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Submission on the Health and Hygiene Bylaw 2013, Te Ture ā-Rohe Whakamaru Hauora 2013 (Bylaw)

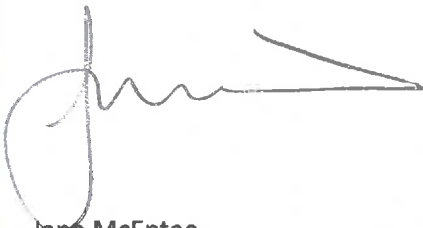
Thank you for the opportunity for Auckland Regional Public Health Service (ARPHS) to provide a submission on Council's review of the "Health and Hygiene Bylaw 2013, Te Ture ā-Rohe Whakamaru Hauora 2013 (Bylaw)".

The following submission represents the views of ARPHS and does not necessarily reflect the views of the three District Health Boards it serves. Please refer to Appendix 1 for more information on ARPHS.

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Yours faithfully,



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Summary

1. The Auckland Regional Public Health Service (ARPHS) welcomes the opportunity to provide a submission on the Council's review and proposed changes to the "Health and Hygiene Bylaw 2013, Te Ture ā-Rohe Whakamaru Hauora 2013 (Bylaw)".
2. ARPHS has statutory obligations under the Health Act 1956 to protect and promote the health and wellbeing of the population of Tāmaki-Makaurau/Auckland.
3. We note that Clause 7 of the Health and Hygiene Bylaw 2013 requires Auckland Council to consult Medical Officers of Health in the Auckland region before making, amending or revoking any parts of the Health Protection Code of Practice.
4. Overall, ARPHS is supportive of the proposed changes by Council, specifically with regards to amending all service types and definitions to include references to "skin" and "tissue" and further recommends that:
 - a. Auckland Council completely bans all sunbed services for the Auckland region;
 - b. Services that risk infection at swimming and spa pools be regulated through both the Bylaw and licensing;
 - c. The Bylaw be further strengthened to ensure emerging issues can be dealt with without the need to wait until a formal bylaw review process is undertaken;
 - d. Services that risk infection of the general public, such as sleep pods, be regulated through both a Bylaw and licensing;
 - e. Services that risk infection from exercise equipment should be made aware of potential risks via a non-regulatory approach that includes guidance.

Auckland Council completely bans all sunbed services for the Auckland region

5. ARPHS notes that solariums have been banned in Brazil, and most states in Australia; Victoria, New South Wales, Tasmania, Queensland, the Australian Capital Territory, Western Australia and South Australia¹.
6. As New Zealand has the highest mortality rates for both melanoma and non-melanoma skin cancers in the world, we strongly recommend that we have at least similar if not stronger legislative protection for the population, including a ban on sunbed services.
7. Our position is based on the accumulated research showing harm from sunbed usage, New Zealand's high skin cancer rates², the upward trend in our melanoma death statistics, associated costs of skin cancer³, the lack of effective Pharmac-funded treatment options, and ARPHS experience with mandatory regulations in the Auckland region.
8. ARPHS supports the proposed amendments to require sunbed operators to publicly display their licence to operate in both permanent and temporary premises. However, ARPHS would like to see Council go further and completely ban sun beds.

Services that risk infection at swimming pools be regulated through the Bylaw and licensing

9. ARPHS believes that there should be a specific and detailed provision in the revised Bylaw for the regulation of pools accessible to the public. This provision should apply to both swimming pools and spa pools.
10. Poorly maintained swimming pools are potential sources of gastro-enteric infection (especially cryptosporidium) and a range of skin, ear and mucous membrane infections. Some years ago there was a report of mass respiratory distress in bathers at the Henderson Wave Pool that was attributed to chlorination imbalance, causing release of chloramines above the water surface where they were inhaled by pool users and caused respiratory problems.
11. Swimming pools are the most likely activity that could adversely affect the health of the largest proportion of the population at any given time. The public using these facilities have an expectation that the pools they (and especially their children) use are maintained to the highest standard. Swimming pools are a controllable activity with the capacity to adversely affect a large number of people at one time.
12. Poorly maintained spa pools are even more hazardous. As well as the above medical conditions listed as a concern for swimming pools, the small volume and water agitation of a spa pool more readily sloughs off the skin oils and cells of users, which creates a nutrient rich environment. Combined with a temperature of around 40 degrees Celsius, spa pools provide a perfect incubator for human pathogens, the most concerning of which is legionella. Legionella can result

¹ Department of Health, State of Victoria, (2012). *Skin cancer prevention framework 2013-2017*. URL: www.health.vic.gov.au

² Sneyd M-J, Gray A (March 2018) *Expected non-melanoma skin (keratinocytic) cancer incidence in New Zealand for 2018* Wellington: Health Promotion Agency.

³ O'Dea D. (2009) *The Costs of Skin Cancer to New Zealand*. Wellington: Cancer Society of New Zealand.

in death. In 2017, 12% of 49 legionella cases reported to ARPHS, resulted in death of the person⁴. At least one case of legionellosis in the last 5 years was traced back to a spa pool.

