# Drinking Water Systems

Association of Kootenay Boundary Local Governments
J. Ivor Norlin, Manager, Drinking Water Systems Program
Fernie, BC, April 17<sup>th</sup>, 2018



#### **Environmental Public Health**

Over 750,000 residents

120 staff

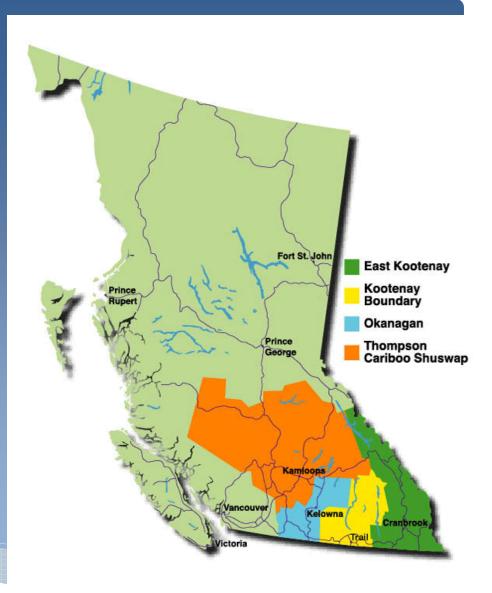
Health hazard response & investigation

1,191 rec water facilities

973 community care facilities

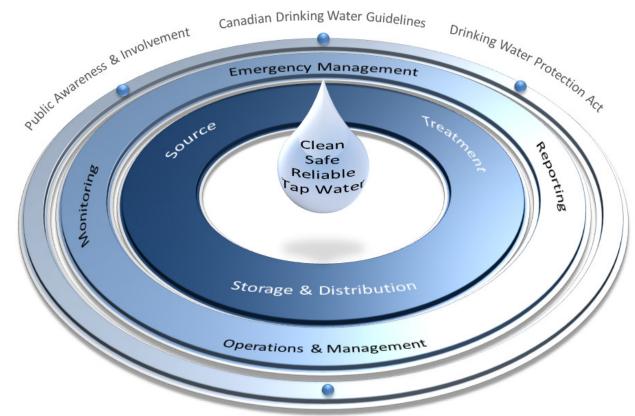
6,536 food facilities

1,944 water supply systems





### Drinking Water Systems Program



#### Compliance through:

- 1) Collaboration
  - technical support
  - education, partnerships
  - committees
- 2) Permits & inspection
- 3) Incident response & investigations



#### **Drinking Water in Interior Health**

An Assessment of Drinking Water Systems, Risks to Public Health, and Recommendations for Improvement



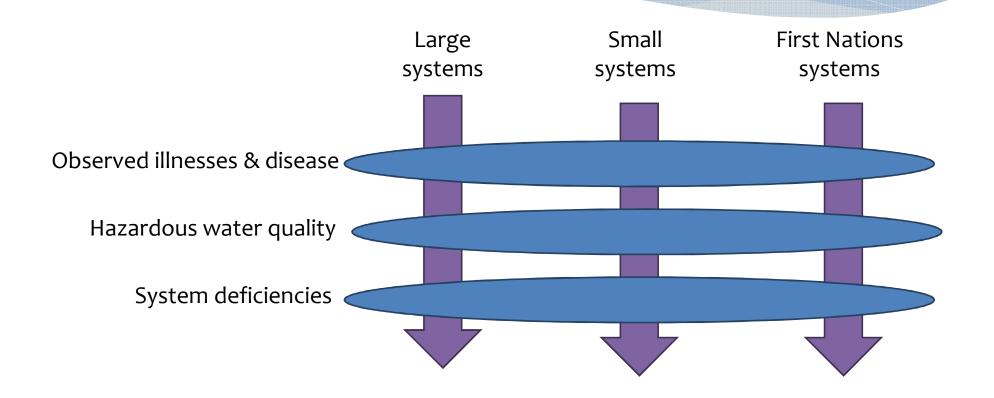
Office of the Medical Health Officer
January, 2017

