

Council welcomes Target 170 but urges caution

THE residential and business communities have been encouraged to closely examine the new water restrictions before unrolling the hose. This is because, according to the Queensland Water Commission, one minute of hosing uses about 20 litres; so in 10 minutes of hosing you could use up your entire extra weekly allowance.

In half an hour you can use 600 litres, or four days' personal water use, with Target 170.

The Queensland Water Commission last Wednesday eased extreme level restrictions from a personal water use target of 140 litres per person per day to 170.

And while this is good news for Ipswich gardeners who have had the hose packed away since June 2006, one local councillor has urged people to maintain their vigilance on water use.

Deputy Mayor and Water Transition Board chairman Victor Attwood said residents would be able to bucket water gardens between 4-8pm any day of the week and use buckets for cleaning at any time.

Hand-held hoses with a trigger or nozzle attachment can be used to water gardens and wash vehicles, clean external house surfaces, materials and equipment for half an hour once a week.

This applies to odd-numbered properties on Saturdays only and even-numbered on Sundays, only between 4-4.30pm.

But watering of paved areas, pathways and driveways is still prohibited under the new restriction level.

"Ipswich residents have done a tremendous job in adhering to the water restrictions throughout all the different levels of enforcement and while we welcome the relaxing of conditions we urge people to exercise caution and only use extra water as necessary," Cr Attwood said.

QWC chief executive officer John Bradley said the decision to ease restrictions was part of the long-term Drought Exit Strategy.

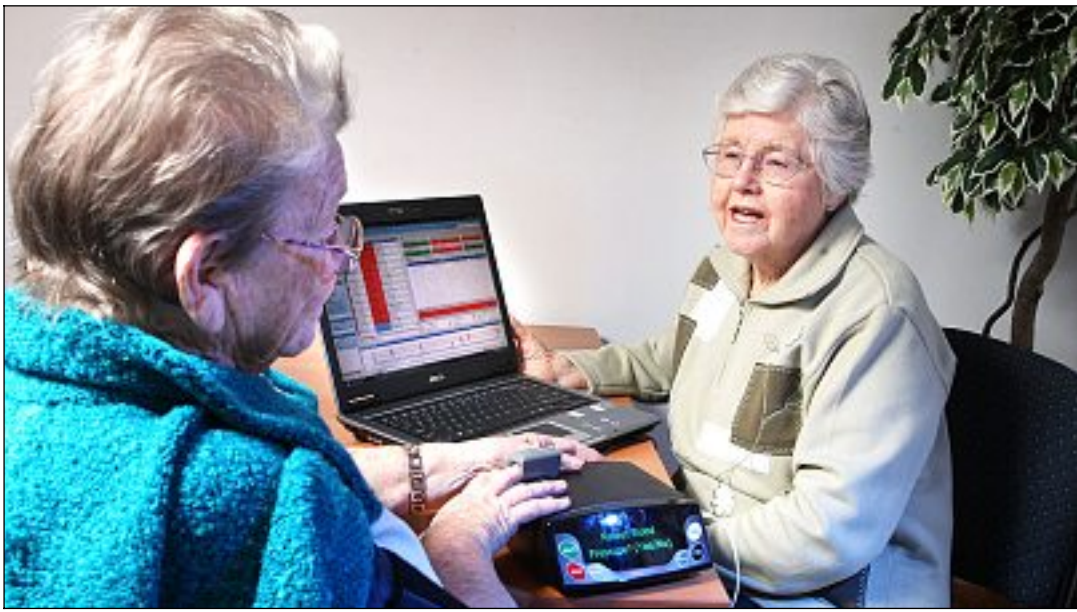
He said the strategy had factored in a buffer to ensure a sufficient water supply was available for the south-east in the event of three failed wet seasons.

He also congratulated people on their water-saving measures, but reminded them now was not the time to revert back to old ways.

"Stick to four-minute showers, wash clothes only when you've got a full load, turn off the tap when you brush your teeth and stick with every water saving measure that became part of our every day lives under Target 140," Mr Bradley said.

"If we keep on saving water inside the home, we can prudently hose for up to 30 minutes a week in the allotted time if the garden does need watering or some cleaning has to be done."

■ **Details: visit the QWC website at www.qwc.qld.gov.au/ or call 1300 789 906.**



Bonnie Phillott (left) and Thelma Hughes test the HomMed machine. Photo: Mark Straker JL3108SF

Ipswich trials health system

IPSWICH has been selected to trial a new lifestyle intervention health-care system designed to empower people, making them more pro-active in their own treatment.

It was designed to increase the efficacy of treatment while also improving quality of life, and if successful, the system could be rolled out nation-wide.

At least that is the hope of Ipswich Community Aid chief executive officer Erik Jansink, who will run the 18-month pilot program.

"In the long-term future it will become a Medicare option," Mr Jansink said.

"The issue is not will it work - we know it will - the issue is who's going to pay for it."

He was referring to similar systems already in place in Europe and the US.

The Telehealth Lifestyle Co-ordination (TLC) Project is a joint initiative of ICA and Tunstall Australasia and will be launched in Ipswich in October.

A small HomMed unit re-

sembling a clock radio is installed in a person's home.

It then instructs the client in clear, easy-to-understand directions how to take vital sign readings and also asks some individually-tailored questions.

This vital sign data is then transmitted via a normal telephone line (no internet connection required) to a secure website, where it is checked against that person's information to ensure their levels have not exceeded any pre-set parameters.

If any readings are outside the parameters, the data is red-flagged and the appropriate health care provider notified.

Mr Jansink said overseas telehealth systems proved their efficiency by relating this to hospital bed visits saved.

"Over here we're a little bit more cynical; I don't believe it will close the ED," he said.

"It decentralises the health care and gives the clients more control over their treatment.

"We're not replacing doctors or nurses; we're giving them information remotely so they can see what's happening."

He said the system would be ideal for organisations such as Blue Care, which could save time by prioritising its patient visits.

TLC was ideally suited to the Australian geography, which he said caused problems unique to our country - and even our region.

"In our region there's another issue; sadly, we end up on the receiving end of what is known as polypharmacy.

"It's when Mary goes to one doctor for her eyes, one for her ingrown toe, and one for her chest, and unfortunately communication between the different pharmacists she may visit is not always as good as it could be."

With TLC, health-care providers will be able to see instantly if the medications they are prescribing are having the desired effect.

- Gabrielle Wheaton

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