorised Officers liaised closely with these vulnerable residents' and other agencies such as Domiciliary Care and SA Mental Health for Older Persons.

## EHA has adopted a risk-based approach to public health and environment-related complaints.

	2010-11	2011-12	2012-13
Campylobacter	195	145	199
Salmonella	97	70	75
Legionellosis	5	5	3
Cryptosporidiosis	7	9	8
Hepatitis A	1	0	0
Rotavirus	61	18	36

Table 11: A three (3) year comparison of the number of reported notifiable diseases

Notices s15	2010-11	2011-12	2012-13
S15(1)	7	4	8
S15(2)	1	2	0
S15(1) Notices issued specific to squalor and hoarding complaints	6	6	5
Total number of complaints	54	50	45

Table 12: A three (3) year comparison of the number of notices issued under the *Public & Environmental Health Act 1987*

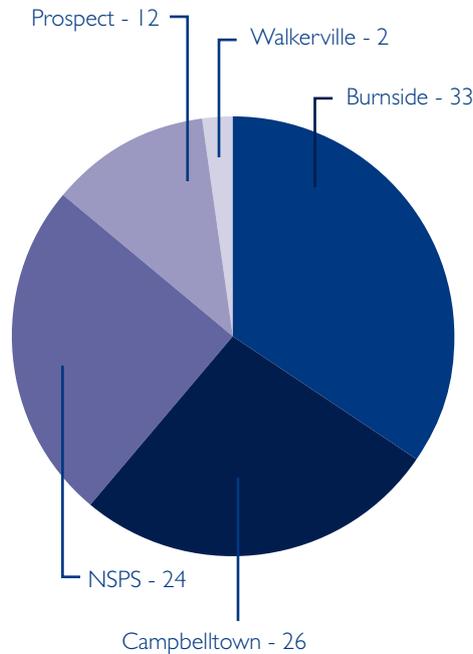
The recent introduction of the new *Public Health Act 2011* led to the release of the Squalor and Hoarding guidelines 'A Foot in the Door' by SA Health. This has prompted EHA to be a leader for the Eastern Region and to create The Eastern Hoarding and Squalor group. This group will aim to address hoarding and squalor issues in the eastern region by facilitating an interagency approach between Councils, EHA and Non Government Organisations. The meetings will be hosted by EHA and will run on a six (6) weekly basis.

A total of 97 vector complaints were received during the year. As shown in Graph 7 the highest proportion of reported vector complaints were received from the Burnside area.

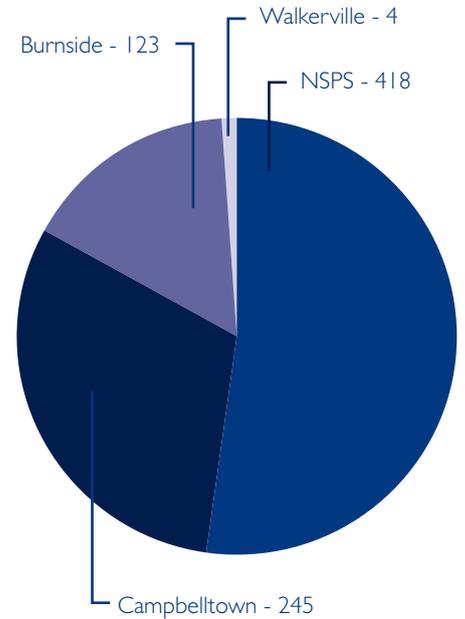
Of the total of vector control complaints received during the year 82% of these complaints related to rodent activity (Graph 8). Overgrow vegetation, accumulated refuse or poor poultry keeping was the common cause for rodent complaints.

During investigations where EHO's do not have substantial evidence to identify the primary source of harborage, a general rat or mosquito mail out is issued to neighbouring homes. The letters have been effective in notifying neighbouring residents and on occasions residents have contacted EHA to obtain further advice -on vector management.

