

INQUIRY INTO PUBLIC TOILETS

Hearing – 29/04/2025

NSW Health Responses to Questions on Notice

QUESTION 1 – Page 3

The CHAIR: Thank you. That's helpful. We've also had significant discussion around design and materials used in public toilets, and you've already listed, I suppose, what you see as the minimum items to be provided in terms of design. But in terms of materials and ease of cleaning, and risk of infection and transmission, do you have any particular views on materials that should be used or shouldn't be used in the design and construction?

STEPHEN CONATY: I hesitate to offer an opinion, just because my expertise is not particularly in infection control or cleaning. However, I would think that some of the things that may be relevant would be impervious surfaces – surfaces that are cleanable. So surfaces where there are cracks, crevices, or wear in a particular way so that there are places where bacteria and organisms, and dirt and other things, can remain would be discouraged in the construction of a public toilet. Apart from that, I would not venture an opinion and I would probably have to take on notice any other specific consideration about a design.

The CHAIR: You're very welcome to take that on notice and consult with your colleagues.

ANSWER

NSW Health can provide advice on the design of healthcare facilities only, not on other types of built environments.

Australasian Health Facility Guidelines (AusHFG) are used as the starting point when public health facilities are being planned and designed, or existing facilities refurbished. These specify performance requirements rather than the use of specific products, and incorporate Australian Standards where relevant.

Recommended room fabrics for public toilets in healthcare facilities are outlined in the [AusHFG Room Data Sheet for public toilets](#).

Additional advice on surfaces, finishes and components in healthcare facilities as they relate to infection prevention and control is available in [AusHFG Part D – Infection Prevention and Control](#).

QUESTION 2 – Page 3

The CHAIR have one last question from myself, which I imagine you're going to take on notice as well. Specifically in regard to the Western Sydney Local Health District Healthy Places program, it's been mentioned to this Committee that they were looking at public toilet access as part of their work improving health through urban environments. Are you aware of any of the details of that work?

STEPHEN CONATY: Only very generally. I think it's a very useful initiative. I don't know exactly what they've examined. I am familiar with some of the personnel that work in both health protection and health promotion in Western Sydney, and I think it just underlines the fact that NSW Health is very interested in ways of promoting physical activity, particularly for older adults because that is very important for health. They've obviously identified this as a particular barrier. If they're working collaboratively with Blacktown council, I think that's excellent.

The CHAIR: Thank you very much. If you could please take on notice providing us with some of the detail of the ways that toilets were considered by the LHD in that work, we'd really appreciate it.

STEPHEN CONATY: Sure.

ANSWER

Western Sydney Local Health District has been working with the 4 local councils to increase the number of toilets available to the community. This is part of the District's health promotion work that aims to increase people walking for recreation and travel. Currently less than half of western Sydney adult residents meeting the recommended physical activity guidelines. Local consultation in 2017 identified a lack of available and open public toilets as a barrier to walking.

To support increased opening hours, a Public Amenities Network was established, with representation from councils to identify common issues, potential solutions and best practice examples.

Between 2018 and 2023, the project found an 11% (count 67) increase in public toilets open during daylight hours across the District's geographical area. This was achieved through councils identifying suitable toilets in popular locations where the opening hours could be extended, and construction of new public toilets.

QUESTION 3 – Page 4-5

STEPHEN CONATY: Yes, the sharps disposal provisions that we have at the moment are generally in those settings where sharps are used on patients and the skin is broken rather than for provisions for needles that might've been used by diabetics or injecting drug users. The main problem, I suppose, with the administration of the Public Health Act is that local government is constrained in what it can particularly do and so there are some local governments that are not able to always fulfil all of those joint regulatory functions under the Public Health Act. If there was to be another layer that was added, of course there would need to be a significant consultation with local government.

The Hon. NATASHA MACLAREN-JONES: You said that local government was constrained to fulfil some of the requirements in the Public Health Act. Could you outline what they are?

STEPHEN CONATY: What the local government needs to do or usually does?

