

# Health Legislation Amendment Regulation 2026

Consultation Paper

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# Purpose

The purpose of this consultation paper is to seek stakeholder feedback on the proposals to be included in the [Health Legislation Amendment Regulation 2026](#) (Amendment Regulation).

This paper summarises the objectives of the proposals and the relevant background to each. It aims to assist you to understand the proposals and inform any feedback you may have.

Submissions will help Queensland Health understand the level of support for the proposals, any underlying issues, and the considerations relevant to developing and implementing the proposals.

# Making a submission

You are welcome to comment on any of the proposals in this paper. However, you can focus your submission on the proposals most relevant to you or your organisation's role or interests.

When providing a response, please ensure you express **whether you support the proposal**, and if not, what the **reasons** for this are.

Feedback can be provided via email to [legislationconsultation@health.qld.gov.au](mailto:legislationconsultation@health.qld.gov.au)

Please provide your feedback **by 5pm, Friday 15 May 2026**.

Your views may be referred to in public documents such as the explanatory notes. If you do not wish for this to occur, please indicate this in your submission.

If you have any questions or require further information, please send an email to the address **above**.

**This document is for consultation purposes only and does not represent Queensland Government policy**

# Overview

The Amendment Regulation proposes to make changes to four legislative instruments:

- *Hospital and Health Boards Regulation 2023*;
- *Public Health Regulation 2018*;
- *Private Health Facilities Regulation 2016*; and
- *Medicines and Poisons (Pest Management Activities) Regulation 2021*.

The proposals seek to improve information sharing by:

- prescribing the following entities to enable confidential information to be disclosed to:
  - the Florey Institute and Kirby Institute for the purposes of maintaining national data collections for Creutzfeldt-Jakob Disease and the Human Immunodeficiency Virus (HIV), respectively;
  - BioGrid Australia Ltd for the purposes of maintaining registry participation with the Australian and Aotearoa New Zealand Thoracic Clinical Quality Registry (ANZTHOR);
- prescribing agreements between Queensland Health and:
  - the Department of Primary Industries (Biosecurity Queensland), the Department of State Development, Infrastructure and Planning (the Office of Industrial Relations), and the Department of the Environment, Tourism, Science and Innovation to enable the lawful disclosure of confidential information for the management of actual and potential zoonotic incidents;
  - Bayside Health to enable confidential information about public and private patients living without a functioning spleen to be provided to Spleen Australia to offer patient access to register services; and
- removing an expired information-sharing agreement prescribed in the Public Health Regulation between Queensland Health and the University of Melbourne relating to the sharing of Creutzfeldt-Jakob Disease information from the Notifiable Conditions Register.

The Amendment Regulation is also proposed to enable better management of public health risks presented by mosquitoes by:

- expanding the authority of public health officers to undertake broader low-risk pest control activities related to mosquitoes; and
- excluding licensed pest management technicians from duplicative reporting requirements.

Finally, the Amendment Regulation will also make a technical change to more accurately reflect the wording in the Public Health Regulation with national guidelines relating to radioactivity in drinking water.

# Proposed changes to improve information sharing

## Background

This section provides information about several proposals that aim to improve information sharing between Queensland Health and other entities, either by prescribing the entities or agreements under a regulation for certain purposes.

The following four proposals relate to confidential information disclosures:

1. [Prescribing the Florey Institute and Kirby Institute as prescribed entities;](#)
2. [Prescribing BioGrid Australia as a prescribed entity;](#)
3. [Prescribing the One Health Agreement as a prescribed agreement; and](#)
4. [Prescribing an agreement with Bayside Health as a prescribed agreement.](#)

## Disclosure of confidential information

The *Hospital and Health Boards Act 2011* prohibits the disclosure of confidential information collected from a person when they're receiving a health service unless the disclosure is authorised under the Hospital and Health Boards Act.

**Confidential information** means information about another person that has become known to a person as part of their role, including information that identifies the person.

It is an offence for certain people (including Queensland Health staff) to disclose this information unless it is permitted by another Act such as the *Public Health Act 2005* or disclosed to an entity that is prescribed for that particular purpose in the Hospital and Health Boards Regulation.

Similar provisions exist in the Public Health Act in relation to information collected and held on the Notifiable Conditions Register about individuals who have or may have a notifiable medical condition prescribed under the Public Health Act. These provisions authorise prescribed entities to receive confidential information for the purposes of evaluating, managing, monitoring, or planning health services.