13. The operating temperature of spa pools is close to optimum for legionella replication. Careful management through an appropriate biocidal programme is therefore essential. A spa pool colonised by legionella species which favour man-made, warm water systems, is a particular concern for public health. Water and air jets provide agitation and aerosolisation of contaminated water droplets which can then be inhaled by users and others in the vicinity of contaminated spa pool sources.
14. These risks can be minimised by regulating these activities in the Bylaw. Prior to the amalgamation, the legacy North Shore City Council Bylaw included provisions for controlling swimming and spa pools by means of incorporating New Zealand Standards on the subjects. This gave enforceability to documents otherwise only of advisory status. As this format has already been tested and proven effective, ARPHS recommends the same criteria are reinstated in the revised Bylaw.

The Bylaw be further strengthened to ensure emerging issues can be dealt with without the need to wait until a formal bylaw review process is undertaken

15. Based on the experience with eyeball tattooing, where this activity was undertaken unregulated for some time, ARPHS suggests that the revised Bylaw includes an “omnibus” provision to cater for emerging practices (as yet unforeseen) with a predictable health and/or hygiene component.
16. The media interest generated around eyeball tattooing and two reported incidents in Auckland, reinforces the point that legislation tends to be retrospective in nature and only applies to known risks, not unforeseen risks.
17. Another example of the retrospective nature of legislation was the issue around national control of psychoactive substances. Due to the specific need in that context for the chemical constituents of products to be scientifically analysed and identified, regulatory updates to control a particular product were out of date by the time they became enforceable in law. More often than not the product formulation had changed in the meantime.
18. In order to prevent this from happening again in the future, ARPHS recommends including the following provision in the updated bylaw: “In the event that unforeseen practices emerge that include an element of public health risk via adverse effects upon human skin or tissue, Council may amend the Bylaw to include recommendations for control provided by an ARPHS Medical Officer of Health without further consideration.”

Services that risk infection of the general public, such as sleep pods, be regulated through a Bylaw and licensed

19. ARPHS recommends that sleep pods be regulated under an Auckland Council Bylaw. It can be questioned whether or not the regulation of sleep pods should be covered by the “Health and

⁴ Auckland Regional Public Health Services (2017). *Auckland region communicable diseases surveillance 2017*. Auckland

Hygiene Bylaw” or that it would fit more appropriately under the “Property Maintenance and Nuisance Bylaw”.

20. Because of the various health issues related to the usage of sleep pods, ARPHS recommends that the Bylaw should cover the following aspects with regards to the usage of sleep pods:
- a. *Temperature* – how to maintain a comfortable temperature in a confined space?
 - b. *Ventilation* - how to maintain (and exhaust to atmosphere) a supply of fresh air in a confined space?
 - c. *Communicable diseases* – how is spread of airborne and droplet infections controlled (e.g. tuberculosis, meningitis, influenza)?
 - d. *Parasites* – how are fleas, bed bugs, scabies mites, nits and ticks controlled?
 - e. *Cleanliness of contact surfaces* – how are both hard and soft surfaces cleaned after people contact?
 - f. *Ventilation* – after cleaning, how to ensure that no chemical residues are present or off-gassing in a confined space from pest control or cleaning products?
 - g. *Noise* – how to ensure that a reasonable ambient noise level is maintained, compatible with undisturbed sleep?
 - h. *Sanitation* - what existing standard is proposed for access to sanitary and bathing facilities?
 - i. *Regulation* - will these places be registered, inspected and licensed?
 - j. *Pre-screening of users* – the need to require intending participants to be pre-screened as clear of communicable diseases that could be spread in an overcrowded environment.

Services that risk infection from exercise equipment should be made aware of potential risks via a non-regulatory approach that includes guidance

21. ARPHS would like to take the opportunity to reiterate the recommendation put forward in its 2013 submission on the Health and Hygiene Bylaw, of the need to provide guidance on the usage of exercise equipment.
22. ARPHS acknowledges that the health risks associated with exercise equipment are low; therefore a non-regulatory approach would be the best way of dealing with this matter. ARPHS is aware that the code of practice is not part of the current bylaw review however is taking the opportunity to bring this matter to the Council’s attention. Guidance materials will help and raise awareness of health and hygiene issues associated with the use of exercise equipment by multiple users.
23. ARPHS notes that the materials that existed under the legacy Councils could form the basis for a region-wide awareness raising campaign on the health risks associated with exercise equipment.

Conclusion

24. ARPHS would like to thank Auckland Council again for the opportunity to provide a submission on the proposed changes to the “Health and Hygiene Bylaw 2013, Te Ture ā-Rohe Whakamaru Hauora 2013 (Bylaw)”.

Appendix 1 - Auckland Regional Public Health Service

Auckland Regional Public Health Service (ARPHS) provides public health services for the three district health boards (DHBs) in the Auckland region (Counties Manukau Health and Auckland and Waitemata District Health Boards).

ARPHS has a statutory obligation under the New Zealand Public Health and Disability Act 2000 to improve, promote and protect the health of people and communities in the Auckland region. The Medical Officer of Health has an enforcement and regulatory role under the Health Act 1956 and other legislative designations to protect the health of the community.

ARPHS' primary role is to improve population health. It actively seeks to influence any initiatives or proposals that may affect population health in the Auckland region to maximise their positive impact and minimise possible negative effects on population health.

The Auckland region faces a number of public health challenges through changing demographics, increasingly diverse communities, increasing incidence of lifestyle-related health conditions such as obesity and type 2 diabetes, infrastructure requirements, the balancing of transport needs, and the reconciliation of urban design and urban intensification issues.