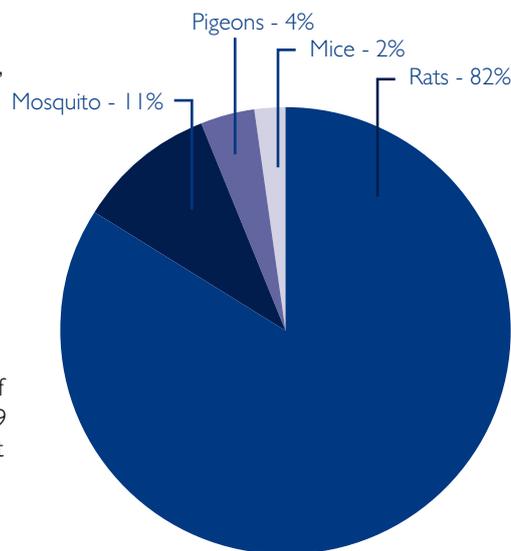
EHA continues to provide free rodent bait to ratepayers and residents of the Constituent Councils to assist with the reduction of rodent populations. A total of 790 residents were issued rat bait. Graph 9 identified that a high proportion of rodent bait was distributed to residents within NPSP (418 residents) and Campbelltown (245 residents). It should be noted that Prospect and Walkerville provide rat bait for their residents to control vermin.



Graph 7: A graph illustrating the proportion of vector control complaints received by council area.



Graph 9: A graph illustrating the proportion of residents issued with rat bait by council area



Graph 8: A graph illustrating the proportion of the types of vector control complaints received.

## Case Study – Sanitation

EHA was approached by a resident seeking assistance as their home was potentially insanitary and as a result the resident was living in a separate rental property. An Officer attended the property and observed a large accumulation of miscellaneous items throughout the front yard, carport and house. Following several meetings the Authorised Officer developed a rapport and gained cooperation from the owner and the accumulation of miscellaneous items were slowly removed. During this period the Authorised Officer was made aware that the owner returned to the property and was residing in the front yard as they could not gain access to the home.

The owner granted the Authorised Officer entry to the inside of the property, where it was confirmed that the home was not connected to gas or electricity and there was no access to toilet or bathing facilities. In order to help the resident the Officer immediately sought assistance from an external agency. The Authorised Officer and an external agency representative met with the resident and successfully encouraged her to remove items to allow the resident to reside within the home. The Agency will continue to work with the resident to ensure that further items are removed, essential services connected and monitor their health and well being. This example of an interagency approach has resulted in the owner remaining in her home without EHA exercising its power under the *Public and Environmental Health Act 1987* to undertake action on default.

## Monitoring and Surveillance

### Cooling Towers and Warm Water Systems

A total of 49 sites comprising 81 high-risk manufactured water systems (HRMWS), were registered with EHA during 2012-13. This represents a decrease of four (4) sites and 15 HRMWS compared to 2011-12 (Table 13). The decrease can be attributed to the conversion of warm water systems to hot water systems. This is achieved by the installation of Thermostatic Mixing Valves at each outlet to decrease the risk of *Legionella*. As a result the systems were no longer classified as a HRMWS under the *Public and Environmental Health (Legionella) Regulations 2008*.

The Regulations require operators of HRMWS to notify EHA when high counts of *Legionella* are detected. During 2012-13, 47 high count notifications were received (Table 13), representing a 135% increase compared to the number of notifications received in 2011-12. However, high counts received at one site accounted for 70% (33) of the increase in notifications. If we exclude this site, there were 14 other high counts received for 2012-13, representing a 30% decrease, in keeping with the overall downward trend over the past three (3) years.

The gradual decrease in high count notifications may be attributed to an increased awareness by system operators of the risks associated with HRMWS and Authorised Officers providing continual education and information where required. Decontamination was carried out in all cases, and re-testing conducted post decontamination.