Public interest exemptions also apply in both Acts for the release of certain confidential information, but each disclosure must be authorised by the chief executive of Queensland Health or the relevant Hospital and Health Service.

**Public interest disclosure** means the release of confidential information where the chief executive of Queensland Health or a Hospital and Health Service considers it is in the public's best interests to release the information to another entity. This power is an exemption to the prohibitions on the release of confidential information under the Public Health Act and the Hospital and Health Boards Act.

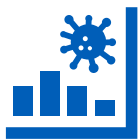
To authorise a public interest disclosure, the relevant chief executive must consider, on reasonable grounds, that the public interest arguments in favour of release outweigh the public interest arguments favouring confidentiality.

As a consequence, general determinations (such as broad or open-ended disclosures) cannot be made under this power. Instead, each application must be considered on its merits.

Public interest disclosures are used infrequently as they involve seeking separate consideration and approval for each disclosure.

## 1. Prescribing the Florey Institute and Kirby Institute as prescribed entities

### Objective



Streamline information sharing between Queensland Health and two research institutes to support the maintenance of national surveillance for two notifiable conditions.

### Florey Institute and Kirby Institute

The Florey Institute of Neuroscience and Mental Health (Florey Institute) is a medical research institute affiliated with the University of Melbourne. The Florey Institute predominantly undertakes research into treatments for brain and mind disorders, investigating more than 20 diseases and disorders.

The University of NSW (UNSW)'s Kirby Institute (Kirby Institute) is a health research institute in the Faculty of Medicine and Health at UNSW Sydney dedicated to certain infectious diseases.

Both institutes play an important role in specialised surveillance on behalf of the State and Commonwealth. This involves the continuous, systematic collection, analysis and interpretation of health-related data for public health benefits.

### Creutzfeldt-Jakob Disease (CJD)

CJD is a rare, fatal, degenerative brain disorder caused by abnormal proteins ('prions') that damage brain cells. This leads to rapid dementia, loss of muscle control, and death.

CJD is a notifiable condition under the Public Health Act and Public Health Regulation, when diagnosed or suspected. Between 2017 and 2025, Queensland recorded between 10 and 18 CJD notifications annually (an average of approximately 14 cases per year).<sup>1</sup>

The Commonwealth contracts the Florey Institute to manage CJD data through the Australian National Creutzfeldt-Jakob Disease Registry (ANCJDR) for the national surveillance of human

<sup>1</sup> Queensland Health, Notifiable conditions reports, <https://www.health.qld.gov.au/clinical-practice/guidelines-procedures/diseases-infection/surveillance/reports/notifiable>.

prion diseases. The ANCJDR collects detailed information from actual and potential CJD cases and other selected prion diseases across Australia.

This data informs individual case notifications, contributes to monitoring trends and distribution of prion diseases, alerts health authorities to potential clusters/outbreaks or events where individuals may have been exposed to prions, and informs public health responses. It also provides comprehensive diagnostic services for suspected cases of CJD and other prion diseases.

### Human Immunodeficiency Virus (HIV)

Over time (usually many years), untreated HIV can affect a person's immune system, leaving the body less able to protect itself from disease. HIV can result in Acquired Immune Deficiency Syndrome (AIDS) if left untreated.

**AIDS** is a chronic condition caused by HIV where the virus severely damages the immune system, leaving the body vulnerable to opportunistic infections and cancers.

HIV is a notifiable condition under the Public Health Act and the Public Health Regulation.

Over the past five years from 2021 to 2025, Queensland Health recorded between 100 and 164 new HIV cases annually (an average of approximately 140 cases per year).<sup>2</sup>

### Information sharing

The Florey Institute is currently a prescribed entity in the Hospital and Health Boards Regulation, enabling it to receive certain information. However, this is for a different purpose.<sup>3</sup> While a prescribed entity, the information-sharing powers do not extend to providing the Florey Institute with information about CJD. The Florey Institute is also not currently prescribed in the Public Health Regulation to receive any information from the Notifiable Conditions Register.

The Commonwealth contracts the Kirby Institute to manage national HIV data. The Kirby Institute's primary function is to conduct national surveillance, research, and reporting on HIV, viral hepatitis and sexually transmitted infections in Australia.

The Kirby Institute leads national HIV surveillance in Australia, coordinating the collection of data with state and territory health departments. The institute also analyses and reports on the data to monitor trends in HIV diagnosis, transmission and care outcomes. This underpins national policy, prevention strategies, and evaluation of progress towards HIV elimination goals.

