



Annual Report 2017/18



Message from the Chairperson



Public health safety and protection is a core responsibility of Local Government, and Eastern Health Authority (EHA), on behalf of its five Constituent Councils - Burnside, Campbelltown, Prospect, Norwood Payneham and St Peters and Walkerville - delivers this very important service to and for those communities.

Maintaining public health safety is an important function of EHA and staff are diligent in the monitoring of standards in high risk manufactured water systems, swimming pools and personal grooming and body-art premises. The licensing and registration of Supported Residential Facilities, that are home to many of the most vulnerable people in our community, are also a responsibility of EHA.

Eating out at cafes and restaurants and socialising at markets and events is a favourite pastime and has resulted in an increase in new food businesses and food vans. EHA is assiduous in the monitoring and enforcement of food safety standards. An important part of our role is to educate food businesses so that they are aware of the associated risks and required food safety measures. However, mandatory registration and training for all food businesses would be a welcome improvement in managing food safety in South Australia. These measures would greatly assist in improving food business food safety knowledge and compliance.

There has been an increase in the number of hoarding and squalor investigations. These investigations are complex and sensitive and require a co-ordinated approach by Government and non-Government agencies to address the issues and ensure residents are provided with the right care from key agencies.

As a prominent Local Government immunisation provider in South Australia, EHA has continued to promote the benefits of vaccination to all groups in the community, including work sites and families outside the Constituent Council areas. EHA has continued to work with SA Health and the University of Adelaide in the Meningococcal B Vaccine Herd Immunity Study. In 2017 the study was offered to 19 High Schools in the Constituent Council areas. The study will measure if the vaccine provides individual protection and if it reduces the risk of spread of the bacteria from person to person. This is a very important consideration as South Australia currently experiences the highest rate of Meningococcal B in Australia. The State Government has recently announced the provision of the quadrivalent flu vaccine free of charge for children under 5 years of age. Given the number of flu cases last year this is a welcome initiative.

EHA collaborates with key Government and non-Government agencies in all areas of environmental health and these agencies have shown great confidence in EHA's approach to the investigation and management of public health matters.

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

Sue Whittington
Chairperson

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About Eastern Health Authority



Eastern Health Authority (EHA) has a proud history of promoting and enforcing public health standards in Adelaide's eastern and inner northern suburbs.

Continuing in the tradition of the East Torrens Council Board, which operated from 1899, the present day regional subsidiary protects the health and wellbeing of about 160,000 residents plus visitors. EHA is an excellent example of council shared service delivery.

Established under the *Local Government Act (1999)*, EHA works across our Constituent Council areas to improve public and environmental health standards.

City of Burnside

Campbelltown City Council

City of Norwood Payneham St Peters (NPSP)

City of Prospect

Corporation of the Town of Walkerville

With a single focus and highly specialised and experienced staff, EHA is well-equipped to deal with the increasing diversity and complexity of public and environmental health.

During 2017-18 EHA discharged the environmental health responsibilities of its five Constituent Councils under the *South Australian (SA) Public Health Act 2011*, *Food Act 2001*, and *Supported Residential Facilities Act 1992*.

Services include the provision of immunisation services, hygiene and sanitation control, licensing and monitoring of supported residential facilities and monitoring of food safety standards, including inspection of food premises. Immunisation services are provided to the City of Unley on a user-pays basis.

Chief Executive Officer's Report



Michael Livori
Chief Executive Officer

In 2017-18 Eastern Health Authority (EHA) continued to protect the health of the residents of our constituent councils by providing an industry leading public health protection program. I continue to be extremely proud of the work that EHA staff undertake in ensuring that appropriate public health standards are maintained in our area. The importance of the role we undertake can often not be fully appreciated due to the many 'invisible outcomes' of our work. The *Legionella* outbreak that didn't occur, the vaccine preventable disease you didn't get or the food poisoning you may have avoided are some of the examples of our 'invisible' public health protection service.

Immunisation is one of the most successful and cost effective public health protection initiatives. A marketing audit of our immunisation services was undertaken during the year and a marketing strategy and communication plan will be developed in 2019. In the last year we have seen an 18% increase in the number of people attending our immunisation clinics. Our online booking and appointment reminder system for public clinics which went live recently is a first in the industry. After initial feedback we refined the system and its use has continually increased as our clients become familiar with it.

Our School Based Immunisation program saw 59 visits being made to 19 high schools and the delivery of over 17,000 vaccines to high school students. Vaccination rates at our schools are 5% greater than the state average which is a credit to the staff who deliver this program. We continue to provide a competitive work based influenza immunisation programme to businesses which protects both the health of their staff and the business itself by reducing absenteeism. We provided over 4,200 vaccines to 98 businesses and rolled out an online booking system for our clients.



I continue to be extremely proud of the work that EHA staff undertake in ensuring that appropriate public health standards are maintained in our area. The importance of the role we undertake can often not be fully appreciated due to the many 'invisible outcomes' of our work.

The booking system provides businesses with availability information, an instant quote for service and manages the booking process for their staff.

The importance of the monitoring of standards in Food Businesses is reflected in the fact that over 4 million, or approximately one in five of all of us will be affected by foodborne gastroenteritis each year. There are approximately 60 deaths and 30,000 hospitalisations attributed to foodborne illness annually. Australia currently have one of the highest rates of salmonella infection in the developed world, with rates more than 3 times the average of other developed countries.

At a National level an Australian foodborne Illness Reduction Strategy 2018-2021, promoting a 'Food Safety Culture' from paddock to plate has been developed. We hope to see positive initiatives such as mandatory food safety training, food business registration and the expansion of the range of businesses requiring Food Safety Plans to be rolled out as part of the strategy.

At a local level we continue to promote a 'Food safety culture' within food businesses by providing information and education during the 1,470 inspections conducted at our 1,277 food businesses. Where necessary appropriate enforcement mechanisms are applied on a graduated and proportionate basis. 119 formal "Improvement Notices" were issued to 92 food premises. While it was pleasing that the numbers of expiated offences required to be issued reduced by over 50%, it was disappointing that it was still necessary to issue a significant number of Prohibition Notices which required closure of all or part of a food premise due to the significant health risk posed to the public.

Supported Residential Facilities (SRF) provide accommodation and personal care for people who require low-level assistance, accommodation and support to live a fulfilling life in a home-like environment. The introduction of the National Disability Insurance Scheme on the SRF sector is currently being considered by the State Government. The Department of Human Services (DHS) is undertaking a review which includes the legislation governing SRFs. The NDIS Quality and Safeguarding Commission will oversee services for NDIS participants and with the majority of SRF's being accredited as disability providers, local government's role is likely to change significantly in the future.

In November 2018 Local Council elections will be held. I would like to thank the current Board Members for their commitment to Eastern Health Authority over the last Local Government term of 4 years. Board Members have shown a genuine interest in Public Health and understand that the work we do is important to the health of our community, but often unrecognised. The Board's enthusiasm and support for the work EHA undertakes on behalf of our constituent councils is very much appreciated by all EHA staff.

In conclusion I would like to thank EHA's professional and committed staff for providing the highest quality health protection service to our constituent council's collective communities and making EHA such a wonderful organisation to lead.



Governance



Board of Management 2018

EHA is a body corporate, governed by a Board of Management comprised of two elected members from each Constituent Council. The Board met eight times (seven meetings and one workshop) during the year to consider EHA's business.

**Table 1 –
Number of Board of Management meetings
attended by individual Board Members**

Board Member	Attendance
Cr S Whittington	8
Cr G Knoblauch	8
Cr A Monceaux	5
Cr P Cornish	8
Cr J Kennedy	7
Cr M Ryan	4
Cr K Barnett	8
Cr T Evans	5
Cr M Bishop	5
Cr D Shetliffe	6

Board of Management as at 30 June 2018

City of Norwood Payneham & St Peters



Cr Sue Whittington
(Chair)



Cr Garry Knoblauch



Cr Marylou Bishop



Cr David Shetliffe

Corporation of the Town of Walkerville

City of Burnside



Cr Anne Monceaux
(Deputy Chair)



Cr Peter Cornish



Cr Kristina Barnett



Cr Talis Evans

City of Prospect

Campbelltown City Council



Cr Marijka Ryan



Cr John Kennedy

Finance Audit Committee

In accordance with the requirements of the *Local Government Act 1999*, EHA has established an Audit Committee.