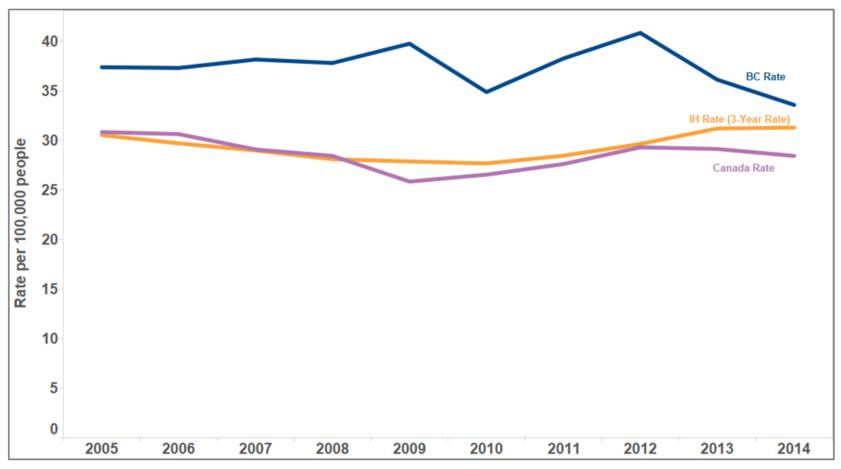
### MHO Report under BC Public Health Act

#### **Evidence of:**

- Harm?
- exposure (i.e. potential harm)?
- protection (i.e. from harm)?

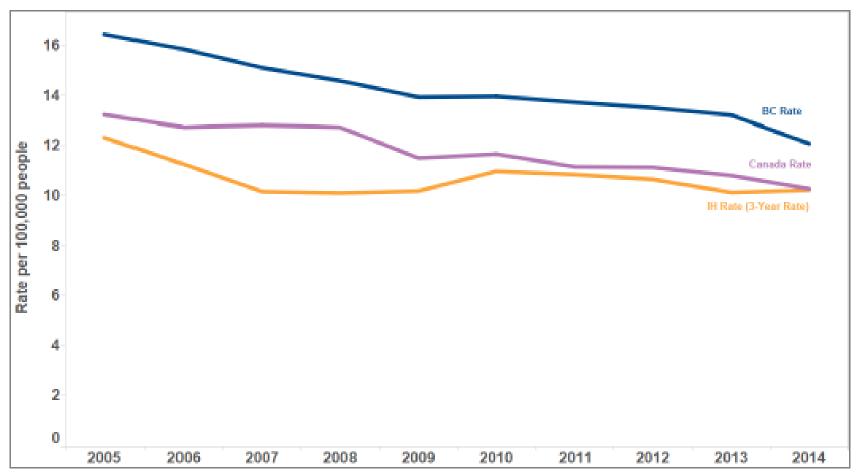
## Report development





Sources: Panorama (IH Rate); BCCDC/Panorama (BC Rate); Canada Notifiable Disease Charts (Canada Rate)

Figure 4: 3-Year Incidence Rate per 100,000 Population of Lab-Confirmed Campylobacteriosis Infection, Interior Health 2005 - 2015



Sources: Panorama (IH Rate); BCCDC/Panorama (BC Rate); Canada Notifiable Disease Charts (Canada Rate)

Figure 3: 3-Year Incidence Rate per 100,000 Population of Lab-Confirmed Giardiasis Infection, 2005 - 2015



Sources: Panorama (IH Rate); BCCDC/Panorama (BC Rate); Canada Notifiable Disease Charts (Canada Rate)

Figure 2: 3-Year Incidence Rate per 100,000 Population of Lab-Confirmed Cryptosporidiosis Infection, Interior Health 2005 – 2015

#### **Conclusions:**

- Not epidemic ... outbreaks of drinking water related diseases are gone
- 2. We can't detect/differentiate endemic drinking water diseases
- 3. Absence of detectable disease does not mean "safe"