Each year the Kirby Institute publishes the Annual Surveillance and Monitoring Report which provides a comprehensive analysis of HIV, viral hepatitis and sexually transmitted infections

<sup>2</sup> Queensland Health, Notifications of bloodborne viruses and sexually transmissible infections in Queensland: 1 January–31 December 2025, Quarterly surveillance report, [https://www.health.qld.gov.au/\\_data/assets/pdf\\_file/0029/1468226/bbv-sti-quarterly-surveillance-2025.pdf](https://www.health.qld.gov.au/_data/assets/pdf_file/0029/1468226/bbv-sti-quarterly-surveillance-2025.pdf).

<sup>3</sup> For collecting data about eligible stroke and transient ischaemic attack patients.

in Australia. This report includes estimates of incidence and prevalence, patterns of treatment and behavioural risk factors.<sup>4</sup>

Historically, Queensland has shared HIV data annually with the Kirby Institute by way of a public interest disclosure under the Public Health Act. However, this can be a time-consuming process for routine information sharing.

The Kirby Institute is otherwise not prescribed under the Public Health Act to receive confidential information from the Notifiable Conditions Register about HIV.

### Proposed changes

It is proposed to prescribe the Florey Institute as a prescribed entity to allow:

- confidential information to be shared for the additional purpose of maintaining national data collections for CJD under the ANCJDR; and
- confidential information held on the Notifiable Conditions Register regarding CJD to be shared.

It is also proposed to prescribe the Kirby Institute as an entity that can receive confidential information from the Notifiable Conditions Register under the Public Health Act for the purposes of maintaining national data collections for HIV surveillance.

These changes will contribute to improved national surveillance and insights into CJD and HIV in the community.

Arrangements with the Florey Institute and Kirby Institute will be subject to agreements to protect the confidentiality of the shared information. These agreements will include safeguards to restrict how the information can be used, prohibit disclosure to third parties, and enable Queensland Health to direct the return or destruction of any shared information. These agreements will also require the institutes to comply with the *Information Privacy Act 2009*.

### Other technical changes

The Public Health Regulation currently prescribes a confidentiality agreement dated 5 May 2008 between Queensland Health and the University of Melbourne for the purposes of facilitating information sharing of CJD data with the Florey Institute via the University of Melbourne. However, the agreement has expired and has not been operational since the Florey Institute assumed sole responsibility for managing the ANCJDR.

It is proposed to remove the expired agreement under the Public Health Regulation as it is no longer relevant.

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<sup>4</sup> The data and information included in the report are aggregated and screened to ensure individuals cannot be reidentified.

## 2. Prescribing BioGrid Australia as a prescribed entity

### Objective



Enable Queensland Health to share confidential information with BioGrid Australia to enable disclosure of patient data relating to thoracic surgeries and their outcomes for clinical quality improvement as part of a cross-national registry.

**Thoracic surgery** refers to operations performed on the lungs or other structures within a person's chest. These operations are often performed for the diagnosis or treatment of a wide variety of conditions, including cancer, trauma or infections.

### BioGrid Australia

BioGrid Australia is a not-for-profit data sharing platform that enables the secure, privacy-preserving linkage of health data across multiple institutions.

Using a federated data architecture, BioGrid facilitates real-time access to a shared view of clinical and research datasets from multiple sources without centralising sensitive information.

This allows individual contributors (including state departments and researchers) to manage their own data while sharing information via a centralised platform.

All data held by BioGrid is stored securely to ensure that privacy and confidentiality are maintained and is only accessible by authorised users.

BioGrid's infrastructure supports advanced analytics, governance controls, and ethical oversight, making it a trusted partner for collaborative research and health system improvement.

State health departments, hospitals, universities and institute across the ACT, South Australia, New South Wales, Tasmania, Victoria and Queensland are members and contribute health-related data to BioGrid's infrastructure.<sup>5</sup>

### Australian and Aotearoa New Zealand Thoracic Clinical Quality Registry (ANZTHOR)

Queensland Health is seeking to participate in ANZTHOR, a cross-national thoracic surgery registry initiative.

ANZTHOR is a collaborative registry initiative established on behalf of the Australian and New Zealand Society of Cardiac and Thoracic Surgeons. ANZTHOR is aimed at improving thoracic surgery clinical outcomes through data-driven insights and benchmarking across Australia and New Zealand.

<sup>5</sup> See BioGrid Australia Ltd, Annual Report, 2023-2024.

Within Queensland, Hospital and Health Services currently collect and use clinical data in areas such as cardiac and thoracic surgery, heart failure, cardiac imaging and cardiac rehabilitation.