The majority of non-compliances identified at routine inspections were minor in nature, resulting in fewer onsite follow up inspections conducted. Common non-compliances included insufficient operation and procedural documentation, and incomplete maintenance records.

EHA received five (5) *Legionella* disease notifications from SA Health during the reporting period relating to private residences and registered cooling towers. Authorised Officers conducted home and onsite investigations, which included taking samples from the hot water systems and cooling towers, and creating temperature profiles of warm water systems. Officers required decontamination of all systems that returned high counts as a result of investigations.

	2010-11	2011-12	2012-13
Registered sites	39	53	49
HRMWS	80	96	81
Number of Inspections	57	62	64
Number of Follow-ups	7	10	4
Notifications	29	20	47

Table 13: A three (3) year comparison of the number of registered high risk manufactured water systems and the number of routine and follow-up inspections undertaken and notifications received.

## Public Swimming Pools and Spas

During 2012-13, Authorised Officers conducted 57 routine inspections of 42 swimming pools, spa pools and hydrotherapy pools located at 29 sites. Two (2) sites ceased operation during the year decreasing the number of inspections required. The facilities were assessed against the standards prescribed in the *Public and Environmental Health (General) Regulations 2006*.

A review of the inspection frequency of public swimming facilities was undertaken during the year. It was formally decided that outdoor pools will be routinely inspected once annually and twice if there was a history of non-compliance. The decision was based on outdoor swimming pools being open to the public for a shorter period of time (late spring and summer) in comparison to indoor and spas pools available for use throughout the year.

Although all pools were inspected in line with their frequency, the number of routine inspections decreased due the requirement to inspect outdoor pools once during the year and the closure of two (2) pools, see Table 14.

A total of ten (10) swimming and spa pools located at seven (7) sites required follow up inspections due to inappropriate disinfection levels, insufficient record keeping and poor equipment maintenance. Where there was an immediate risk to public health, proprietors were advised to close their pool to the public. Pools were reopened once compliance with the regulations was verified.

One (1) outdoor swimming pool specifically required three (3) consecutive follow up inspections due to significantly high chlorination levels and insufficient record keeping. This resulted in the premises acquiring a certified pool testing company to regularly monitor and maintain the water chemistry. The pool was kept closed until all issues were rectified.

EHA received a total of three (3) complaints. One (1) complaint involved a child allegedly experiencing gastrointestinal symptoms after swimming in a swimming pool. The second complaint related to an individual infected with *Cryptosporidiosis* who had swum in a public swimming pool during their infectious period. Following investigations of the complaints, Authorised Officers confirmed the required decontamination procedures were undertaken and the water quality, equipment and maintenance records of both public pools were compliant with the *Public and Environmental Health (General) Regulations 2006* and no further action was required.

An individual experienced eye irritation after swimming in a public swimming pool that had cloudy water. An Authorised Officer inspected the pool and determined that it was not compliant with the regulations; consequently it was immediately closed to the public. An external pool maintenance company rectified the issues of concern. A follow up inspection was conducted and the pool reopened for public use.

	2010-11	2011-12	2012-13
Inspections	80 (31 sites)	98 (31 sites)	57 (29 sites)
Follow-ups	20	11	10
Complaints	1	2	4
<i>Cryptosporidiosis</i> Complaints	2	2	1

Table 14: A three (3) year comparison of the number of routine and inspections conducted, and the number of complaints and *Cryptosporidiosis* notification received.

## Personal Grooming, Body Art and Health Care

During the year an evaluation of the public health risk of hairdressers and beauty salons occurred. Based on the risk assessment only high risk skin penetration businesses were inspected. This consisted of inspections of ten (10) acupuncturists and four (4) tattooists. The standard of cleanliness and procedural knowledge was satisfactory. None of the businesses required further follow up inspections.

Two (2) follow up inspections were conducted at hairdressing salons to assess minor outstanding issues observed at the routine inspections the previous year. EHOs will re-evaluate the risk of discontinuing onsite inspections at hairdressers and beauty salons, provided there are no skin penetration practices occurring. The re-introduction of self-assessment surveys carried out by these low risk businesses may be a potential replacement for inspections in the coming year.