The Hon. NATASHA MACLAREN-JONES: What is not being done and the reasons for it. Is it funding? Is it an infrastructure issue? Obviously, there are requirements that should be done. You've indicated that it's not currently being fulfilled so I'm interested to know what those are specifically and what the barriers are.

STEPHEN CONATY: I can't answer the specifics because I think that's probably the role of either local government to answer or the specific local government authority.

The Hon. NATASHA MACLAREN-JONES: But you would be aware of some of the challenges.

STEPHEN CONATY: I am aware of some instances where — and I'd have to take that on notice to actually tell you about the local government authorities that we're aware of. But there are some that, I believe, have withdrawn from administering elements of the Public Health Act just because they don't have the resources to commit to it, either resources in terms of staff — that is, generally, environmental health officers — or they don't have the resources in terms of money, I suppose. That's a very general answer but I can provide perhaps some greater detail for you.

The Hon. NATASHA MACLAREN-JONES: I'm happy, if you don't necessarily want to name councils — I'm more interested if they're withdrawing from adhering to an Act because of resourcing. That's a big issue, particularly when it comes to public health.

STEPHEN CONATY: Sure.

ANSWER

Section 4 of the *Public Health Act 2010* outlines that local government has the responsibility to take appropriate measures to ensure compliance with the requirements of the Act in relation to private water suppliers, water carters, public swimming pools and spa pools, regulated systems and skin penetration.

To meet their responsibilities, some local government authorities have adopted efficiencies, such as:

- Use of risk-based approaches to determine inspection frequency and compliance actions for skin penetration and regulated systems.
- In regional areas, a greater reliance on fly-in, fly-out contractors or sharing Environmental Health Officers across local government areas.
- Cross-training of generalist officers (i.e. Compliance Officers) assisting with environmental health complaints.

QUESTION 4 – Page 5

The Hon. AILEEN MacDONALD: Just so that I have a base, what public health standards currently apply to the maintenance of public toilets across New South Wales?

STEPHEN CONATY: I'm not aware of any public health standards that apply – that is, standards that we control or administer in any way. We have policy directives for the public health that relate to public toilets in our public facilities, and there are also design standards for public toilets in public health facilities.

The Hon. ANTHONY D'ADAM: On notice, perhaps, can you provide those to the Committee?

STEPHEN CONATY: Sure, I can provide the links to those. But no standards generally, that I'm aware of, so that would be through other means – Australian standards or something like that.

ANSWER

The NSW Health [Cleaning of the Healthcare Environment \(PD2023_018\)](#) policy outlines the requirements for cleaning of all healthcare areas, including bathrooms and toilets.

The methods, thoroughness and frequency of cleaning, and products used for different surfaces are determined by risk assessment, consistent with the [Infection Prevention and Control in Healthcare Settings \(PD2023_025\)](#) policy.

The Committee may also wish to consider the [Public Toilet Safety Checks \(PD2024_041\)](#) policy. This policy does not specifically relate to cleaning and is focused on safety checks of public toilets in NSW Health facilities (e.g. for someone who may have lost consciousness in the toilet).

It must be noted that that these policies specifically relate to healthcare environments and apply only to NSW Health facilities.

QUESTION 5 – Page 5

The Hon. AILEEN MacDONALD: Are there minimum expectations for the cleaning frequency or facility design to support the public health outcomes?

STEPHEN CONATY: Cleaning frequency, I would have to take that on notice.

The Hon. AILEEN MacDONALD: Yes, if you could.

STEPHEN CONATY: But there would be some standards within public health facilities. They may not be directly applicable to public toilets that are less frequently used or where the risk profile of the clients that use them might be different.

ANSWER

NSW Health facilities apply a risk management framework to determining the frequency of cleaning, outlined in the [Cleaning of the Healthcare Environment \(PD2023_018\)](#) policy (Appendix 1). The policy also notes that bathroom and toilet cleaning frequency must be appropriate for the number of people using them.