However, while some states and territories record the number of thoracic surgical operations performed, there is no centralised location that records this information across Australia and New Zealand.

This means that information about the number of patients undergoing thoracic surgery and the short- and long-term consequences of these operations are not known. This also means comparisons regarding these surgeries cannot occur between hospitals.

Registries such as the ANZTHOR assist by collating information from several hospitals into one central location and providing the necessary evidence base to determine the efficacy, safety and quality of thoracic surgery providers, interventions, devices and treatments.

The use of a central database allows surgeons and hospitals to see what happens to their patients during and after surgery and allows them to identify and make improvements to help future patients.

ANZTHOR leverages BioGrid's infrastructure to link and analyse clinical data from across Australia and New Zealand whereby BioGrid hosts and manages the ANZTHOR.

### Proposed changes

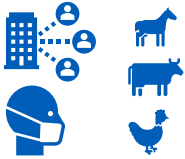
It is proposed to prescribe BioGrid as a prescribed entity under the Hospital and Health Boards Regulation to enable Queensland Health and all Hospital and Health Services to disclose confidential information to BioGrid.

This will enable health data regarding thoracic surgeries to be securely shared for the purposes of participating with and benefiting from the ANZTHOR, supporting improved thoracic surgery outcomes through the use of the registry's insights.

One of the benefits of collecting thoracic surgery data through the ANZTHOR is that it helps identify outlier cases, enabling further investigation of where improvements could be made.

## 3. Prescribing the One Health Agreement

### Objective



Enable information sharing between Queensland Health and three other State agencies to support improved management and responses to actual and potential zoonotic disease risks and zoonotic incidents.

**Zoonotic diseases** are a group of infectious diseases that can be transmissible between animals and humans. In Queensland, certain zoonotic diseases are notifiable conditions if they occur in humans. This includes, for example, Hendra virus, brucellosis, *Salmonella* Enteritidis and Australian bat lyssavirus.

**Zoonotic incidents** occur where a disease is (or suspected to be) transmissible between animals and humans, and there are implications for human health that require a coordinated response from agencies.

### Zoonotic diseases and incidents

For zoonotic incidents, effective management requires early interagency collaboration to assess risk and determine and coordinate responses consistent with each agency's statutory duties. This involves timely information sharing to assess human health risks, understand exposure pathways, and support coordinated interagency action.

In the past, the restrictions on disclosing confidential information under the Public Health Act and Hospital and Health Boards Act have limited Queensland Health's ability to share information in a timely way, which can affect coordinated risk assessments and responses to zoonotic incidents.

Although disclosure for the purposes of managing a zoonotic incident or risk may be within the public interest, obtaining an incident-specific public interest disclosure authority can take time. This can contribute to delays and uncertainty in time-critical situations.

### Information sharing

Under the Public Health Act and the Hospital and Health Boards Act, Queensland Health may share confidential information with other agencies in certain circumstances, including under a specified agreement prescribed under a regulation.

However, there is currently no prescribed agreement allowing Queensland Health to disclose confidential information to other State agencies for the management of zoonotic incidents.

Currently, the Department of Primary Industries (Biosecurity Queensland), the Department of State Development, Infrastructure and Planning (the Office of Industrial Relations), and the Department of the Environment, Tourism, Science and Innovation share information with Queensland Health under existing legislative exemptions.

While there is a 2019 agreement titled the '*Memorandum of Understanding for the management of Zoonotic Incidents*' that supports interagency cooperation, it does not allow Queensland Health to share confidential information beyond the existing legislative provisions.

The *One Health Agreement for the management of Zoonotic Diseases* ('One Health Agreement') has been developed to replace the current agreement. It establishes a framework for information sharing between the agencies, including the disclosure of confidential information where authorised.

### Proposed changes

It is proposed to prescribe the One Health Agreement under both the Hospital and Health Boards Regulation and the Public Health Regulation to enable the disclosure of confidential information by Queensland Health for the management of actual and potential zoonotic incidents.

This will provide a lawful exception to the existing confidential information prohibitions in the respective Acts, and a targeted and controlled mechanism for Queensland Health to disclose defined confidential information to one or more of the above agencies.

Information shared under the One Health Agreement will:

- be limited to specific types of information held by Queensland Health (not all health information);<sup>6</sup>
- only be shared where it is necessary for the management of zoonotic incidents, and only to the extent required to support timely and effective coordination;<sup>7</sup> and
- only be used for the purpose of supporting the management of actual or potential zoonotic incidents (no other secondary purposes such as for enforcement or regulatory activities);

A Joint Standard Operating Procedure has also been developed to provide detailed operational guidance to support information sharing, including thresholds for disclosure and decision-making processes.

