



IHA Turbidity Notification Program - Update

Brief to the Minister of Health, the Honourable George Abbott
Victoria, B.C.
July 26, 2006

Follow up to Meeting of June 6, 2006

We thank you for the opportunity to meet once again to outline our concerns and request whatever assistance you can provide in making changes to the IHA Turbidity Education and Notification Program.

This follow up brief outlines events to date, our position on this matter, and provides suggestions for Ministry action.

Update

Since our last meeting June 6, 2006:

1. WSA Directors met with Murray Ramsden, Elizabeth Sigalet and Dr. Paul Hasselback July 6, 2006. There was no indication of any movement other than a vague commitment to “review the program in the fall.” Dr. Hasselback stated “all political doors are shut.”
2. The District of Peachland is proposing a UBCM resolution to request that you as the Health Minister review the IHA actions and remedy the current situation. To date the resolution has been endorsed by the Regional District of Central Okanagan and is being considered by the Regional District of North Okanagan.

WSA support for the proposed UBCM Resolution

The IHA Turbidity Notification Program is not consistent with the stated goal of reducing health risk. Why?

- a. Communities are unable to properly plan for the future treatment upgrades.
- b. Customers are encouraged to become reliant on Point-of-Use devices.
- c. Message fatigue has fostered apathy by both the media and public due to the proliferation of water quality notifications issued under this program. Water Suppliers are concerned that, with this increase in alarmist notifications, critical Boil Water Notifications will go unheeded, presenting a significant threat to public health.

- d. The program must be based on the best available science that relies on turbidity plus other indicators of risk. Turbidity by itself is just one indicator. Pathogen load, disinfection effectiveness, contact time, method of disinfection must all be considered. All of the strides and improvements in recent years with enhanced disinfection and identification of risks in our sources are now disregarded under the current program.
- e. In their literature supporting the program, IHA states "...it is our duty to report and let the public decide what to do about the information given regardless of any concern of message fatigue." We consider this to be reckless public policy. First, the alert-based program has resulted in the general public being unable to distinguish between a "Water Quality Advisory" and a "Boil Water Notice." The result is a 1 NTU Alert Program. Second, the public is provided no information regarding the actual level of risk. It seems foolish to ask the public to make their own judgment in the absence of any quantifiable information regarding their risk. We take issue with an IHA public statement saying: "We believe the Water Suppliers do not give the public enough credit for understanding when there is a risk in their water and when it is and is not safe to drink." If the IHA is unable to provide water purveyors with quantitative information on levels of risk, how can the lay public be expected to understand the risks?
- f. In a review of waterborne disease outbreaks in North America (S.Hrudey, University of Alberta), the majority of outbreaks originate from either lack of source water protection, sewage contamination, operator failure, operator complacency, or a failure in disinfection.

What are we requesting the Ministry of Health do?

- **Conduct an immediate program review:** Rather than have IHA wait until fall when both the freshet and tourist season are over. The review should be centered on the goal of reducing health risk to the public and should obtain the input of water suppliers on the best means of doing so. It would be useful to include the BC Centre for Disease Control in the review as they have extensive experience on how and when to inform the public on health risks.
- **Educate and communicate:** The alert-based program should be changed to an educational program based on a professionally developed communication strategy. A program is needed that informs the public about water issues without stress and confusion. This program would educate the public about water quality issues and direct concerned citizens to their local water suppliers for specific information about their water quality.
- **Use best practices:** As the Health Canada Guideline suggests, the IHA should take a holistic approach to the guideline application wherein the risk determination is based on a series of factors, and not turbidity alone. The

program must be based on the best available science that relies on turbidity plus other indicators of risk. Turbidity by itself is just one indicator. Pathogen load, disinfection effectiveness, contact time, method of disinfection must all be considered.

- **Allow flexibility:** The *DWPA* provides local health officials with the discretion to recognize unique local conditions and allow for local, affordable solutions to providing the public with a safe water supply. The IHA proposed standards of 0.10 NTU for all water systems in the Okanagan is not financially achievable without considerable provincial grant funding. The wisdom of these expenditures is questionable when measured against the funding needs of other public prevention and health care programs.
- **Point of use/bottled water:** The Interior Health Authority recommendations for Point-of-Use devices and bottled water as alternate sources of drinking water do not clearly advise of the associated health risks of these alternatives. Every time people spend money on these items, less money is available for treating of municipal drinking water. The Province and the Health Authorities should not be directing the public to these alternatives.
- **Identify high-risk areas:** Provide to the water suppliers technical information on GI sickness in communities so that the highest risk areas are known and improvements can be made. Some of this information is available, however it is rarely provided to the water suppliers to help them understand where the real risks lie.
- **Consultation:** Dialogue on enhanced disinfection versus full filtration must occur for two purposes, one is to educate IHA and the Water Suppliers, and two is so that we are sure we are moving in the proper direction with major capital expenditures.
- **Provincial Implementation:** The Ministry should advise caution to other regional health authorities in developing similar Turbidity Education Programs.
- **Source Water Protection:** The Ministry should provide clear direction on the Drinking Water Officer's role in ensuring watersheds are protected. The protection of the source water in the province is a very cost effective and sustainable objective for the Province and consistent with the Ministry's *Action Plan for Safe Drinking Water in British Columbia*.

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