Functions of the Committee include:

Liaising with external auditors, reviewing annual financial statements, reviewing the adequacy of accounting, reporting and other financial management systems.

Members of EHA's Audit Committee are Lisa Scinto (Presiding Member), Claudia Goldsmith (Independent Member) and Cr Talis Evans (Board Appointed Member). The committee held three meetings during the reporting period.

The Committee met on four occasions during the year. The Committee's work included considering the audited financial statements and External Audit recommendations and reviewing numerous financial and governance policies.

Annual Business Plan

EHA develops an Annual Business Plan to establish strategic directions and measures to assess its performance. The core activities are undertaken to deliver the objectives of the plan as detailed in this report.

Structure and Staffing

EHA comprises three 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 Team Leader - Environmental Health and Team Leader - Administration and Immunisation have responsibilities for achieving the Annual Business Plan objectives relevant to their functional area.

Staffing as at 30 June 2018 comprised a total of 29 employees (18.2 FTE).

Financial Statements

The Audited Financial Statements for the year ending 30 June 2018 are provided on page 36. They show an Operating Surplus of \$138,552.



Immunisation

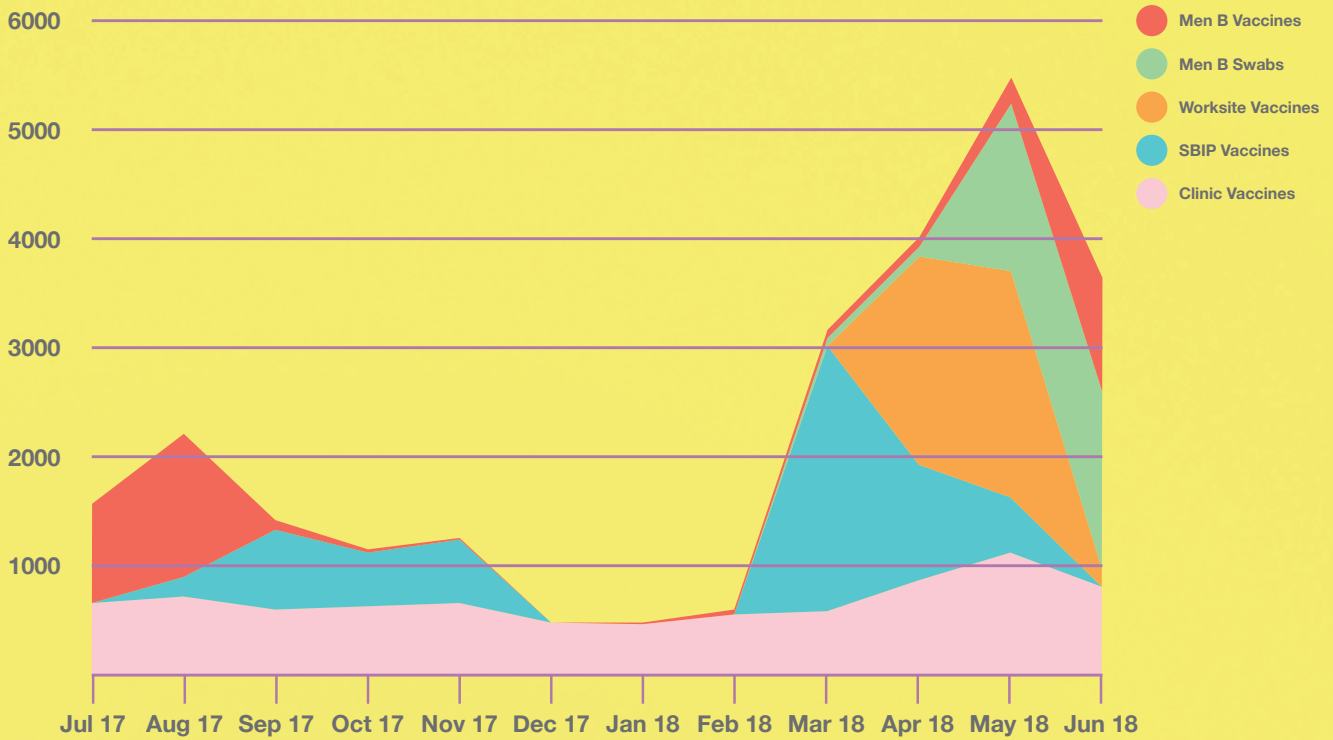


Immunisation is a safe and effective way of preventing the spread of infectious disease in the community.

The immunisation team provides a specialised and convenient immunisation service to the residents of its Constituent Councils. Services by EHA are delivered through Public Clinic, School and Workplace Immunisation programs.

As demonstrated in Graph 1, demand for those services significantly increased between May and June 2018 due to the expansion of the Annual Funded Influenza Program and the Meningococcal B Vaccine Herd Immunity Study.

Graph 1 – A graph illustrating the combined demand for all immunisation services over the last year



Public Immunisation Clinics

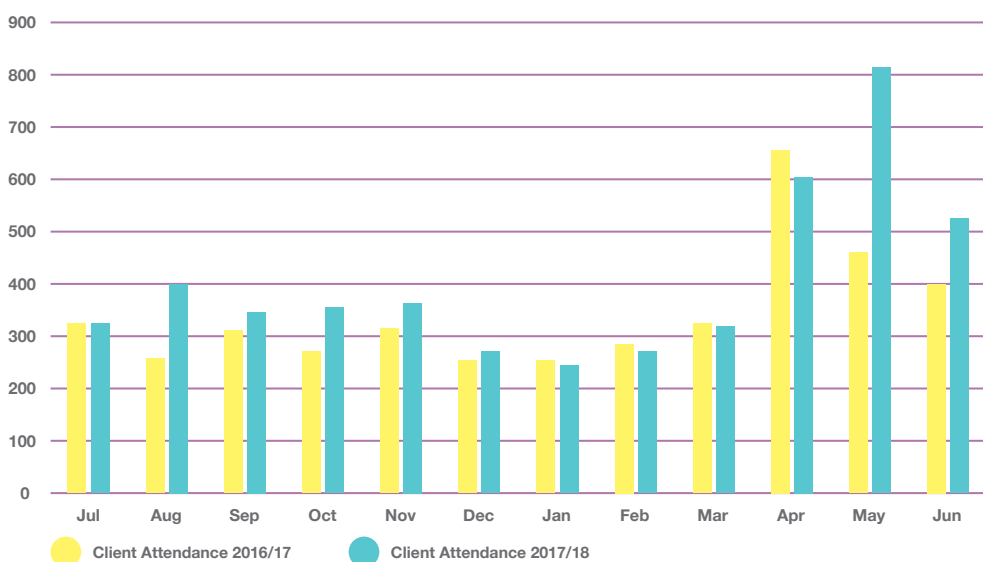
EHA provides public clinics to residents of its Constituent Councils at six locations, one being a client council. The range of clinic venues, days and times provided ensures convenient options are available for our residents.

A total of 4,865 clients were provided with 8,185 vaccinations. This was an increase of 730 clients (18%) in comparison to 2016-17 (Graph 2). This increase was due to the supply and availability of the meningococcal B vaccine, Bexsero and an increase in the number of Influenza vaccines administered in public clinics.