This change will support interagency preparedness, risk assessment processes, and timely and coordinated responses to zoonotic incidents as they arise.

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<sup>6</sup> For example, the One Health Agreement does not apply to contact-tracing information obtained under the Public Health Act.

<sup>7</sup> Where possible, less detailed information will be shared (a location or exposure setting) rather than identifying individuals. In some circumstances, more detailed information may be required to support effective risk assessment and response.

## 4. Prescribing an agreement with Bayside Health for the Spleen Australia registry

### Objective



Ensure both public and private patients have equitable access to spleen registry services by enabling the sharing of patient data and contact information with Spleen Australia.

### Background

Spleen Australia is an operational unit of Bayside Health (formerly Alfred Health) in Victoria. It is the sole dedicated provider of services to Australians living without a spleen or with reduced spleen function (asplenic or hyposplenic).

**Asplenic** means a person does not have a spleen.

**Hyposplenic** means a person has a spleen, but with reduced functioning.

The spleen is an organ of the body located in the upper left abdomen that filters blood and produces antibodies to fight infection. People living without a functioning spleen face a lifetime risk from a condition called overwhelming post splenectomy infection.

**Overwhelming post splenectomy infection (OPSI)** is often caused from bacterial infections and can rapidly progress from mild flu-like symptoms to septic shock. OPSI is preventable through vaccination, use of prophylactic antibiotics, and patient and clinician education.

Since 2015, Queensland Health has engaged Spleen Australia to maintain a state-wide registry for Queensland and provide a range of free support services to eligible Queenslanders and their doctors. Patients who are asplenic or hyposplenic are eligible to be listed on the registry.

Spleen Australia offers children and adults who register educational materials and telephone sessions, advice on reducing infection risk, vaccine and medical alert cards, and individualised vaccine and antibiotic plans. As at 31 December 2025, there were 3,712 people in Queensland on the spleen registry. A study conducted in 2018 found that registration on a spleen registry was associated with an approximate 70% reduction in the risk of developing OPSI.<sup>8</sup>

### Information sharing

Prior to 2017, Queenslanders were able to register with Spleen Australia by referring themselves or by providing consent to Queensland Health clinicians to disclose their information to Spleen Australia.

<sup>8</sup> Arnott, Jones, Franklin, Spelman, Leder and Cheng, 2018, *A Registry for Patients With Asplenia/Hyposplenism Reduces the Risk of Infections With Encapsulated Organisms*, *Clinical Infectious Diseases* (67;4), 15 August 2018, pp. 557–561, <https://doi.org/10.1093/cid/ciy141>.

In 2017, Alfred Health, the legal entity under which Spleen Australia sat, was prescribed in the Hospitals and Health Boards Regulation, authorising clinicians to directly refer patients.

In December 2024, an audit of public admissions was conducted to check how many eligible public patients were registered and had been offered access to the services provided by Spleen Australia. The results showed that only 65% of eligible patients were registered, meaning 130 patients were potentially unaware of the lifesaving services provided by Spleen Australia. Once contacted, 80% of patients registered immediately.<sup>9</sup>

As a result of an amalgamation that came into effect on 1 January 2026 and a change to the legal entity name from Alfred Health to Bayside Health, the deed that is prescribed under the Hospital and Health Boards Regulation does not apply to Bayside Health. This means public patient information can no longer be shared under the Hospital and Health Boards Regulation until amendments are made to reflect the new agreement with Bayside Health.

Further, while data about patients with asplenia or hyposplenia is already collected from private health facilities, this information is not shared with Spleen Australia. There are currently no direct contractual arrangements with individual private hospitals or provision for this information to be shared under the private health facilities legislation.

This means patients who receive care for hyposplenia or who have a splenectomy performed (resulting in asplenia) in a private hospital in Queensland are currently not offered the same access to support via a direct referral to Spleen Australia as patients who receive care in the public health system.

### Proposed changes

It is proposed to remove reference to 'Alfred Health' as a prescribed entity from the Hospital and Health Boards Regulation and to prescribe the new agreement with Bayside Health.

This will enable disclosures of patient data from Queensland Health to Spleen Australia to resume. Spleen Australia will use the information to update their records and contact patients who are not already on the registry, offering their services and seeking consent for the person to be placed on the registry.