## Waste Control Systems

Since 1 July 2012, EHA has not received any new waste water applications; however, an Authorised Officer attended a mandatory inspection for the installation of an aerobic waste water system (AWTS). This inspection related to an application received in June 2012.

June 2013 saw the introduction of the new *Public Health Act (Wastewater) Regulations 2013*. Under the new regulations officers will now have the ability to ask for an engineer's report with every wastewater application to ensure the site is suitable for long term effluent disposal.

Additional changes to the Regulations require all plumbers to submit a certificate of compliance with every system installed and AWTS contractors must undertake a TAFE training course to ensure they have the skills and knowledge to service wastewater systems.

HEALTH CARE  
AND COMMUNITY  
SERVICES



Supported Residential Facilities (SRFs) provide accommodation to people in the community who require personal care and support. SRFs are regulated under the *Supported Residential Facilities Act 1992* to ensure adequate standards of care and amenity, and to protect the rights of residents. A low level of care is provided to residents such as assistance with medication management, personal care, and financial management, as well as supplying meals and accommodation. Residents living in SRFs are vulnerable due to the disability or impairment that is often associated with these clients, including physical, intellectual or psychiatric.

The Minister for Communities and Social Inclusion is responsible for promoting the objectives of the Act, and local councils administer and enforce the Act. EHA is the licensing authority for all SRFs within the Constituent Councils, and continues to act as the licensing authority for SRFs within the City of Unley, under delegated authority.

## SRFs - Licensing & Monitoring

Authorised Officers conducted 36 routine visits during the reporting period, which included re-licensing audits and mid licence inspections.

A total of 13 follow up inspections were conducted as a result of non-conformances observed by Authorised Officers during the audits and inspections. Common non-conformances related to unsatisfactory standards of cleanliness, nutrition, structural maintenance, staffing levels, insufficient record keeping and documentation.

SRFs are audited each year prior to re-licensing. Pre-licence audits are carried out by appointment as the manager and proprietor of the facility are required to be present during the audit and the length of the audit is significant. Authorised Officers utilise a pre-licence audit tool and a nutritional

assessment form, and consult with the Building Fire Safety Committee of each respective council to ensure the objects and principles of the *Supported Residential Facilities Act 1992* are observed.

Re-licensing audits address a range of issues including structural suitability and cleanliness of facilities, documentation and records relating to the services and care provided to residents and financial records, nutrition and adequate staffing levels.

During the licensing period nine (9) SRFs were re-licensed. One (1) facility was granted a 1 year licence subject to conditions, due to structural defects. One (1) facility was granted a 3 month licence with conditions as a result of ongoing structural and cleanliness concerns. Seven (7) facilities were granted a 1 year licence without conditions, as all issues identified during the licensing audits were rectified prior to the issuing the licences.

Dual licensed SRFs operate under both the *Supported Residential Facilities Act 1992* and the *Retirement Villages Act 1987* and are considered for a 2 year licence. This year, one (1) dual licensed SRF was granted a 2 year licence without conditions. The remaining six (6) dual licensed facilities were inspected to ensure adequate standards of care and amenity continue to be maintained for residents throughout the duration of the licence.

## SRF - Enforcement Action

No enforcement action was taken during 2012–13.

## SRFs - New Licence/ Licence Surrender

A SRF licensed facility was closed during the reporting period. The manager of the facility relocated all residents to a larger facility located in another council area, allowing all residents single room occupancy. The licence for the former facility was surrendered to EHA.

An application for a new SRF licence was received and assessed during 2012-13. Further information has been requested from the applicant to allow the assessment of the application to proceed.