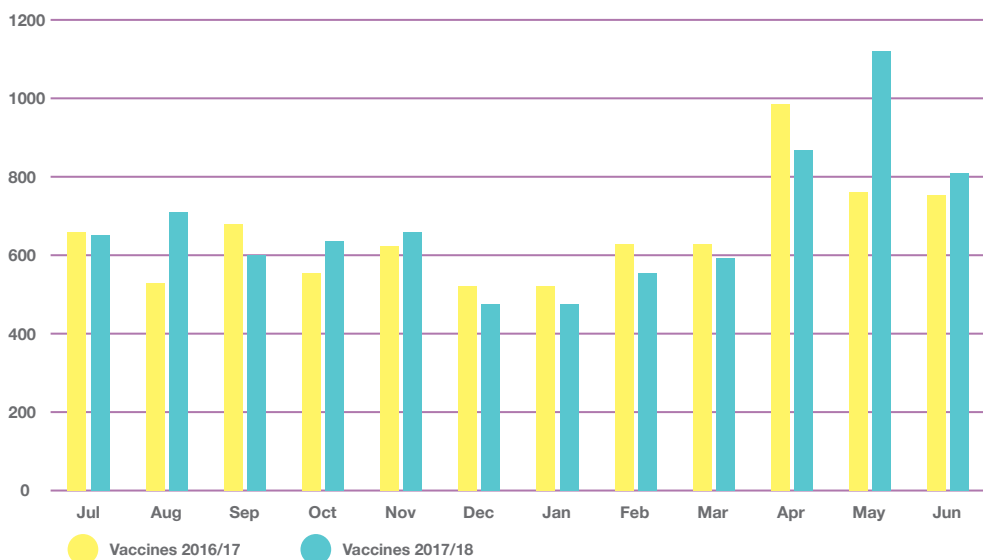
The online appointment system on the website continues to be well used. A total of 933 confirmed bookings were made using the online booking system with the peak months for bookings being from April to June 2018. Improvements to the system were uploaded to the system in May 2018 after a review by EHA staff.

EHA continues to assist families within our Constituent Councils with assessment of immunisation records. EHA assisted 89 families and 123 children with assessing and updating their immunisation history on the Australian Immunisation Register.

A total of 1,123 influenza vaccines were administered to clients in public immunisation clinics. This is a 45% increase (346 vaccines) in comparison with 2016-17. This increase was due to the expansion of the Funded Influenza program (SA) which offers free influenza vaccines to children aged 6 months to less than 5 years of age and additional vaccines to people aged 65 years and over.



Graph 2 – A graph illustrating client attendance at public immunisation clinics for the last two years



Graph 3 – A graph illustrating the number of vaccines delivered at public clinics for the last two years

Table 2 shows where Constituent Councils' residents chose to be vaccinated. It demonstrates that many residents chose the site that best suits their needs and that this was not necessarily in their own council area.

A clinic operating at City of Prospect was relocated in January 2018 to our St Peters venue due to the redevelopment of the Prospect Civic Centre. A large percentage of Prospect residents (74%) attended the clinic held at St Peters, while the remaining 26% attended alternative venues.

EHA provides public clinics to residents of its Constituent Councils at six locations.

Table 2 – The number of clients per council area and their choice of clinic venue

Where Clients come from (Council Area)	Number of Clients from Council Area	Where Clients attend (Clinic Venue by %)						Total %
		Burnside	Campbelltown	NPSP	Prospect	Walkerville	Unley	
Burnside	989	32%	3%	52%	0%	3%	9%	100%
Campbelltown	1013	4%	31%	59%	0%	2%	4%	100%
NPSP	1441	4%	3%	87%	0%	2%	3%	100%
Prospect	373	3%	2%	74%	8%	8%	5%	100%
Walkerville	276	1%	6%	53%	1%	33%	7%	100%
Unley	556	7%	1%	31%	0%	2%	59%	100%
Other	217	2%	14%	38%	1%	3%	42%	100%
Total Number of Clients	4,865							





School Immunisation Program (SIP) for 2017 Calendar year

During 2017, 59 visits were made to 19 high schools where a total of 8,514 vaccines were administered to Year 8 students. There were no changes to the National Immunisation Program for Adolescents in 2017 when compared to 2016 and vaccines delivered were almost identical.

The 2017 SIP to Year 8 students involved administering:

three doses of HPV vaccine

one dose of Varicella (chicken pox) vaccine

one dose of dTpa vaccine

Table 3 – A two year comparison of total vaccine types administered for the SIP for each Council area

Council Area	Total 2016	Total 2017
Burnside	2,542	2,634
Campbelltown	2,004	1,919
NPSP	2,356	2,443
Prospect	569	528
Walkerville	341	221
Unley	771	769
Total	8,583	8,514

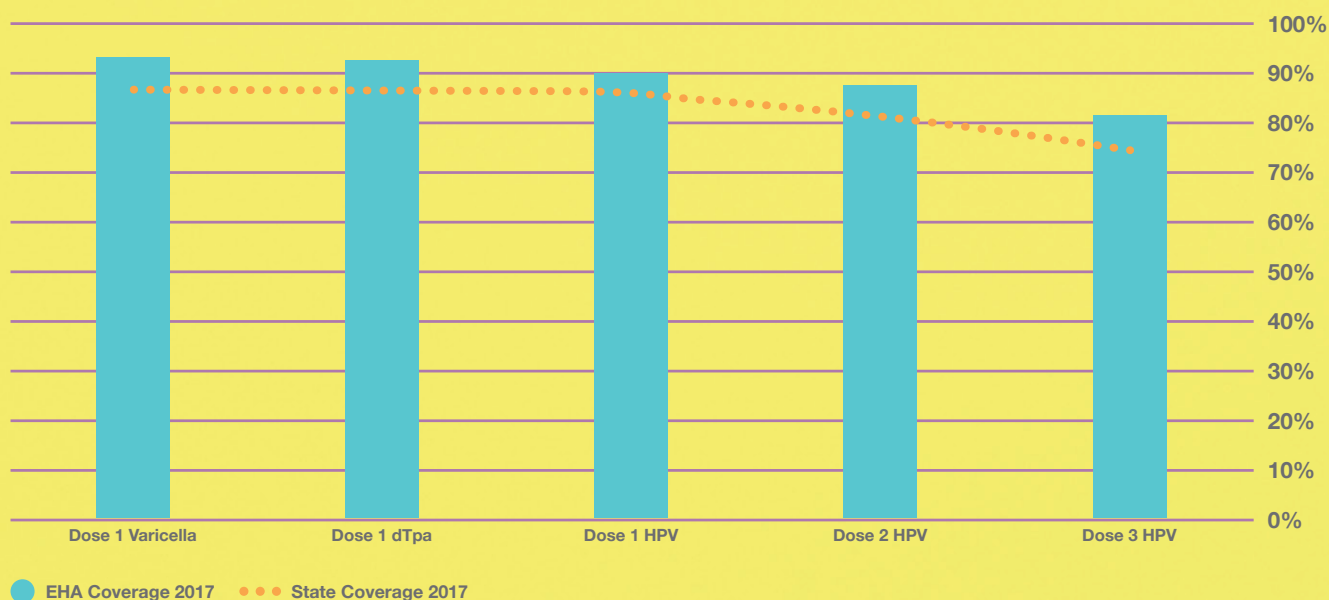


EHA accessed data from the HPV register to contact overdue students and remind them to attend a public clinic to receive any missed doses. This follow up has contributed to EHA achieving higher school coverage rates than the State average.

The number of student immunisations are submitted to SA Health each year. This data can then be accessed to compare vaccine coverage rates in our schools compared to the total coverage data in South Australia in order to measure the success of the program. The graph below demonstrates how the vaccine coverage rates in our schools compared in 2017 to the State average.

To increase the coverage rate in our Constituent Council areas and contract council area, EHA accessed data from the HPV register to contact overdue students and remind them to attend a public clinic to receive any missed doses. This follow up has contributed to EHA achieving overall higher school coverage rates than the State average.

Graph 4: A graph illustrating how EHA coverage data compares with the total coverage data in South Australia in 2017



Meningococcal B Vaccine Herd Immunity Study

EHA continued to work in partnership with SA Health and the University of Adelaide to deliver the two year study named 'B Part of It'. The purpose of the study is to collect data to find out whether there are herd immunity benefits as a result of giving the meningococcal B vaccination to students in the South Australian school community.

From July 2017 to June 2018 a total of 36 visits were made to 18 high schools. A total of 3,820 vaccinations were administered and 2,194 throat swabs were taken from participating students.

Table 4: The total swabs and vaccines administered in 2017-18 at school visits

Council Area	Total Swabs	Total Vaccines
Burnside	607	731
Campbelltown	930	834
NPSP	205	1,295
Prospect	320	313
Walkerville *	0	450
Unley	132	197
Total	2,194	3,820

*Note –Swabs for Walkerville Council area school were taken in 2016-17 year

In addition, the University of Adelaide invited EHA to participate in an extension to the study. This allowed Year 12 students who had left school to receive two free doses of the meningococcal B vaccine and provide a throat swab.