It is also proposed to amend the Private Health Facilities Regulation to prescribe the agreement with Bayside Health, enabling Queensland Health to share confidential private hospital patient data with Spleen Australia.

This will improve awareness of the spleen registry for patients receiving treatment in private hospitals, facilitating equitable access to Spleen Australia's services and benefitting the management of asplenia and hyposplenia for eligible patients.

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<sup>9</sup> Queensland Health, December 2024, Queensland Health Public Admissions Data Collection - Audit.

# Proposed changes to improve mosquito management

## 1. Public health officer powers

### Objective



Expand the role of public health officers in the management of mosquitoes.

**Public health officers** include environmental health officers, medical entomologists, environmental health technicians, vector control officers, and other officers and authorised persons engaged by Queensland Health and local governments.

### Mosquito management

In Queensland, mosquito-borne diseases continue to present a significant and ongoing public health risk.

Mosquito-borne diseases include Ross River Virus, Dengue, Malaria and Japanese encephalitis, and can result in serious health impacts for an individual and the community. These diseases can be endemic (like Ross River virus infection) or become permanently established without appropriate controls to manage the risks associated with mosquitoes that transmit viruses.

The most effective way to manage mosquitoes and their impact on public health is through integrated mosquito surveillance, and prevention and control programs.

**Mosquito surveillance** undertaken by public health officers informs assessments regarding the risk of mosquito-borne diseases in a region and the need for any mitigation measures, including whether an **authorised prevention and control program** ('authorised program') is required.

Some surveillance activities require the use of **pesticides**, being a substance that helps kill, repel or stunt the growth of a pest. However, the use of pesticides during mosquito surveillance activities is currently outside the scope of an authorised program and requires the engagement of a licensed pest management technician.

**Mosquito prevention and control** measures are undertaken routinely to reduce the abundance of mosquitoes and include the use of pesticides. These activities are typically planned but can also be undertaken in response to an outbreak.

Under the Public Health Act, local governments are responsible for managing and controlling mosquitoes within their regions. Queensland Health supports these efforts through state-wide initiatives aimed at reducing the public health risks from mosquito-borne diseases.

Pest control activities in Queensland are primarily regulated under the *Medicines and Poisons Act 2019* and the *Medicines and Poisons (Pest Management Activities) Regulation 2021* ('Pest Management Regulation').

These activities are primarily undertaken by licensed pest management technicians, licensed under the Medicines and Poisons Act and qualified to control pests and deal with pesticides.

However, certain pest control activities may be undertaken by approved persons without the requirement for a pest management licence.

Public health officers are a class of approved person authorised to undertake certain pest control activities when carried out under an authorised program.

### Role of public health officers

Public health officers play an important role in mosquito management. As approved persons under the Pest Management Regulation, they are permitted to undertake a subset of pest control activities.

However, this is limited to specified activities carried out under an authorised program for the treatment of a designated pest that is a vector mosquito.

#### What is a 'vector mosquito'?

A *vector mosquito* is defined in the Pest Management Regulation as a mosquito that is, or may be, a vector for the dengue, zika or chikungunya virus or poses, or may pose, a risk to human health.

However, the Public Health Act defines a designated pest simply as a 'mosquito' (meaning any type). There is no distinction in the Public Health Act between a 'vector mosquito' and a 'mosquito'.

Whilst pest control activities are targeted towards mosquitoes that carry mosquito-borne diseases ('vector mosquitoes'), it is difficult to prove whether the mosquito carries the disease prior to the pest control activity being carried out.

Further, other mosquitoes may also be managed as a by-product of the pest control activity. It is also important to future-proof and ensure emerging or newly introduced viruses that implicate new or additional mosquito species are also managed.

As such, the reference to vector mosquito is not accurate in the Pest Management Regulation.

As this authorisation only applies when carried out under an authorised program, established in response to an outbreak, public health officers are therefore limited in the types of activities they can perform.

### Example

Some surveillance activities require the use of pesticides. For example, some mosquito traps used in surveillance require application of a pesticide to the trap to kill and retain captured mosquitoes.

However, currently a licensed pest management technician must be engaged to assist when a pesticide is required to be applied.

This means the authorisation for public health officers does not extend to:

- activities related to non-vector mosquitoes;
- routine surveillance, monitoring and control activities outside an authorised program; or
- to pesticides other than one type currently prescribed by the Pest Management Regulation under an authorised program.<sup>10</sup>

To undertake any additional activities, or to act without an authorised program in place, a public health officer must hold a pest management licence. However, most public health officers do not hold a pest management licence as pest management is not a major part of their role. Requiring every officer to apply for and maintain a licence is not proportionate.

