



Feedback Form: Wairarapa Bylaw Review 2019

CONTACT DETAILS

Name: Campbell Gillam

Organisation: Regional Public Health (Wairarapa)

Postal Address: PO Box 96
MASTERTON 5840

Telephone: 06 377 9111

Email Address: HealthProtection@huttvalleydhb.org.nz

Please note, for your submission to be valid we must have your name and a way of contacting you. All submissions are public documents and will be made available to the media and general public. Your contact details will not be published.

YOUR SUBMISSION

Which Council's Statement of Proposal does your submission relate to?

The proposed bylaw amendments are the same for all three Councils, but there are differences between the supporting Statement of Proposal. This is because the actions and explanations for each district are not the same in every case.

Masterton District Council Carterton District Council South Wairarapa District Council

Do you wish to present your views in person?

Please note that the hearing is scheduled for 1 May 2019, at the Carterton Events Centre. We will contact you after submissions close in early April to arrange a time for you to present.

Yes No

SUPPORT FOR BYLAW PROPOSAL

Do you support the proposal set out in the Wairarapa Consolidated Bylaw Statement of Proposal?

Yes, I fully support the proposal.

I generally support the proposal but have suggestions for amendments. Please describe your suggested amendments and reasoning in the space provided overleaf. If you have changes to specific bylaws, please include the title of the bylaw you would like amended.

No, I do not support the proposal. Please explain why in the space provided overleaf.

RETURNING YOUR SUBMISSION

Please return this form to Masterton District Council, for the attention of Kylie Smith, by:

Scanning and emailing to: submissions@mstn.govt.nz

Posting to: Freepost 112477, PO Box 444, Masterton

Delivering to MDC at 161 Queen Street, Masterton; CDC at 28 Holloway Street, Carterton; or SWDC at 19 Kitchener Street, Martinborough

Submissions must be received by 4:30pm on Friday 5 April 2019.

COMMENTS

Please provide your feedback below. If your feedback relates to a specific Part of the bylaw, please note the Part that you are referring to. Please attach additional pages if more space is required.

Please see attached document.

ABOUT YOU

We would appreciate if you could answer the following questions as it helps us understand which sectors of our community are providing feedback. This information will not be made public with your submission. Only collated data will be reported to Council.

Gender

Male Female

Ethnicity

NZ European Māori Pacific Islander Asian Other

Age

Under 20 20-35 36-50 51-65 65+

Regional Public Health Submission: Wairarapa Consolidated Bylaw 2019

Thank you for the opportunity to comment on the bylaw review. This submission is on behalf of Regional Public Health (RPH). One of the key public health functions of the Ministry of Health is to improve, promote and protect the health of people and their communities.

RPH serves the greater Wellington region through its three District Health Boards (DHBs) Wairarapa, Hutt Valley and Capital & Coast. We work with our communities to make it a healthier safer place to live. We promote good health, prevent disease and improve the quality of life for our population, with a particular focus on children and Māori and work with primary care organisations. Our staff includes a range of occupations such as medical officers of health, public health advisors, health protection officers, public health nurses and public health analysts.

We note that the bylaw review largely looks to consolidate and modernize existing bylaws to revoke existing redundant bylaws and to a degree standardize bylaws across the three territorial authorities and we support that process.

We wish to make the following specific comments:

PART 12 BEAUTY THERAPY TATTOOING, AND SKIN PIERCING

Skin piercing, tattooing, nail treatments and other beauty therapies have increased in recent years. Tattooing and skin piercing are seen by many as forms of art, self-expression or cultural practice. Nevertheless they carry potential health risks and the associated health risks are fairly self-evident. They include injuries, skin and tissue infection and the potential for transmission of blood borne viruses such as hepatitis B and C and HIV. In particular the medical literature contains reported cases of hepatitis B transmitted through tattooing.

New Zealand currently has no national regulations governing the safety and infection control procedures associated with commercial skin piercing, tattooing and beauty therapies. RPH congratulates Masterton District Council and South Wairarapa District Council as two of a small number of proactive councils nationally who have adopted such a bylaw and we welcome the likely introduction of the bylaw to Carterton.

RPH has just released a report *Survey of Knowledge and Infection Control Practices in Salons Offering Nail Services* within the Wellington region (available at <http://www.rph.org.nz/news-and-events/news-and-media-releases/2019-03-27-survey-of-nail-bars/>). The survey demonstrated that a lack of knowledge and inadequate infection control is prevalent amongst the nail industry. Some of the key findings of the survey were:

- There is limited understanding of blood-borne viruses and other infections and how they are spread or controlled.