From January to June 2018, EHA administered and additional 359 meningococcal B vaccines and collected 234 throat swabs from school leaver students at public clinics.

On completion of the State-wide study, students will have the opportunity to be vaccinated with two doses of the meningococcal B vaccine and to contribute to the outcomes of the study through the analysis of the data collected from the throat swabs.

From July 2017 to June 2018 a total of 36 visits were made to 18 high schools. A total of 3,820 vaccinations were administered and 2,194 throat swabs were taken from participating students.

Worksite Immunisation Program

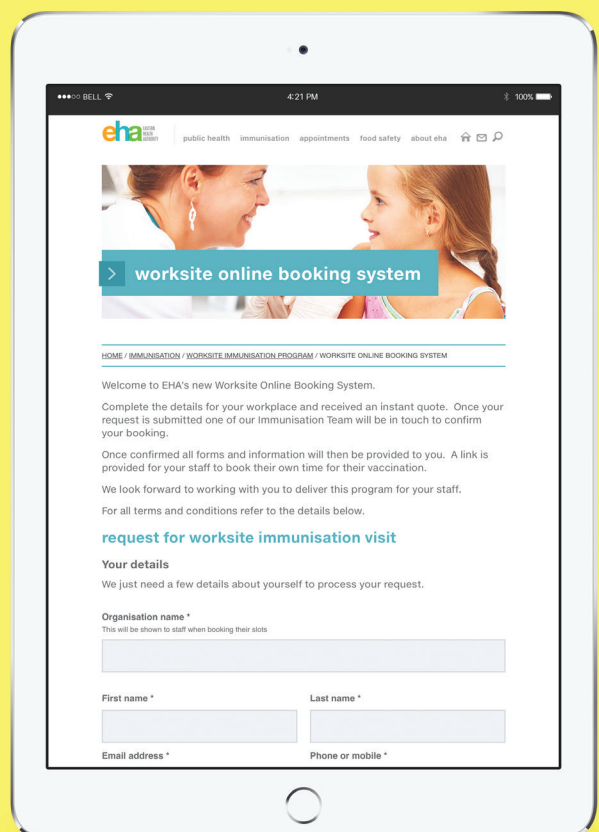
EHA provides an efficient and competitive service for workplaces to protect staff from the highly infectious influenza virus. A worksite program enables schools, childcare centres, government departments and private businesses to have their staff vaccinated on site by experienced nurses at a convenient time.

In December 2017, EHA launched an online booking system for worksite bookings. Ninety-one workplaces used this convenient service to book and manage their worksite program. The automated system allowed businesses to receive an instant quote for the booking based on approximate numbers of staff and to book a date and time convenient to the business.

All documentation needed to arrange the program is provided as part of the automated process. A link is sent to individual staff members to book their preferred appointment time. A survey of businesses who used this service noted that it was a time saving feature of the system.

A total of 98 worksite visits were conducted, with 4,218 vaccines delivered which was comparable to the previous year.

In December 2017, EHA launched an online booking system for worksite bookings. Ninety-one workplaces used this convenient service to book and manage their worksite program.



Public & Environmental Health

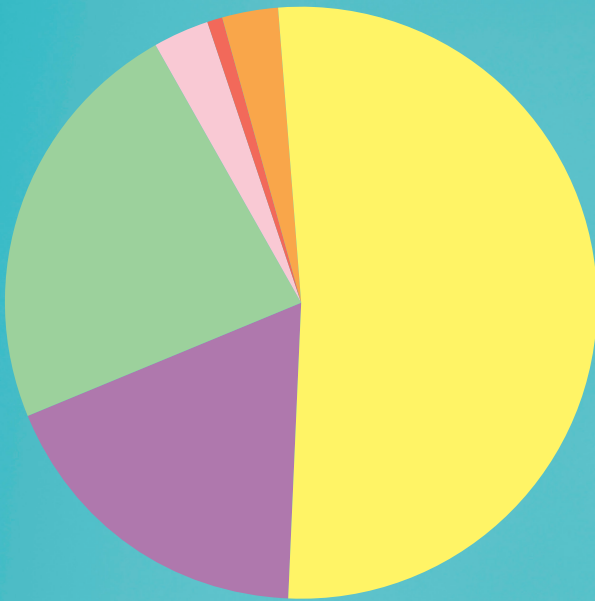


Environmental Health is the branch of public health that focuses on the interrelationships between people and their environment, promotes human health and well-being, and fosters healthy and safe communities.

website: [NEHA Environmental health](#)

The SA Public Health Act 2011 (the Act) and Regulations are mechanisms employed by EHA to fulfil its duty of care on behalf of the Constituent Councils with the following public health issues: prevention and management of domestic squalor and hoarding; surveillance of swimming pools, spa pools, high risk manufacturing water systems (cooling towers and warm water systems); assessment of personal care and body art premises; approval and inspection of waste control systems and prevention and control of notifiable diseases.

Graph 5 shows the proportion of time estimated to be spent in various areas administered under the SA Public Health Act 2011 during 2017-18. As shown in Graph 5 the greatest proportion of activities was committed to the investigation of public health complaints.



Graph 5 – A graph illustrating the proportion of EHO activities to administer the SA Public Health Act 2011 during 2017-18.

- Investigation of public health complaints - **52%**
- High Risk Manufacture Water Systems - Legionella Control - **18%**
- Management of recreational water - public pools / spas - **23%**
- Personal Care and Body Art - **3%**
- Approval and monitoring of waste water control systems - **1%**
- Compliance - **3%**



Complaints and Referrals

EHA received 182 public health related complaints/referrals from the public or State Government agencies.

Table 5 – A three year comparison of the type of public health complaints received

	2015-16	2016-17	2017-18
Notifiable Disease	35	37	12
Sanitation	60	56	38
Vector Control	121	110	108
Waste Control	4	0	2
Hazardous Substances	3	4	9
Other	28	21	13
Total	251	228	182

Vector control continues to account for a large proportion of public health complaints (Table 5). The number of vector control complaints investigated was comparative to the previous year. A high proportion of vector control complaints (84%) related to overgrown vegetation, accumulated refuse or poor poultry keeping that did not constitute 'harm to health' under the *SA Public Health Act 2011*. Often Environmental Health Officers (EHOs) are unable to obtain substantial evidence to identify the primary source of harbourage and information is issued to neighbouring homes. This approach is effective in notifying neighbouring residents of potential concerns.

The number of hazardous waste complaints requiring investigation doubled when compared to the previous year. These complaints involved the investigation of six asbestos and Category C Clandestine Drug Laboratory notifications at three separate residential properties.

All residential properties identified to be operating Category C Clandestine Drug Laboratories were issued Compliance Notices under section 92(1) of the *SA Public Health Act 2011*. The notices specified the requirements to undertake the necessary testing and cleaning to ensure that any public health risk was mitigated.

A joint investigation with the Environmental Protection Agency (EPA) and SafeWork SA was undertaken after it was reported that a roof made of asbestos containing material had been cleaned with a high-pressure hose. EHA issued an Emergency Notice under the *SA Public Health Act 2011* requiring the facility to close immediately pending further investigation. The EPA served an Environmental Protection Order requiring assessment and remediation of the exterior areas affected by contamination and SafeWork SA issued Notices requiring assessment and remediation of indoor areas. The premises reopened once the requirements the Order and Notices were met.

There were 36 sanitation complaints received and investigated, a significant decrease when compared to the previous two years (Table 6). Despite the decrease, the complexity and time to resolve sensitive matters involving severe domestic squalor and hoarding has significantly increased.

To consistently and objectively investigate these matters the 'SA Health's Foot in a Door – Stepping towards solutions to resolve incidents of severe domestic squalor in SA' Guidelines was used to assess the condition of the properties.

Three domestic squalor and one hoarding matter were determined to be a breach of the General Duty under the *SA Public Health Act 2011*. One Emergency Notice was issued under Section 92 of the *SA Public Health Act 2011*, involving a serious state of domestic squalor at a boarding house. EHA also exercised its power under the *SA Public Health Act 2011* and took action to remove the severe hoarding and squalor conditions at one property following non-compliance with the Notice.

A multi-disciplinary approach in all these cases was taken by EHA and other Government and non-Government agencies. This approach not only ensured the requirements within the Notices were met but the person also received the required support and care.