While licensed pest management technicians are authorised to undertake the necessary pest control activities and could be engaged to perform these activities, they generally require guidance and additional training from Queensland Health or local governments. This makes it impractical to engage a licensed pest management technician where surveillance is required to detect and respond to mosquitoes.

The limited scope in which public health officers can assist does not allow for an effective mosquito management strategy and is inconsistent with other authorisations within the Pest Management Regulation such as those for biosecurity officers.

Biosecurity officers have a similar level of training and expertise to public health officers but are provided broad authorisation to undertake any pest control activity using a pesticide other than a Schedule 7 substance (higher-risk substance) where the activity is carried out for a pest that presents a biosecurity risk.

A **Schedule 7 substance** includes fumigants or pesticides containing a substance to which Schedule 7 of the Poisons Standard applies. These are dangerous poisons, posing high risks even at low exposure, and are not for domestic use.

Effective mosquito surveillance and control requires public health officers to undertake pest control activities broader than their current permissions (including applying other pesticides and setting broader mosquito traps) and for routine surveillance (not just under an authorised program).

<sup>10</sup> Being S-Methoprene for larval control (not adult mosquito control). S-Methoprene is a widely used insect growth regulator that mimics juvenile hormones, disrupting the development of insects like mosquitoes. It prevents larvae from developing into reproductive adults.

## Proposed changes

It is proposed to amend the Pest Management Regulation to:

- expand the authority of public health officers to undertake broader low-risk pest control activities related to mosquitoes under an authorised program, specifically to:
  - target all types of mosquitoes (not just vector mosquitoes);
  - be able to use a pesticide, other than Schedule 7 substance, to prepare and deploy mosquito traps; and
- permit public health officers to undertake low-risk pest control activities for mosquito surveillance, prevention and control without requiring an authorised program.

**Low-risk pest control activities** will include the small-scale, ad-hoc or planned use of a pesticide, other than a Schedule 7 substance, during surveillance and prevention and control of mosquitoes.

Practically, this means public health officers could do the following without requiring an authorised program to be established:

- apply a pesticide, such as S-Methoprene, to a small container where mosquitoes are breeding; or
- apply a pesticide to a mosquito trap to kill an adult mosquito when it has been trapped inside.

Licensed pest management technicians will still be engaged where higher-risk pest management activities are required. For example, the widespread application of pesticides, the application of pesticides in a sensitive environment such as waterways or the use of high-risk pesticides, including Schedule 7 substances, used during fogging or barrier treatments will continue to require a pest management license.

This change will remove a key barrier to engaging public health officers in routine pest control activities. It will allow public health officers, who have the qualifications, necessary training and expertise to undertake low-risk pest control activities to provide a rapid response.

This will enhance Queensland's management of mosquitoes and mosquito-borne diseases.

## 2. Notification requirements for pest management technicians

### Objective



Remove duplicative reporting requirements for licensed pest management technicians working under an authorised program when engaged to control a designated pest (such as mosquitoes, rats and mice).

### Reporting requirements

When working under an authorised program, licensed pest management technicians are required to undertake their activities in accordance with the program's notification requirements. These requirements are in addition to their obligations under the Pest Management Regulation.

Under the Public Health Act, the authorisation for an authorised program must be publicly notified and certain notification requirements followed. This includes notifying an occupier of the steps taken, or to be taken, under the authorised program to eradicate or prevent the occurrence or recurrence of the designated pest.

When carrying out pest control activities, licensed pest management technicians are also subject to notification requirements under the Pest Management Regulation to ensure the safety of the customer. These include requirements to give written advice to a customer before commencing a pest control activity and following the treatment.

This advice must include, amongst other things, contact details for the licensed pest management technician and precautions that should be taken to minimise exposure to any pesticides used. The aim of these requirements is to protect the public from adverse health impacts caused by exposure to any pesticides used.

However, the duplicative notification requirements create unnecessary administrative burden and contribute to public confusion as the necessary information, including in relation to the pesticides used, is required to be provided in two different forms.

### Proposed changes

It is proposed to amend the Pest Management Regulation to exclude licensed pest management technicians working under an authorised program from the notification requirements of the Pest Management Regulation. This will mean they will only be required to comply with the notifications under an authorised program.

This will remove duplication, provide a simplified process for licensed pest management technicians, and ensure greater clarity for those who receive notifications about what they are required to do.

# Proposed changes to improve the clarity of drinking water quality standards

## Aligning water quality standards

### Objective



Align the language of Queensland's water quality standards with the national guidelines for drinking water.