## SRF - Approval of Manager and Acting Manager

Thirteen applications for Manager/Acting Manager of a Supported Residential Facility were received during the reporting period. A referee check was carried out by officers for all applications. Documentation was reviewed outlining the applicant's qualifications, and all were deemed suitable to fulfil the roles of Acting Manager and Manager. The Chief Executive Officer granted approval under delegated authority.

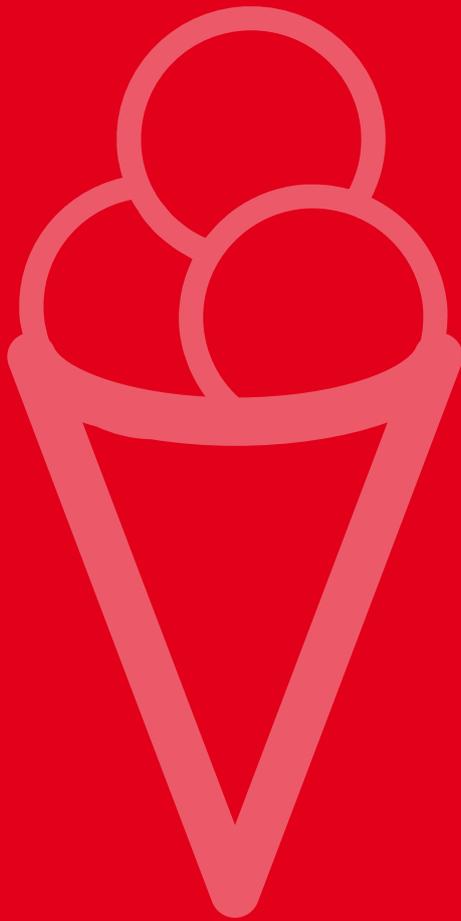
## SRFs - Complaints and Queries

Authorised Officers investigated nine (9) complaints under the Act during 2012-13 in relation to five (5) SRFs. The concerns included:

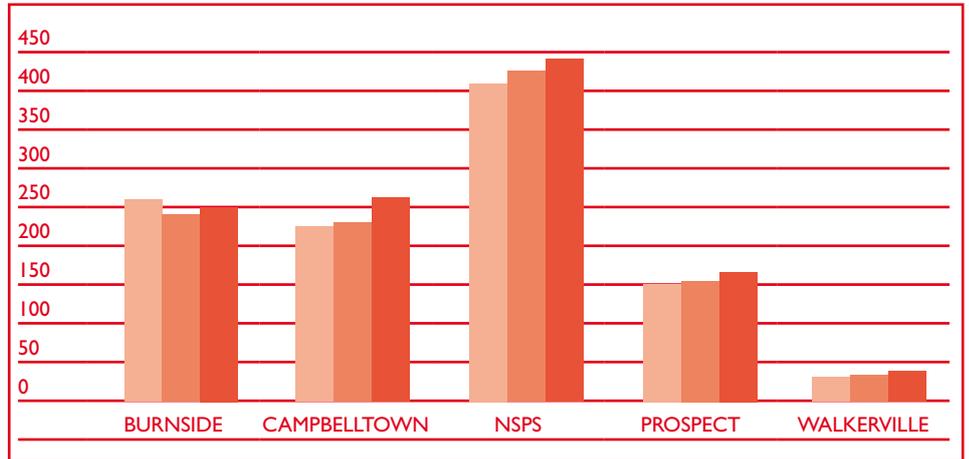
- standards of cleanliness in bedrooms, bathrooms and common areas
- competency of staff and staffing levels
- incorrect medication management
- nutritional adequacy of food served to residents
- structural suitability of facilities
- management of residents' finances

Officers investigated complaints through various actions, which included unannounced complaint inspections, on site investigations at routine audits and inspections, and meetings with proprietors, managers and residents. Officers liaised with Department of Communities and Social Inclusion, SRF Health Assessment Team, Care Concern Investigation Unit, Public Trustee, and resident advocacy organisations to effectively investigate these complaints.