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The number of hazardous waste complaints requiring investigation doubled when compared to the previous year. These complaints involved the investigation of six asbestos and Category C Clandestine Drug Laboratory notifications at three separate residential properties.

EHA continues to lead the Eastern Hoarding and Squalor Group (the Group). The Group continued into its sixth successful year and met four times. This collaborative forum for EHOs and representatives from Government and non-Government agencies allows for proactive discussion and information sharing on squalor and hoarding, as well as services and resources available to help resolve these issues.

Table 6 – A three year comparison of the total number of sanitation complaints and severe domestic squalor and hoarding complaints

	2015-16	2016-17	2017-18
Total number of Sanitation Complaints	60	56	38
Severe Domestic Squalor	9	15	6
Hoarding	12	13	6

Table 7 – A three year comparison of the number of enforcement action taken under the SA Public Health Act 2011

	2015-16	2016-17	2017-18
Preliminary Notice	1	3	1
General Duty Notice	3	4	4
Emergency Notice	1	2	2
Action on Default	0	0	1
Total Number of Notices issued	5	9	10

The SA Public Health Act 2011 prescribes a list of diseases that are notifiable (Table 18). Notification of these diseases allows for surveillance and investigation to be undertaken to protect the community from the risk of infectious disease.

In Australia, *Campylobacter* is the most commonly notified cause of gastroenteritis, with foodborne illness caused by

Salmonella significantly increasing over the past 20 years. In the past 20 years, there have been an estimated 56,200 cases of Salmonellosis (2,100 hospitalisations and 15 deaths) with 72% of these considered to be foodborne ('Australia's Foodborne Illness Reduction Strategy 2018-2021').

Table 8 – The number of reported notifiable diseases for 2017-18

	2017-18
<i>Campylobacter</i>	262
<i>Salmonella</i>	107
<i>Legionellosis</i>	0
<i>Cryptosporidiosis</i>	24
Hepatitis A	3
Rotavirus	113

Salmonella and *Campylobacter* continue to be the most frequently reported food borne disease within EHA's five Constituent Councils (Table 8). The reporting period saw 262 confirmed cases of *Campylobacter* and 107 confirmed cases of *Salmonella* (Table 8). Despite the high number of notifications of Salmonella, no cases were linked to food businesses within EHA that required investigation. This was a significant reduction compared to the 15 cases involving four food businesses the previous year.

SA Health also required the investigation of three child care and two aged care facilities in relation to gastroenteritis outbreaks. Officers ensured that appropriate infection control measures were implemented and that food processing practices were compliant with the Food Safety Standards.

During the year SA Health CDCB were notified of 23 confirmed cases of *Cryptosporidiosis* within EHA. No cases were associated with the public swimming pools within EHA and did not require further investigation.

Monitoring and Surveillance

A total of 43 high-risk manufactured water systems (HRMWS) were registered at 20 sites within EHA under the SA Public Health (*Legionella*) Regulations 2013.

All cooling tower systems were inspected once during the reporting period, with a total of 22 routine inspections undertaken at 13 sites (Table 9). No follow-up inspections or enforcement actions were required at any cooling tower sites.

All warm water systems were inspected at least once throughout year with a total of 40 routine inspections undertaken at seven warm water sites (Table 9). Three facilities elevated inspection frequencies resulted in a 29% increase in the number of routine warm water inspections when compared to the previous year (Table 9). One facility was issued with a Compliance Notice under the SA Public Health Act 2011 for failing to comply with the Regulations, specifically relating to failure to undertake system decontaminations every six months. Based on previous warnings of this non-compliance, the facility was subsequently issued with an Expiation Notice for two offences under the SA Public Health (*Legionella*) Regulations 2013.

Water samples were taken from all warm water systems and cooling towers sites during routine inspections. Testing of the samples resulted in 31 detections of *Legionella* (Table 9). Five of the six warm water sites received at least one detection of *Legionella*. The large number of detections compared to the previous year was in the main attributed to one site. This site has large number of warm water systems and had 25 detections.

Authorised Officers worked closely with the six facilities that reported detections of *Legionella* to ensure the systems were shut down and decontaminations were promptly undertaken as required by the Regulations. Additional follow up action was taken by EHA in response to ongoing detections of *Legionella* from the warm water systems at two sites. These facilities were issued with Notices to Secure Compliance with the General Duty under the SA Public Health Act 2011 requiring the implementation of Legionella Risk Management Plans (LRMP) in accordance with best practice guidelines from enHealth Australia.

The purpose of the LRMP is to assist facilities to conduct a comprehensive hazard identification audit of their water system infrastructure and to implement suitable control measures and verification to ensure the control measures are effective.

Since the implementation of the LRMP, subsequent water sampling conducted by EHA and also independently by the facilities have returned no detections of *Legionella* throughout the warm water systems.

No *Legionella* disease notifications that required investigation were received during the year. This is a significant decline when compared to the previous two years.

Table 9 – A three year comparison of the number of registered high risk manufactured water systems and the number of routine and follow-up inspections undertaken and *Legionella* high count test results.

	2015-16	2016-17	2017-18
Number of sites	22	20	20
Total number HRMWS registered	46	43	43
Number of system inspections	58	48	62
Number of follow-ups	1	5	2
Notices issued to HRMWS	0	0	4
Expiation Notices issued to HRMWS	0	1	1
Detections of <i>Legionella</i>	16	21	31
Investigation of <i>Legionella</i> disease notifications from CDCB	4	5	0

No Legionella disease notifications that required investigation were received during the year. This is a significant decline when compared to the previous two years.

Public Swimming Pools and Spas

During 2017-18 all swimming, spa and hydrotherapy pools were assessed against the standards prescribed in the *SA Public Health (General) Regulations 2013*.

Fifty eight routine inspections at 38 swimming pool and spa sites were conducted (Table 10). Inspections were conducted at least once for all outdoor pools and twice for indoor pools during the year. A large portion of scheduled inspections for indoor pools were undertaken at the end of the 2016-17 reporting year. As a result, the number of required indoor pool scheduled inspections decreased during 2017-18. A total of nine swimming pool and spa sites required follow-ups, two more than the previous year, with five follow-up inspections required at one pool site (Table 10).

Temporary closures of four swimming pool and spa sites were required during the year. The number of closures was consistent with the previous two years (Table 10). Two sites closed voluntarily; one to rectify inadequate disinfection levels and the other excessive chlorination levels. At another two sites recurring non-compliance relating to inadequate chlorine levels resulted in a Compliance Notice being issued under Section 92 of the *SA Public Health Act 2011*. The pool operators were instructed to close the pools to the public and undertake the necessary corrective actions. Multiple follow-up inspections were undertaken to confirm compliance with the Notices prior to the pool reopening for public use.

Two complaints related to the cleanliness of changerooms and patrons failing to shower prior to entering the pool. Investigation of the complaints identified the change rooms and amenities were well maintained and the water quality was within the parameters of the General Regulations.

Table 10 - A three year comparison of the number of routine and follow-up inspections conducted at spas, swimming, and hydrotherapy pools, and the number of *Cryptosporidiosis* notifications received

	2015-16	2016-17	2017-18
Number of Sites	27	28	28
Number of Pools/Spas	39	45	44
Inspections of Pools/Spas	52	65	58
Follow-ups of Pools/Spas	18	25	24
Notices issued to Pools/Spa	1	2	2
Pool Closures	3	4	4
Complaints	1	2	2
<i>Cryptosporidiosis</i> Complaints	5	1	1

Personal Care and Body Art (PCBA)

Two new tattoo premises opened within EHA (Table 11). All 12 tattoo premises involving high risk skin penetration practices were assessed against the standards prescribed in the *SA Public Health (General) Regulations 2013*.

The use of single-use needles by acupuncturists has reduced the risk of infection. Subsequently, inspection frequencies for these PCBA was decreased to 18-month inspection frequencies. All acupuncture premises are scheduled for inspection during 2018-19.