## Evidence of: exposure

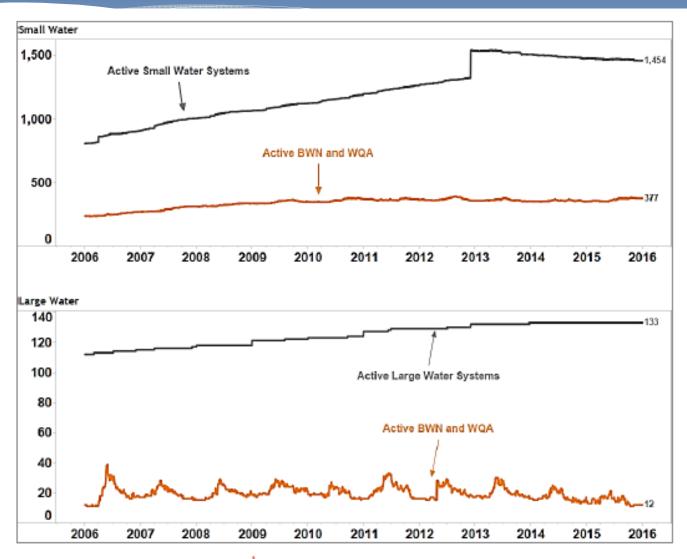


Figure 7: Number of Active Water Systems<sup>1</sup> and Advisories over Time, Interior Health, 2006 - 2015

### Evidence of: exposure

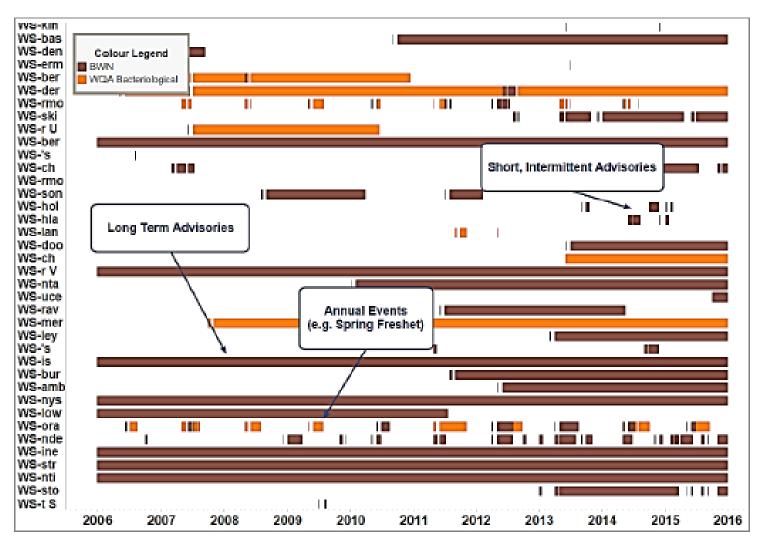


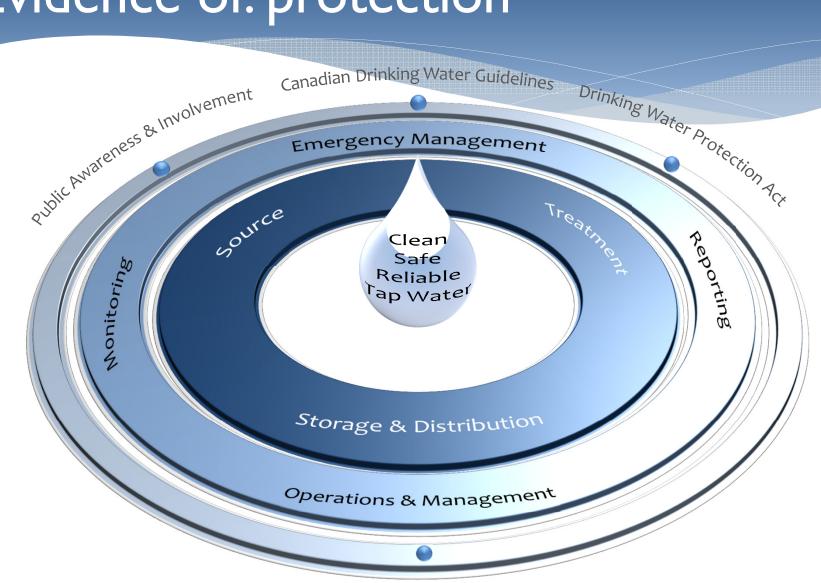
Figure 8: Duration of Boil Water Notices and Water Quality Advisories Related to the Risk of Pathogenic Microorganisms

## Evidence of: exposure

#### **Conclusions:**

- 1) The factors and risks are complicated
- 2) The number of people on advisory is too high

## Evidence of: protection



Research, Science & Technology

#### Recommendations

Based on the findings of this report, the following six recommendations are noted:

- IH Medical Health Officers (MHOs), delegated Drinking Water Officers (DWOs) and Communications Officers should develop and implement a community engagement strategy with water suppliers, municipalities and regional districts that encourages in-depth local dialogue over the next 12-18 months.
  - The strategy should follow a logical order that includes all water systems prioritized by risk and population size.
  - b) IH program staff should collaborate with the Ministry of Health in developing and implementing this strategy based on community readiness for change.
- Delegated DWOs should work with all large water systems using a surface source to achieve
  provincial treatment objectives by 2025. This may serve as a goal upon which water suppliers,
  local governments, MHOs and delegated DWOs develop local improvement plans that take
  into consideration community needs, value engineering, construction, provincial and federal
  grant opportunities, and cost.
- Delegated DWOs should report annually to the Chief MHO on water systems at highest risk
  and which are unable to implement the multiple barrier approach to safe drinking water.
  Reporting may include barriers that are preventing water suppliers from meaningful progress,
  and the consideration and use of progressive compliance measures available under the
  Drinking Water Protection Act.
- IH program staff should enhance information management to support reporting on multiple barriers for drinking water safety that aligns with provincial reporting.
- 5. IH program staff should collaborate with and empower First Nations communities and the First Nations Health Authority to achieve safe drinking water for First Nations people. Opportunities may include aligned reporting of waterborne disease rates, public advisories and use of the multiple barrier approach to ensure clean, safe and reliable drinking water.
- 6. IH program staff should work with the Ministry of Health and local and provincial partners to explore an area-based management approach to drinking water systems, similar to that used for liquid-waste management. This approach would need to include methods to engage communities in planning for sustainable small water systems and to identify funding mechanisms to support.

#### 1. Engage and discuss

- 2. Treatment objectives
- 3. Reporting
- 4. Better data
- 5. Empower First Nations
- 6. Area-based management

## I. Engage and discuss

- 1. IH Medical Health Officers (MHOs), delegated Drinking Water Officers (DWOs) and Communications Officers should develop and implement a community engagement strategy with water suppliers, municipalities, and regional districts that **encourage indepth local dialogue** over the next 12-18 months.
  - a) The strategy should follow a logical order that includes all water systems prioritized by the risk and population size.
  - b) IH program staff should collaborate with the Ministry of Health in developing and implementing this strategy based on community readiness for change.

# I. Engage and discuss



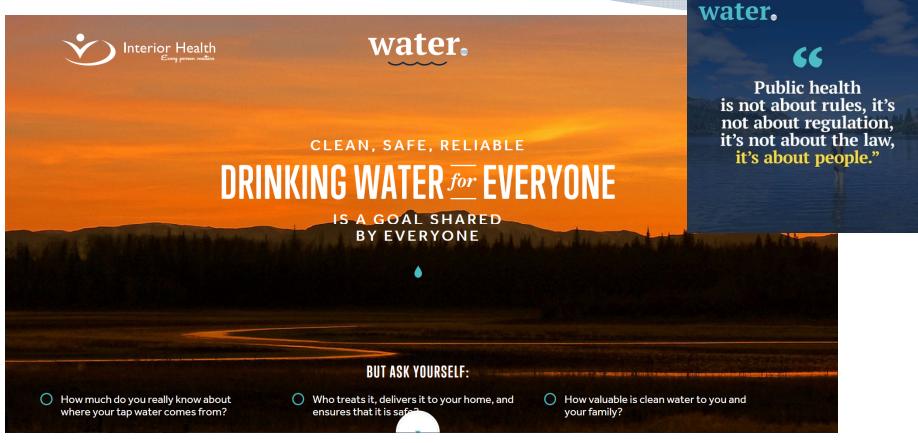






- Group of 10 summer/fall 2016
- All 68 local governments winter
   2017
- Full release June, 2017

# I. Engage and discuss



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## 2. Treatment objectives

2. Delegated DWOs should work with all large water systems using a surface source to achieve provincial treatment objectives by 2025. This may **serve as a goal** upon which water suppliers, local governments, MHOs and delegated DWOs develop local improvement plans that take into consideration community needs, value engineering, construction, provincial and federal grant opportunities, and cost.