## Background

### Quality standards for drinking water

Queensland Health is responsible for administering the Public Health Act and the Public Health Regulation. The Public Health Regulation supports the Public Health Act by setting the quality standards for drinking water based on the National Health and Medical Research Council's *Australian Drinking Water Guidelines* (Guidelines).

The Public Health Regulation currently prescribes the specific quality standards for drinking water and recycled water intended to augment (supplement) drinking water, including the safe levels for radioactivity.

**Recycled water intended to augment drinking water** is sewage or effluent sourced from a water service provider's sewerage infrastructure that is intended to be reused to support Queensland's drinking water supplies once it has been treated and meets water quality standards. Note there are currently no registered recycled water schemes that augment drinking water in Queensland.

### Radioactivity levels

Detections of elevated levels of radioactivity in Queensland drinking water supplies are rare.

Radiation may be present in drinking water because of naturally occurring radioactive materials in rock and soil and, to a lesser extent, from human activities such as mining and the use of artificial fertilisers. In recycled water produced from sewage, radioactive compounds may arise from human excretion of radioactive medicines such as those used for therapeutic and diagnostic purposes.

Water service providers, including local governments, are responsible for regularly testing water supplies to ensure they meet the water quality guidelines for safe, consumable water.

## Australian Drinking Water Guidelines

The Guidelines set national guideline values for drinking water and include screening values and a reference level for radioactivity. These are used for assessing radioactivity levels in water supplies. Each of these values has a different purpose.

A **guideline value** is a threshold amount of a characteristic such as microorganisms (*E. Coli*) or metals (iron, lead, etc) that may be detected in water. The Guidelines describe these thresholds for a range of characteristics and how to respond when the threshold is exceeded.

In the context of drinking water, screening values measure the total radioactivity in a sample of water, and the reference level is a value against which it is meaningful to compare the estimated annual dose of radioactivity from all radionuclides found in a water supply, ingested over a year.

**Radionuclides** include elements, including those that occur naturally, that emit radiation. Examples include uranium and radium.

The screening values are used to determine baseline radioactivity to indicate whether further testing and an estimated annual dose calculation is required.

If further testing is required, the test results are used to undertake an estimated annual dose calculation. The estimated annual dose should then be assessed against the reference level. The reference level indicates the level at which prevention measures to reduce radiation exposure should be considered by a water service provider. This is currently set at 1 millisievert (mSv) per year.

A **millisievert** (mSv) is a unit of measurement representing the effective dose of radiation absorbed by the human body. For example, one chest X-ray will emit 0.2 mSv.

Under the Guidelines, if the reference level is exceeded, water service providers must notify and obtain advice from Queensland Health and the administering department for the *Water Supply (Safety and Reliability) Act 2008*, the Department of Local Government, Water and Volunteers (the Department), on what measures may be required.

The need for and scope of these measures, and ultimately the advice from Queensland Health and the Department, will differ based on the radionuclides present in the water and local water consumption habits, not just the fact that the total radioactivity in the water is over 1mSv per year.

## Notifications to Queensland Health

Queensland Health is not aware of any instances where the estimated dose of radioactivity associated with a water supply has exceeded the reference level in Queensland drinking water supplies.

However, every year there are a small number of water supplies where detections of total radioactivity in a single water sample exceeds one of the screening values, prompting further testing to inform a calculation against the reference level.

### Issues with current wording

The current wording used in the Public Health Regulation is inconsistent with the Guidelines and causes confusion for water service providers who are required to comply with these standards and report any non-compliance.

This confusion occurs because the Public Health Regulation requires compliance with the 'guideline value' but the Guidelines only refer to 'screening values' and a 'reference level'.

Most stakeholders incorrectly think the screening values are the 'guideline value' in the Public Health Regulation. The Guidelines explicitly state that the screening values are not meant to be used as a limit or guideline for acceptable radiation levels.

Instead, water service providers should be using the screening values to determine when an assessment against the reference level should be undertaken.

### Proposed changes

It is proposed to amend the Public Health Regulation to more accurately reflect the wording in the Guidelines.

Subject to drafting, this could be described in relation to the requirement to make an assessment against the Guidelines. For example, to ensure that where the screening values for radioactivity are exceeded:

- the estimated dose of radioactivity attributable to drinking water in a drinking water supply is assessed against the reference level of 1mSv per year; and
- that assessment is undertaken using the methodology provided in Chapter 7 of the Guidelines, as published from time to time.