Table 11 – A three year comparison of the number of notified tattoo premises

	2015-16	2016-17	2017-18
Number of Tattoo Premises	7	10	12

Waste Control Systems

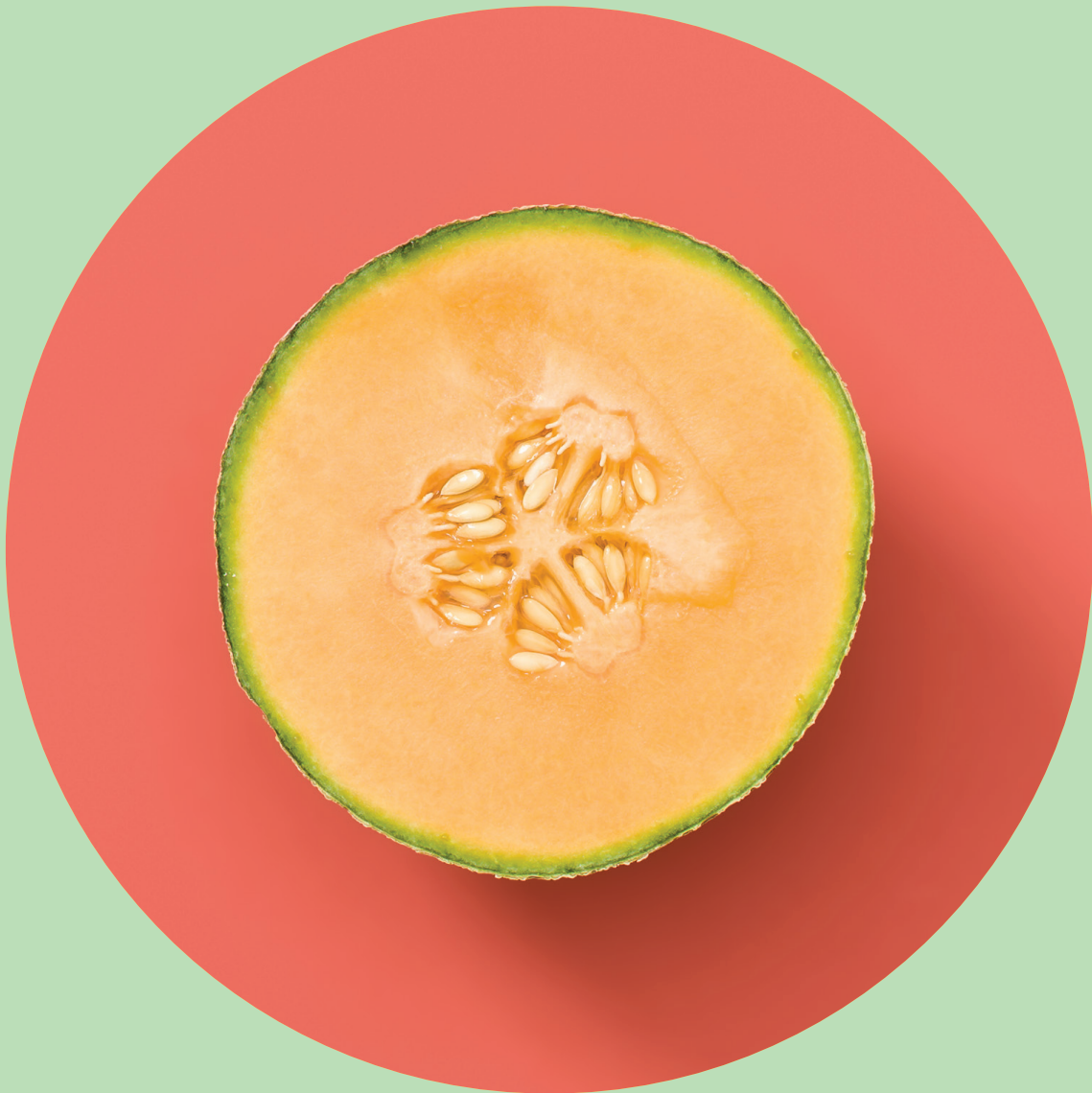
A small area within EHA's catchment is not connected to SA Water Sewer or a Community Wastewater Management Scheme, requiring the installation of an approved onsite waste water system.

During the year EHA received four waste control system applications. The systems were assessed in accordance with the requirements of the *SA Public Health (Wastewater) Regulations 2013*. One application included a greywater diversion system. Details of the plan were found not to meet the requirement of the Code and the application was not granted approval.

Three inspections were undertaken to determine progress of approved wastewater works and conduct assessments in accordance with the requirements of conditions of approval.

One complaint was received during the year of an unapproved system. The investigation is ongoing.

Food Safety

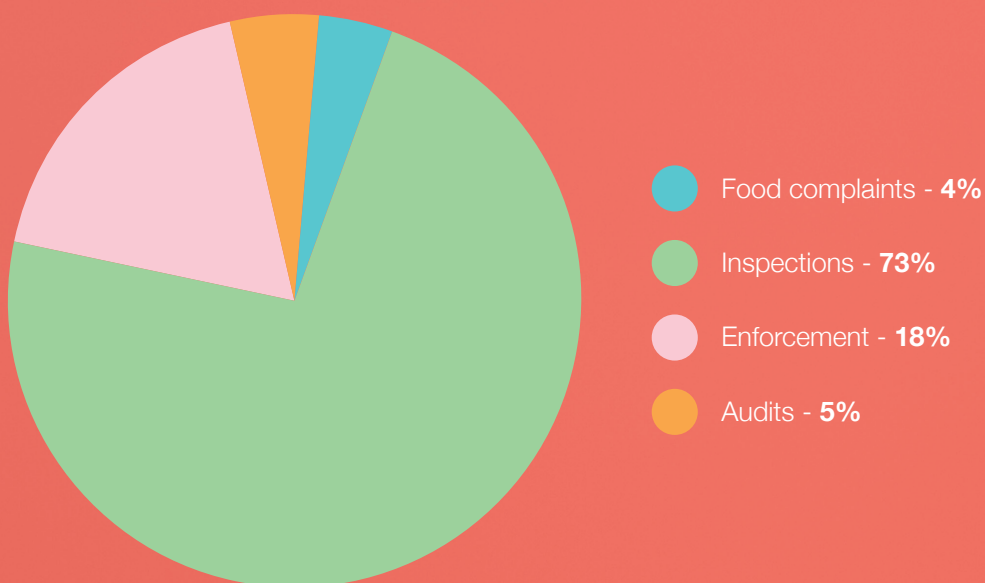


EHA administers the *Food Act 2001* in conjunction with the Food Safety Standards to protect the public from food-borne illness and associated risks.

Illnesses caused by the sale or consumption of unsafe food are preventable through education and intervention from EHO's during regular inspections and audits, investigation of complaints and where required, enforcement.

Graph 6 shows the proportion of time spent in various areas to administer the Food Act 2001 during 2017-18. As shown in the graph, 73% of EHO's activities was committed to scheduled and follow-up inspections of food businesses. These inspections enable EHOs to identify non-compliance, ensure safe processing practices are in place, and where required provide education and advice.

Graph 6 – A graph illustrating the proportion activities undertaken by EHO's to administer the Food Act 2001 during 2017-18.



Food Safety Inspections, Complaints, Audits and Enforcement

As at 30 June 2018, a total of 1,282 known food premises were operating within EHA's jurisdiction, a small increase when compared to the previous year. Takeaways, cafes and restaurants continue to be the predominant types of food business.

A total of 167 businesses closed and 189 food business notifications advising of a new food business or change of ownership were lodged with EHA. Notifications of new food businesses and closures required the continual updating of the food business register.

Food businesses are classified on the basis of food safety risk, using the South Australian Food Business Risk Classification (FBRC) profiling framework (the Framework). The FBRC allows for the monitoring and enforcement to be aligned with the inherent food safety risk of the business, taking into account the business' performance during inspections.

A minimum and maximum inspection frequency range is applied to each risk classification. The frequency range allows for inspections to either be increased or decreased depending on whether or not compliance is satisfactory during the inspection.

As shown in Table 12, the majority of food businesses are risk classified as Priority 1, with takeaways and restaurants being the main types of businesses within this classification.

Priority 4 food businesses selling shelf stable and pre-packaged food are considered 'low risk' and are only inspected if there has been a change in activity or a complaint has been received.

Priority 1, 2 and 3 businesses that required to be inspected totalled 1,078. During the year 1,470 inspections were undertaken at these businesses (Table 13).