- 2014/15 ≈ 1 in 4 met objective
- 2015/16 ≈ 1 in 3 met objective
- 2017/18  $\approx$  1 in 2 met objective
- 2018/19 → planning for remaining 30 systems

# 3. Reporting

3. Delegated DWOs should **report** annually to the Chief MHO on water system at highest risk and which are unable to implement the multiple barrier approach to safe drinking water. Reporting may **include barriers** that are preventing water suppliers from meaningful progress, and the consideration and use of progressive compliance measures available under the Drinking Water Protection Act.

- Disease & advisories rates
- Inspection findings
- Enforcement actions

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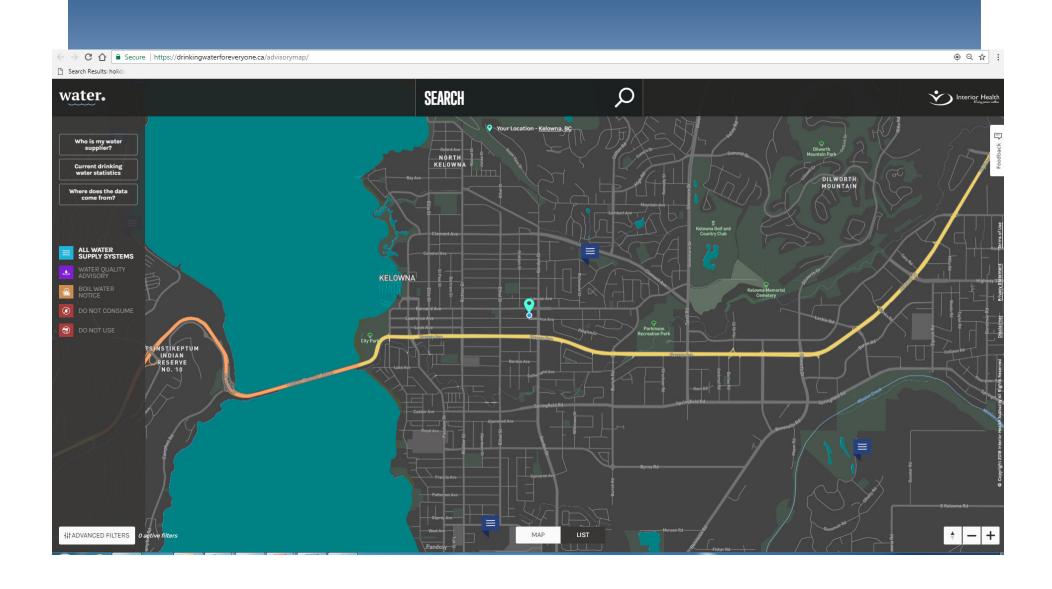
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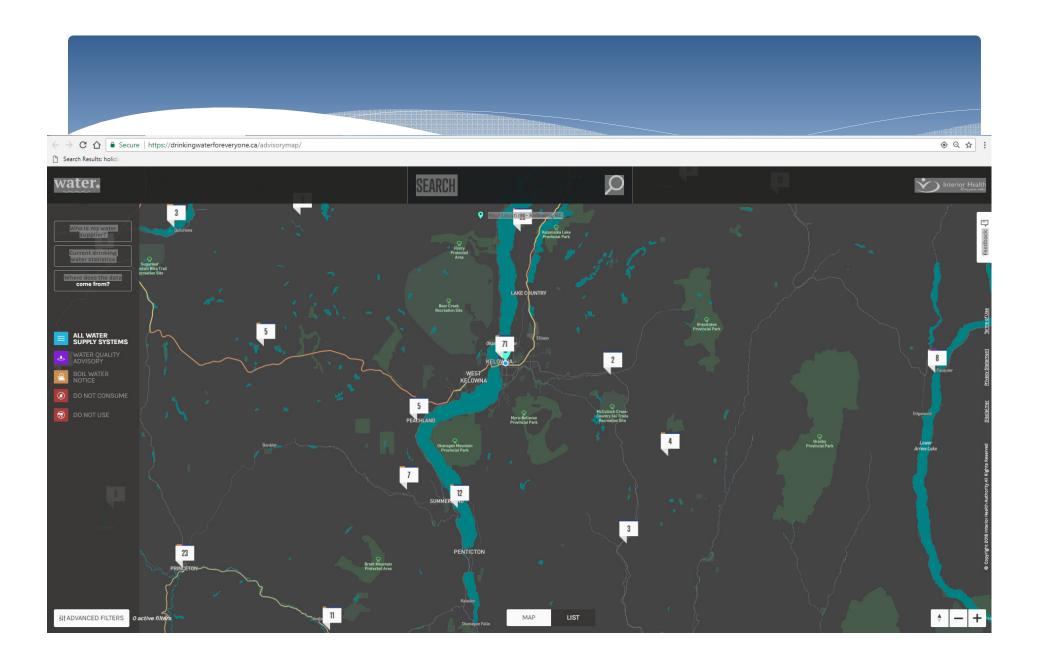
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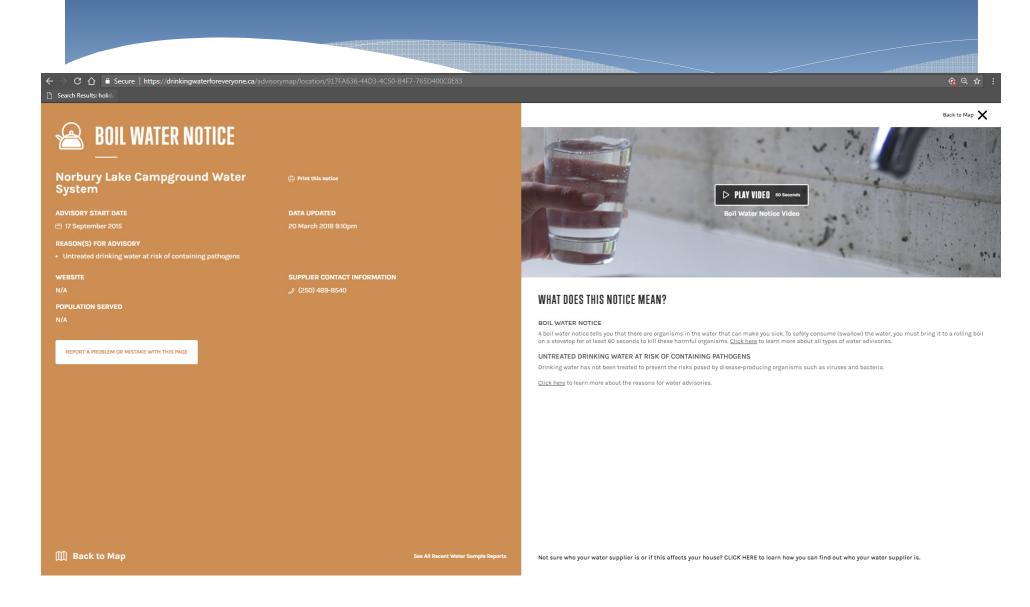
## Thank you