# FOOD SAFETY



EHA promotes food safety of food through the administration of the *Food Act 2001* in conjunction with the Food Safety Standards. As at the 30 June 2013 a total of 1152 known food premises were operating within EHA's jurisdiction a 6.1% increase in the number of food premises when compared to 2011-12 (Graph 10). Takeaway, cafes, restaurants and bakeries are the predominant types of food businesses. We are now aware of 38 home based food businesses operating within the five (5) Constituent Council areas. 52% of these businesses notified EHA of their operations during 2012-13. There is an increasing trend in home-based businesses.



Graph 10: A three (3) year comparison of the number of Food Premises per Constituent Council.

2010-11 2011-12 2012-13

## Food Safety Inspections, Complaints, Audits and Enforcement

Authorised Officers conducted 1207 inspections of food premises during the year, of which 61% (675) were routine inspections and 38% (428) were follow-up inspections as shown in Table 15.

A total of 48 food safety audits and 15 follow-up audits were conducted within EHA's jurisdiction, which was comparable with 2011-12. During 2012-13 there was a decrease in the number of audits conducted in other council areas (Table 16).

There was a decrease in the number of routine inspections and audits (out of council area) when compared with 2011-12 and 2010-11. This was mainly attributed to fewer available Authorised Officers and Auditors. The commitment to ensure rectification of non-compliance is reflected in the number of follow-ups. There was also an increased number of legal actions taken during the year.

Type of Inspections	2010-11	2011-12	2012-13
Routine	759	840	675
Follow-up	390	556	428
Complaint	87	88	83
Pre-opening/Fit out	36	26	21
<b>Total</b>	<b>1272</b>	<b>1510</b>	<b>1207</b>

Table 15: A three (3) year comparison of the number of routine, follow-up and fit-out inspections undertaken and complaints received.

	2010-11		2011-12		2012-13	
	EHA	Other Council Areas	EHA	Other Council Areas	EHA	Other Council Areas
<b>No. of Audits</b>	61	43	50	39	48	20
<b>No. of Follow-up Audits</b>	11	11	15	7	15	3

Table 16: A three (3) year comparison of the number of audits and follow-up audits conducted in our five (5) Constituent Councils and other council areas.

## Expiations issued for breaches of the Food Act 2001 during the year resulted in \$74,050 in fines.

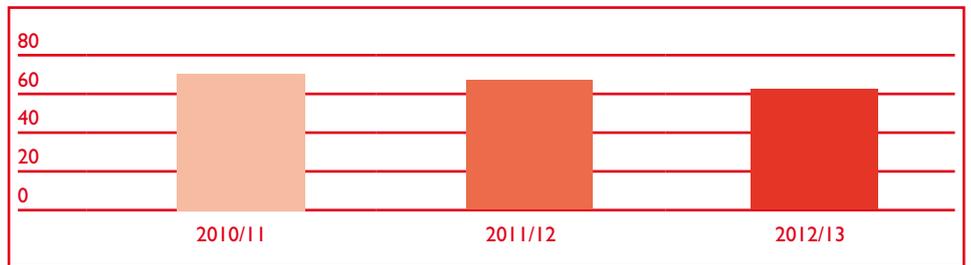
Improvement Notices accounted for the majority of legal action taken during the past three (3) years. As shown in Table 17 and Graph 11, there was a small decrease in the number of Improvement Notices issued during 2012-13 when compared to 2011-12 and 2010-11. The percentage of Improvement Notices issued per inspection increased in 2012-13 in comparison to the previous year.

Graphs 12-13 illustrate an overall increase in the number of Expiations and Prohibition Orders issued during 2012-13. A total of 25 Expiation Notices accounting for 33 offences were issued during 2012-13 in comparison to 12 Expiation Notices issued during both 2011-12 and 2010-11.