	P1	P2	P3	P4	Total
Number of food businesses – 2015-16	642	348	79	192	1,261
Number of food businesses – 2016-17	642	320	119	201	1,282
Number of food businesses – 2017-18	629	337	112	199	1,277

Table 12 – Number of food businesses, food inspections and follow-up inspections as per risk classification

Type of Inspection	2015-16	2016-17	2017-18
Routine	690	862	793
Follow up	578	570	557
Complaint	111	78	81
Pre-opening/Fit-out	21	20	31
Food Stalls at Special Events	97	90	8
Total	1,497	1,620	1,470

Table 13 – A three year comparison of the number of routine, follow-up and fit-out inspections undertaken and complaints received

EHA's food safety monitoring practice is to conduct thorough routine inspections and follow-up inspections to ensure non-compliances are rectified and appropriate food safety standards are maintained. Routine and follow-up inspections are opportunities for an EHO to provide advice and information and for businesses to demonstrate improved systems or processes to ensure food safety practices are implemented daily and permanently.

Table 14 – A three year comparison of the percentage number of follow up inspections conducted based on the number of routine inspections

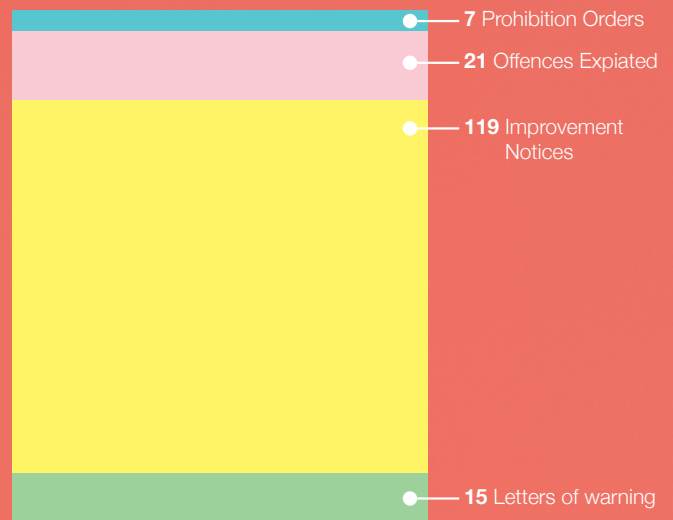
	2015-16	2016-17	2017-18
Routine inspections	690	862	793
Total number of follow-up inspections	578	566	557
Number of businesses requiring a follow-up inspection	377	354	360
% of routine inspections requiring a follow-up inspection	54%	41%	45%

A total number of 793 routine inspections were conducted during the year (Table 14). This decrease was attributed to fewer available Authorised Officers during the year. While there was a decrease in the number of routine inspections conducted, there was an increase in the percentage of food businesses (45%) requiring a follow-up inspection. This is reflective of the commitment to ensure non-compliances are rectified within an appropriate timeframe.

If repeated non-compliance continues, EHA's enforcement policy requires a graduated and proportionate response to be applied to either recurring or very serious food safety breaches.

Graph 7 demonstrates the graduated responses to enforcement. Legal action may be taken to repeat offenders in the form of written warnings, Improvement Notices, Prohibition Orders, Expiations or Prosecutions.

Graph 7 – A graph illustrating the graduated response to enforcement under the *Food Act 2001*





The majority of food businesses requiring legal action are P1 high risk businesses (Table 15). Enforcement action is however not limited to high risk businesses with warning letters and Improvement Notices also issued to moderate risk P2 food businesses (Table 15). Very serious food safety breaches also resulted in Prohibition Orders being served to seven high risk P1 businesses, which included restaurants and take-away food businesses.

Table 15 – A two year comparison of enforcement action taken as per risk classification

Warning Letter	P1	P2	P3	Total
2015-16	13	4	0	17
2016-17	11	1	0	12
2017-18	12	3	0	15

Improvement Notices	P1	P2	P3	Total
2015-16	76	17	0	93
2016-17	127	12	0	139
2017-18	108	11	0	119

Offences Expiated	P1	P2	P3	Total
2015-16	23	0	0	23
2016-17	41	2	0	43
2017-18	21	0	0	21

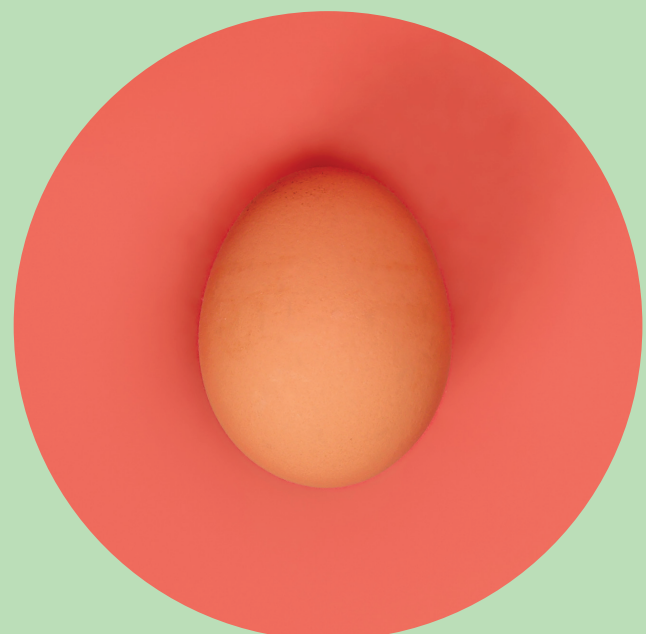
Prohibition Orders	P1	P2	P3	Total
2015-16	2	1	0	3
2016-17	9	1	0	10
2017-18	7	0	0	7

Improvement Notices continue to account for the majority of enforcement action taken, with a total of 119 Improvement Notices issued to 92 food businesses (Table 16). A total of 20 businesses received more than one Improvement Notice during the year.

Table 16 – A three year comparison of the percentage number of Improvement Notices issued based on the number of routine inspections

	2015-16	2016-17	2017-18
Routine inspections	690	862	793
Total number of Improvement Notices issued	93	139	119
Number of businesses issued with Improvement Notices	76	92	92
Number of businesses issued with multiple Improvement Notices	18	15	20
% of routine inspections resulting in the issue of an Improvement Notice	11%	11%	15%

While there was a decrease in the number of Improvement Notices issued, there was an increase in the percentage of routine inspections resulting in the issue of an Improvement Notice (Table 16).





In 2017-18, \$43,500 in fines were issued to 13 businesses for 21 offences committed under the *Food Act 2001* (Table 17). This represents a 51% reduction in the number of Expiation Offences required to be issued when compared to the previous year. It should be noted that the percentage of inspections resulting in the issue of an Expiation Notice was only 1.3%.

Table 17 - A three year comparison of the number of Expiation Notices issued, total number of expiable offences and expiable income received

	2015-16	2016-17	2017-18
Total number of Expiation Notices issued	14	20	13
Total number of Offences Expiated	23	43	21
Total amount	\$38,050	\$64,452	\$43,500

Table 18 - A three year comparison of the percentage of Expiation Notices issued per routine inspection

	2015-16	2016-17	2017-18
Routine inspections	690	862	793
Number of businesses issued with Expiation Notices	14	13	12
Expiation Notices as % of inspections	2.0%	1.5%	1.3%

Seven Prohibition Orders were issued, three less than the previous year (Table 19). The Prohibition Orders were issued due to significant vermin and cockroach activity, extremely poor standards of cleanliness and unsafe food processing practices.

Table 19 – A three year comparison of the number of Prohibition Orders issued

	2015-16	2016-17	2017-18
Routine inspections	690	862	793
Number of businesses issued with Prohibition Orders	3	10	7
Prohibition Orders as % of inspections	0.43%	1.2%	0.9%

EHA inspected 66 food stalls at seven major special events held within the Constituent Councils (Table 13). Food handlers were assessed on their application of food safety and hygiene practices. EHOs also considered the structure and fit out of each stall to ensure food was stored, prepared and displayed appropriately and safely.

As previously reported the demand for packaged ready-to-heat meals has increased, with restaurants and caterers responding to this demand by expanding their businesses to include locally sourced convenience meals.