- Only 12% of nail and beauty salons who participated in the survey in the Wellington region adequately disinfect, sterilise and store equipment used on customers.
- 46% do not routinely ask customers about health conditions (e.g. diabetes, circulation problems, cancer treatments) that could put the person had high risk of infection or delay healing following a skin cut.
- 31% did not have a separate equipment cleaning sink.
- Only 30% had a written cleaning schedule.
- Some salons continue to use heel blades to remove calluses or hard skin, which is associated with a high risk of cutting the underlying tissue and bleeding

It is also interesting to note that 93% of salons in the survey were supportive of a local bylaw. Community support for the regular inspection of places offering tattoos and skin piercing for safety and hygiene was found in 94% of 841 people surveyed in the Bay of Plenty in 2016¹.

Thanks to the foresight of Wairarapa Councils the bylaw ensures local businesses comply with minimum standards for infection control and hygiene through the initial registration and subsequent annual inspections and certification.

Section 2: Definitions

For clarity RPH recommends that the definition of Beauty Therapy Practices be expanded to: 'any commercial service that:

- pierces the skin (including but not limited to e.g. tattooing, body piercing, electrolysis, red vein therapy, dermal rolling or stamping) OR
- risks breaking the skin (including but not limited to hair removal, manicure, pedicure) OR
- risks burning the skin (including but not limited to pulsed light, laser treatments)'

This broader definition will ensure that any new treatments that pierce, burn or risk breaking the skin can be included without revision of the bylaw.

RPH also recommends the inclusion of a definition of commercial services as suggested below.

Commercial service means a service (whether from permanent premises, temporary premises or mobile premises) provided by one or more persons for another person for monetary payment or any other consideration.

New section:

RPH recommends that a new clause be added:

“Services that are prohibited”

Eyeball tattooing is prohibited unless carried out by an ophthalmologist. Although uncommon, this procedure is being done in New Zealand and is extremely high risk ²

Section 4.12:

RPH believes that the intention of Section 4.12 is to require persons who wish to have a beauty therapy, nail augmentation, skin piercing or tattoo to provide certain health information. RPH

¹ <https://www.ttophs.govt.nz/vdb/document/1765..>

² <https://www.radionz.co.nz/news/national/340752/eyeball-tattoo-warning-you-only-get-one-set-of-eyes>

supports this requirement but note that it places the onus entirely on the client. We would recommend that Section 4.12 be expanded to also make it incumbent on the operator to actively seek such information from the client.

Section 10:

We recommend reference to the requirement for the servicing and calibration of autoclave equipment. The Ministry of Health Guidelines³ recommend that autoclaves be serviced at six monthly intervals.

Section 10.1

RPH recommends that the revised wording of section 10.1 is amended for clarity as outlined below

No equipment used for any prescribed process, such as needles and similar equipment that pierces or risks cutting the skin (including pedicure, manicure or equipment) shall be reused unless it has been sterilised in one of the following ways: .

Section 10.4

RPH recommends that *section 10.4* be amended by the addition of the words: All materials containing body fluids and blood **“including follicles”**

Explanation: Although not always obviously apparent hair follicles will likely contain body fluids albeit a small amount and should be considered and treated as medical waste.

The current Bylaw includes traditional Māori and Pacific Island tattooing practices. We strongly recommend the retention of the inclusion of practitioners of traditional Māori or Pacific Island tattoo in the Bylaw. Poor infection control procedures associated with traditional tattooing was the cause of a particularly serious and substantial outbreak of necrotizing fasciitis (flesh eating disease) in the Hutt Valley⁴. People required hospitalisation and surgery in this outbreak. The Ministry of Health in conjunction with members of the Pacific and Māori communities have developed guidelines to support safe tattooing and minimize infection risk whilst maintaining the integrity of the traditional tattooing process, *‘Customary tattooing guidelines for operators’* accessible at www.health.govt.nz/publication/customary-tattooing-guidelines-operators. These guidelines provide practical guidance on the cleaning and sterilising of traditional instruments (e.g. traditional bone tools).

PART 5 WATER SUPPLY

RPH notes the provision for water metering in the revised Consolidated Bylaw. RPH suggests that individual Councils adopt water policies for their local situations. Such policies could consider a range of matters to address water demand and security management including the operation of any metering system.