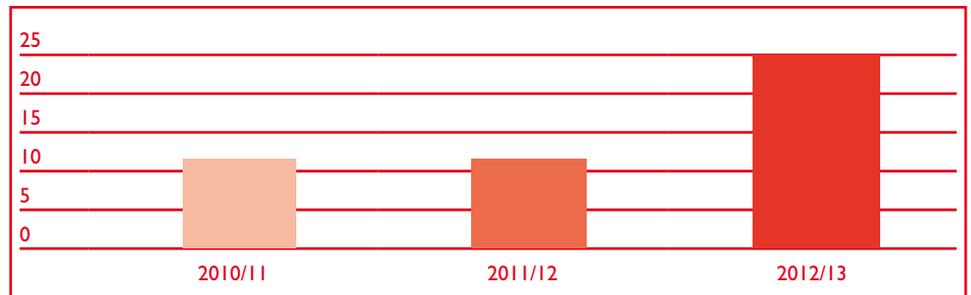
Expiations issued for breaches of the Food Act 2001 during the year resulted in \$74,050 in fines.

	2010-11	2011-12	2012-13
Routine Inspections	759	840	675
Improvement Notice Issued	71	67	61
Improvement Notices as % of inspections	9.3%	7.9%	9.0%

Table 17: A three (3) year comparison of the percentage of number of Improvement Notices issued based on the number of routine inspections.



Graph 11: A three (3) year comparison of the number of Improvement Notices Issued.



Graph 12: A three (3) year comparison of the number of Expiation Notices issued.



Graph 13: A three (3) year comparison of the number of Prohibition Orders served.

OFFENCE TYPE	2010-11	2011-12	2012-13
Skills & Knowledge	0	0	1
Food Storage	2	3	4
Food Processing	0	1	0
Food Display	0	1	1
Health & Hygiene of Food Handlers	4	1	2
General Duties of a Food Business	1	0	1
Cleanliness	3	1	20
Cleaning & Sanitising	0	2	1
Maintenance	0	0	1
Animals & Pests	1	1	1
Storage of Garbage & Recyclables	0	0	1
Fixtures, Fittings and Equipment	0	0	0
Hand Washing Facilities	1	2	0

Table 18: A three (3) year comparison of the types of expiation offences issued for breaches under the *Food Act 2001*.



Graph 14: A three (3) year comparison of the number Prosecution proceedings initiated.

Table 18 provides a comparison of the expiation offences issued for breaches of the *Food Act 2001* over the past three (3) years. As shown in Table 18 food storage, health and hygiene of food handlers, cleanliness, animals and pests were common expiable offences.

Serious offences relating to poor standards of cleanliness and storage and significant vermin and cockroach activity were grounds for issuing seven (7) Prohibition Orders to three (3) restaurants, two (2) take-away food premises, one (1) bakery and one (1) deli.

Due to the serious risk to food safety and an extensive history of non-compliance, prosecution proceedings were initiated against proprietors of a take-away/ manufacturer food premises and a restaurant accounting for 54 offences and 56 offences against the *Food Act 2001* and the *Australia New Zealand Food Standards Code* respectively. Prosecution proceedings are on-going, see Graph 14.

EHA received a total of 117 food complaints during 2012-13. As shown in Table 19 there has been a 20% increase in the number of food complaints received compared to 2010-11.

While there was an increase in the number of complaints when compared to 2011-12 and 2010-11, only 32% of these complaints received were proven to be justified (Table 20) compared to 53% the previous year. This result may be attributed to the limited evidence provided by the complainant, various sources of contamination and the difficulty of observing instances of poor food handling practices due to officer presence.

Alleged food poisoning accounted for the significant proportion (26%) of food complaints received during 2012-13. Only four (4) 13.3% of these complaints were justified.

There was a 35% increase in the number of refuse storage complaints, contributing to the overall increase in the total number of complaints received. As a result the food businesses were instructed to arrange for refuse to be removed immediately, ensure the bins were cleaned and where necessary, legal action was taken.

Food safety inspections were also conducted at eight (8) special events held within the Constituent Council areas during 2012-13.

