



PARLIAMENT OF NEW SOUTH WALES

Joint Select Committee on Protecting Local Water Utilities from Privatisation

Answers to supplementary questions: NSW Health

1. What is the accreditation process for operators controlling chemical dosing and fluoridation of drinking water?

Accreditation for operators controlling chemical dosing

There is no accreditation process for operators controlling chemical dosing of drinking water or formal qualification requirements for water operators in NSW, with the exception of water fluoridation.

Accreditation for operators controlling fluoride dosing

The [NSW Code of Practice for Fluoridation of Public Water Supplies](#) requires a water utility to have a minimum of two qualified operators on its staff if it operates a fluoridation plant. A fluoridation plant operator must be certified as a qualified operator by NSW Health. NSW Health issues a fluoridation certificate to operators who have completed a fluoride training course conducted by NSW Health or another approved course. Currently, the approved course is a nationally accredited unit of competency, *NWPTRT006 Monitor and Operate Fluoride Addition Processes*, which is delivered by TAFE or another registered training organisation.

NSW Health is currently supporting the [NSW Department of Climate Change, Energy, the Environment and Water](#) in the development of a comprehensive competency framework for water operations, with a focus on skills, training, and verification requirements.

2. What oversight or enforcement processes are in place to ensure operators controlling chemical dosing and fluoridation of drinking water are suitably qualified?

Oversight or enforcement for operators controlling chemical dosing

The *Public Health Act 2010* and *Public Health Regulation 2022* provide mechanisms for oversight of operator qualification including through reporting and audit. NSW Health does not have specific enforcement power for operators controlling chemical dosing.

The *Public Health Act 2010* requires all water suppliers to have a quality assurance program based on the National Health and Medical Research Council *Australian Drinking Water Guidelines*. For local water utilities, this is known as a drinking water management system and consists of documents, procedures and other information to support a preventive risk-based approach. The *Public Health Regulation* requires a local water utility's drinking water management system to include 'processes for managing and reviewing the training for employees and maintaining and improving awareness of employees and contractors about drinking water quality issues'.

Oversight or enforcement for operators controlling fluoride dosing

NSW Health provides oversight of operators controlling fluoridation by issuing a fluoridation certificate only to operators who have completed an approved training course. The *Fluoridation of Public Water Supplies Act 1957* provides enforcement mechanisms. NSW Health's preferred method to achieve compliance is to work with water utilities to support the safe operation of water fluoridation, including by paying the course costs for staff completing fluoride operators training.

The [NSW Code of Practice for Fluoridation of Public Water Supplies](#) requires water utilities to undertake daily fluoride measurements, provide a monthly report of these results and notify NSW

Health when they are not able to fluoridate for more than 24 hours, including when there is no qualified operator due to leave or resignation.

Several plants in NSW, such as Walgett, have not been able to provide fluoridation for long periods because trained operators have not been available. The shortage of operators for water treatment plants (including chemical and fluoride dosing systems) is a significant challenge for local water utilities.

3. What role does NSW Health play in delivering the Aboriginal Communities Water and Sewerage Program? How is the Program improving health outcomes for Aboriginal people in remote communities?

NSW Health's role

NSW Health is a member of the Program Steering Committee. Local Health District Public Health Units participate in four-monthly meetings with communities and service providers to ensure that any public health risks are being addressed. NSW Health provides free-of-charge testing to verify the quality of drinking water in communities.

How is the Program improving health outcomes?

Prior to the Program, there were serious concerns about drinking water and sewerage services in some Aboriginal communities. Services did not meet the standards enjoyed by the general community.

Although the risk to health from poor sanitation and contaminated drinking water is widely known, there is little Australian data to quantify this risk. Studies elsewhere have shown that the risk of diarrhoeal disease associated with sub-standard water and sewerage systems is around three times higher than in communities with well-managed systems. There is also an elevated risk for many other diseases, such as respiratory infections ([Pruss et al. 2002](#)).

Since the implementation of the Aboriginal Communities Water and Sewerage Program in 2009 more than 6,000 people in 63 communities have received improved water and sewerage services.

Local water utilities are engaged to provide services to nearby Aboriginal communities. This means that infrastructure is usually being operated by trained and experienced personnel and that the responsibility of operating the infrastructure is clear.

There are numerous examples of improved services as a result of [the Program's work](#). Regular monitoring has demonstrated improvements in drinking water quality. Water treatment and disinfection systems have been installed in some communities. Repairs to infrastructure have been carried out and maintenance can now be scheduled by service providers. In one community's case, the Program has resolved longstanding boil water alerts through more consistent operation of the chlorine disinfection unit. Sewerage treatment systems have been improved and made more secure. There are processes for responding to sewer chokes and overflows, which did not exist before the Program.