Cook chill processing is complex and high risk and requires food handlers to have adequate skills and knowledge, as well as suitable equipment and structural facilities. Authorised Officers continue to monitor and identify food businesses undertaking this high risk process to ensure their knowledge and practices are appropriate.

EHA's proactive approach continues to raise the awareness of the risks associated with cook chill manufacturing to food businesses in our five Constituent Councils.

EHA and SA Health were invited to attend the Environmental Health Australia National Conference in October 2017 to provide a joint presentation relating to food businesses undertaking cook chill food processing. The presentation highlighted the technical and complex nature of this type of processing, with EHA providing two case studies relating to food businesses within our Constituent Council area.

Audits

Food businesses serving food to vulnerable populations, including hospitals, aged care facilities, child care centres and delivered meal organisations are captured under Food Safety Standard 3.3.1. This Standard requires food businesses to comply with Food Safety Standard 3.2.1, and the implementation of a documented and audited Food Safety Program.

As shown in Table 20, a total of 60 scheduled food safety audits and five follow-up audits were conducted within EHA's jurisdiction during the year. There was an increase in the number of audits conducted outside of EHA's jurisdiction when compared to the previous year.

Complaints

As shown in Table 21, EHA received a total of 83 food related complaints. These figures are comparable with the previous two years (Table 21).

Historically, alleged food poisoning accounts for a significant portion of food complaints. However, as shown in Table 21, there has been a continual decline in the number of complaints related to alleged food poisoning.

Poor personal hygiene or poor food handling practices accounted for a significant proportion (25%) of food complaints received during 2017-18 (Table 22). This increase may be attributed to the public's increased awareness of safe food practices, as more information is made readily available through websites and promoted via activities such as Food Safety Week.

Historically, alleged food poisoning accounts for a significant portion of food complaints. However, as shown in Table 21, there has been a continual decline in the number of complaints related to alleged food poisoning.



	2015-16		2016-17		2017-18	
	EHA	Other Council Areas	EHA	Other Council Areas	EHA	Other Council Areas
No. of Audits	31	37	55	33	60	37
No. of Follow-up Audits	10	2	3	1	5	1

Table 20 - A three year comparison of the number of audits and follow-up audits conducted in our five Constituent Councils and other Council areas

Table 21 – A three year comparison of the number of food complaints received

Type of Complaints Received	Total number of complaints received 2015-16	Total number of complaints received 2016-17	Total number of complaints received 2017-18
Food unsuitable/unsafe due to foreign matter	12	10	10
Food unsuitable/unsafe due to microbial contamination/growth	7	7	9
Food unsuitable/unsafe due to presence of unapproved or excessive chemical residues	2	1	0
Alleged food poisoning	24	20	14
Unclean premises	10	5	5
Poor personal hygiene or poor food handling practices	20	15	21
Vermin/insects/pests observed in premises	5	6	5
Refuse storage	11	11	9
Labelling issues	5	1	1
Other	2	4	8
Total	98	80	83

Health Care & Community Services



Environmental Health is the branch of public health that focuses on the interrelationships between people and their environment, promotes human health and well-being, and fosters healthy and safe communities.

website: [NEHA Environmental health](https://www.neha.org/environmental-health)

Supported Residential Facilities

EHA is the licensing authority for all Supported Residential Facilities (SRF) within the Constituent Councils. A total of six facilities are licensed, with three Pension Only and three retirement Village /Dual License Facilities (Table 22).

During the year the number of SRFs licensed by EHA decreased from eight to six facilities. The decrease is attributed to two dual licensed facilities no longer meeting the criteria of an SRF.

Table 22 – A three year comparison of the number of SRF facilities licensed by EHA

2015-16	2016-17	2017-18
12	8	6

Licensing, Monitoring and Complaints

EHOs conducted 11 unannounced routine audits and six follow-up visits during 2017-18. An additional 10 inspections were required at one facility during an investigation.

The criteria assessed to determine compliance with the *Supported Residential Facilities Act 1992*, the *Supported Residential Facilities Regulations 2009* and the *Supported Residential Facilities Guidelines and Standards 2011*, included the following:

adequacy of documentation and suitability of service plans
level of staffing and appropriate qualifications
nutritional quality and variety of the food provided to the residents
solvency of the business
public liability insurance
structural condition of the premises
financial management
general amenity and cleanliness of the facility
medication management
privacy, dignity and respect of residents
evidence of an up to date Visitors' Book

The majority of non-compliances identified in the unannounced audits related to hygiene, structural maintenance and documentation management, particularly with regard to inadequate and inconsistent resident contracts. There were a limited number of non-conformances related to standards of care, including nutrition, medication management and control of personal finances.

Each facility was inspected for compliance with essential fire safety requirements by the respective Building Fire Safety Committee. Fire safety reports were provided to EHA as part of the licensing renewal process. Non-conformances highlighted in the fire safety report from one Constituent Council were communicated to EHA. This facility will continue to be monitored.

Non-conformances identified at the unannounced audits throughout the year were collated and reviewed prior to the re-licensing of the facilities. Where long term action was required or there were significant or persistent issues, conditions were imposed on the facility's licence for 2018-19.

Three facilities were issued licences for one year with no conditions. Two facilities were issued licences for one year with conditions. Conditions related to staffing levels, cleaning, maintenance and hygiene issues. These conditions will continue to be monitored and managed during subsequent audits throughout the year. One facility's Licence was extended with a short-term licence with conditions applied.

There were no complaints received during the year; a decline when compared to the previous two years (Table 23).

Table 23– A three year comparison of the number of SRF complaints received

2015-16	2016-17	2017-18
3	3	0

SRF Licence Transfer/New Licence

During 2017-18, one SRF licence transfer was received, processed and approved. The licence transfer application was the result of the sale of that business.

One application for a new supported residential facility was received during the year. Due to a recent change in the SRF legislation, Eastern Health Authority was unable to approve the licence application. The Minister for Social Inclusion revoked and replaced previous exemptions in relation to facilities of a specified class, which captured this particular application. A meeting was held with the applicant's representatives to advise of the implications of the legislative change. As a result, the facility was deemed ineligible to be licenced under the *Supported Residential Facilities Act 1992*.

SRF Facility Manager and Acting Manager approvals

Three manager applications and two acting manager applications were received during the year. The manager and acting manager applications were approved by EHA's Chief Executive Officer under delegated authority.

Summary Financial Statement for the year ending 30 June 2018

	2017	2018
INCOME		
Council Contributions	1,641,055	1,680,870
Statutory charges	155,492	150,594
User charges	294,343	392,185
Grants, subsidies and contributions	270,990	270,980
Investment income	11,598	12,923
Other income	11,767	20,553
TOTAL INCOME	2,385,245	2,528,105
EXPENSES		
Employee Costs	1,623,390	1,581,162
Materials, contracts & other expenses	699,827	746,550
Depreciation, amortisation & impairment	55,286	46,014
Finance costs	18,756	15,827
TOTAL EXPENSES	2,397,259	2,389,553
OPERATING SURPLUS (DEFICIT)		
Asset disposal & fair value adjustments	-	-
NET SURPLUS/(DEFICIT)	(12,014)	138,552
Other Comprehensive Income	-	-
TOTAL COMPREHENSIVE INCOME	(12,014)	138,552
CURRENT ASSETS		
Cash and cash equivalents	664,107	876,554
Trade and Other Receivables	129,625	122,329
TOTAL CURRENT ASSETS	793,732	998,883
NON-CURRENT ASSETS		
Infrastructure, Property, Plant & Equipment	387,928	341,914
TOTAL NON-CURRENT ASSETS	387,928	341,914
TOTAL ASSETS	1,181,660	1,340,797
CURRENT LIABILITIES		
Trade & Other Payables	138,358	197,380
Borrowings	61,440	64,393
Provisions	305,844	325,421
Liabilities relating to Non-current Assets held for Sale	-	-
TOTAL CURRENT LIABILITIES	505,642	587,194
NON-CURRENT LIABILITIES		
Borrowings	315,135	250,742
Provisions	35,264	38,690
TOTAL NON-CURRENT LIABILITIES	350,399	289,432
TOTAL LIABILITIES	856,041	876,626
NET ASSETS	325,619	464,171
EQUITY		
Accumulated Surplus	325,619	464,171
TOTAL EQUITY	325,619	464,171





local councils working together to protect the health of the community