³ Guidelines for the safe piercing of skin. Safety and Regulation Branch. Ministry of Health 1988.

⁴ McLean, M., & D'Souza, A. (2011). Life-threatening cellulitis after traditional Samoan tattooing. *Australian & New Zealand Journal of Public Health*, 35(1), 27-29. doi: 10.1111/j.1753-6405.2010.00658.x

RPH suggests that decisions on how to implement water metering will determine the impact that it has on inequalities between different groups in the community (in particular children, low income and Māori and Pacific families).

RPH suggests that with regard to the implementation of any charging regimes that any final Council decision applies a framework such as a Health Impact Assessment. This could be as simple as using the Health Equity Assessment Tool⁵- a set of questions to identify who will be disadvantaged with the introduction of water metering. Further details on the Health Equity Assessment Tool is given in Appendix 1.

As there is little published literature on the impact of introducing water meter charges on inequalities, it will be important to have a robust evaluation of the impact on low income households and other vulnerable groups.

The outcomes to be measured require careful consideration and should include potential impacts such as changes in practices that could increase health risk e.g. reducing frequency of linen washing that has been recommended to a family to manage skin infections within the household. Outcomes should also include more indirect impacts on well-being e.g. decisions not to maintain a family vegetable garden due to increased costs associated with water use.

Evaluations should include whether there is a disproportionate burden placed on an already disadvantaged group compared with an advantaged group e.g. the difference in burden between high and low income households - although the cost of water may increase only a small amount for low income households compared with higher income households, this relative increase is less easily managed on a budget already lacking discretionary spending; unlike in a high income household where higher costs are more easily absorbed.

Furthermore it is easier for high income households to take advantage of water saving measures such as water efficient appliances and timely repair of leaks which are less able to be taken up by low income households - this potentially increases inequalities and places a relatively greater impact on low income versus high income households. Low income households are more price sensitive.

These issues can be addressed to a degree by careful consideration of a pricing structure for metered water, with an appropriate balance between a fixed and variable charging regime and methods to support low income families, for example, financial support with repairing leaks.

RPH is willing to support Council in examining how any water metering policies could impact on inequalities and the development of mitigation measures to prevent increases in inequalities.

PART 8 WASTEWATER

RPH notes that the waste minimisation section does not mention greywater systems as an option and we have been unable to locate a reference to rules around installation of greywater systems

⁵ Signal L, Martin J, Cram F and Robson B. 2008. The Health Equity Assessment Tool: A User's Guide. Wellington: Ministry of Health.

within the Wairarapa region, or an indication of how many households would operate such systems. The councils may find it useful to add in the need for greywater systems to meet the NZ building code and AS/NZS 3500 standard, if greywater systems are being installed in the area.

FURTHER BYLAWS

RPH recommends that Council give consideration to the adopting of further public health bylaws not limited to the parts of the consolidated bylaw under current review, for example to include provision for a new part for swimming pools.

SUGGESTED NEW BYLAW: SWIMMING POOLS

RPH recommends that the regulation of public swimming pools in the district is desirable to prevent the transmission of pathogens such as cryptosporidium and giardia. To this end RPH recommends commercial pools, such as hotel and motel pools, as well as public pools, including commercial “splash pads” and school pools, be subject to a bylaw which would prescribe construction and operational standards to be complied with.

RPH would be willing to assist in the implementation of such a bylaw.

Appendix 1: Health Equity Assessment Tool

Health Equity Assessment Tool (HEAT)

This tool consists of a set of 10 questions and can be used both when developing policies, programmes or services to promote health equity, and also to assess interventions for their current or future impact on health inequalities.

HEAT is a flexible tool that can be used in its entirety or, alternatively, selected questions or groups of questions can be asked for specific purposes. The questions can be used to provide a quick overview of potential issues and gaps in policies, services and programmes. Alternatively, more in-depth responses to the HEAT questions can assist in developing an evidence base for policy, service and programme development and/or evaluation.

Example of Modified Health Equity Lens (HEAT) that could be applied in Council decision making

1. What inequalities exist in this area?
2. Who is most advantaged and how?
3. How could this policy/programme impact on inequalities?
4. Who will benefit most?
5. What might the unintended consequences be?
6. What could you do to mitigate against unintended consequences that increase inequalities?
7. How will you know what impact the policy/programmes has had on inequalities?