	2010-11	2011-12	2012-13
Number of Food Complaints	98	105	117

Table 19: A three (3) year comparison of the number of food complaints received.

TYPE OF COMPLAINTS RECEIVED	TOTAL NUMBER OF COMPLAINTS RECEIVED	NUMBER OF COMPLAINTS JUSTIFIED/ CONFIRMED
Food unsuitable/unsafe due to foreign matter	16	3
Food unsuitable/unsafe due to microbial contamination / growth	14	6
Food unsuitable/unsafe due to presence of unapproved or excessive chemical residues	0	0
Alleged food poisoning	30	4
Confirmed food poisoning	6	0
Unclean premises	7	2
Poor personal hygiene or poor food handling practices	12	5
Vermin / insects / pests observed in premises	8	5
Refuse storage	14	10
Labelling issues	2	1
Other - Use-by/ Best Before - Quality of food - Odours - Dogs and outdoor dining	8	2
<b>TOTAL</b>	<b>117</b>	<b>38</b>

Table 20: A comparison of the number of food complaints and the number of complaints justified following an investigation.

# SUMMARY FINANCIAL STATEMENT FOR THE YEAR ENDING 30 JUNE 2013

	2013	2012
Council Contributions	1,469,100	1,323,448
Statutory charges	149,155	95,156
User charges	398,337	380,930
Grants, subsidies and contributions	149,012	132,314
Investment income	23,729	22,626
Reimbursements	-	36,827
Other income	22,303	5,367
<b>TOTAL INCOME</b>	<b>2,211,636</b>	<b>1,996,668</b>
<b>EXPENSES</b>		
Employee Costs	1,376,265	1,472,336
Materials, contracts & other expenses	611,432	526,176
Depreciation, amortisation & impairment	106,539	14,509
Finance costs	14,725	-
<b>TOTAL EXPENSES</b>	<b>2,108,961</b>	<b>2,013,021</b>
<b>OPERATING SURPLUS (DEFICIT)</b>	<b>102,675</b>	<b>(16,353)</b>
Asset disposal & fair value adjustments	1,187	2,632
<b>NET SURPLUS/(DEFICIT)</b>	<b>103,862</b>	<b>(13,721)</b>
Other Comprehensive Income	-	-
<b>TOTAL COMPREHENSIVE INCOME</b>	<b>103,862</b>	<b>(13,721)</b>
<b>CURRENT ASSETS</b>		
Cash and cash equivalents	510,711	396,526
Trade and Other Receivables	175,594	103,192
<b>TOTAL CURRENT ASSETS</b>	<b>686,305</b>	<b>499,718</b>
<b>NON-CURRENT ASSETS</b>		
Infrastructure, Property, Plant & Equipment	598,698	44,019
<b>TOTAL NON-CURRENT ASSETS</b>	<b>598,698</b>	<b>44,019</b>
<b>TOTAL ASSETS</b>	<b>1,285,003</b>	<b>543,737</b>
<b>CURRENT LIABILITIES</b>		
Trade & Other Payables	254,461	220,609
Borrowings	50,921	-
Provisions	87,673	87,108
Liabilities relating to Non-current Assets held for Sale	-	-
<b>TOTAL CURRENT LIABILITIES</b>	<b>393,055</b>	<b>307,717</b>
<b>NON-CURRENT LIABILITIES</b>		
Borrowings	544,501	-
Provisions	52,203	44,638
<b>TOTAL NON-CURRENT LIABILITIES</b>	<b>596,704</b>	<b>44,638</b>
<b>TOTAL LIABILITIES</b>	<b>989,759</b>	<b>352,355</b>
<b>NET ASSETS</b>	<b>295,244</b>	<b>191,382</b>
<b>EQUITY</b>		
Accumulated Surplus	295,244	191,382
<b>TOTAL EQUITY</b>	<b>295,244</b>	<b>191,382</b>

# Eastern Health Authority Annual Report 2013



Local councils working together to protect the health of the community