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#### water.



#### REASONS For WATER ADVISORIES

	REASON	EXPLANATION
	Chemical and physical water quality parameters in excess of acceptable concentrations	There are minerals, chemicals, or metals, at levels higher than recommended guidelines for healthy drinking water, or a dangerous substance has entered the water.
<b>5</b>	Distribution system integrity failure	Storage tanks, pipes, and other plumbing in physical distribution and delivery systems have been compromised. There is potential for contamination or loss of water service. Contaminants can get into the drinking water because the water system has been damaged or loses pressure, backflow has occurred, or parts of the system are old and worn out.
	Excessive turbidity compromising treatment and water quality	Cloudy water (turbidity) has a higher amount of organic and inorganic matter that provides food and shelter to disease-producing organisms such as viruses and bacteria. The turbidity can make disinfection less effective.
+	Flushing/fire flow testing	Flushing/fire flow testing improves water quality by eliminating matter that would otherwise contribute to turbidity. During flushing the water may contain higher levels of contaminants as they are flushed from the system.
>	Inadequate construction or protection of distribution, storage, and other waterworks	Water storage and distribution systems are not built correctly and/or protected against threats to water safety.
J.	Inadequate operations and maintenance	Water treatment, storage, distribution, and delivery systems are not operated correctly or kept in good repair.
‡	Insufficient treatment or disinfection residual	Disease-producing organisms, such as viruses and bacteria, are not adequately treated due to insufficient amounts of disinfectan or other problems in water treatment.