

Banyule City Council Response to the Health Act Review

List of issues for comment

	Issue	Section reference
1	Should the Act be renamed and, if so, what name would best reflect the role and purpose of the new Act?	3.1
Comment: <i>Public Health Act.</i>		
2	Are there matters that are currently dealt with by other legislation that should be included in the new Act?	3.2
Comment: <i>No..</i>		
3	Should the new Act recognise the importance of promoting public health, and, if so, how should the new Act aim to achieve this?	3.2
Comment: <i>Yes, through the 'Guiding principles' (see section 3.4).</i>		
4	Should the new Act recognise the need to address inequalities in the health and well-being of disadvantaged communities and, if so, how should the Act aim to achieve this?	3.2
Comment: <i>Yes. Through promoting public health and focusing on preventative strategies such as immunization.</i>		
5	What objects provisions would represent the public health objectives, values and outcomes that the new Act should be aiming to achieve?	3.3
Comment:		
6	Should the new Act contain a provision specifying guiding principles, and, if so, what principles should be included?	3.4
Comment: <i>Yes, there needs to be a principle about public health actions that are for the "Greater Good" and should also be based around the social model of health.</i>		
7	Should the new Act include a statement that the function of the Secretary is to implement policies and programs to achieve the objects of the Act?	4.1
Comment: <i>No comment.</i>		

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8	Should the new Act include a power for the Secretary to conduct inquiries into matters of public health concern and, if so, who should have the power to direct that an inquiry be conducted?	4.1
Comment: Yes.		
9	Should the new Act retain the functions for municipal councils as set out in the current Act?	4.2
Comment: <i>The nuisance section requires Council to investigate all nuisances. In some cases these nuisances may be currently investigated by another authority e.g. The EPA may be conducting a noise investigation. There needs to be some form of exclusion for Council's until the other authority has concluded their investigation.</i>		
10	Should the new Act recognise municipal councils' role in: <ul style="list-style-type: none">> Planning, advocating and providing organised public health programs?> Developing and implementing strategies to promote and improve public health and promote community health and wellbeing?	4.2
Comment: Yes.		
11	Should the concept of partnership between state and local government, and between government and non-government, be addressed in the new Act?	4.3
Comment: <i>Yes, maybe the PCP's role may need to be addressed.</i>		
12	Should the new Act place greater emphasis on implementing the MPHP and achieving its outcomes, rather than just developing a document, and if so, how could this be achieved?	4.4
Comment: Yes.		
13	Should the new Act require that municipal councils set out how they intend to fulfil their statutory functions in their MPHPs?	4.4
Comment: No.		

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14 Should the new Act retain the requirement to prepare MPHPs at set intervals and to review MPHPs annually in consultation with the Department of Human Services? 4.4

Comment: *See comments under Issue 16.*

15 What should be the local government reporting requirements, if any, under the new Act? For example, should the new Act retain the requirement to report annually, and at other times as directed by the Secretary? Should there be a requirement to submit MPHPs at set intervals? If so, what would be the expected value of such reporting requirements? 4.4

Comment: *See comments under section 16.*

16 Should the new Act link the requirement to prepare a MPHP to other planning processes within local government, such as the Council Plan? For example, should the requirement be to prepare MPHPs every four years? 4.4

Comment:

Strongly endorse the direction outlined in the discussion paper Section 4.4 Municipal public health plans page 19, last paragraph -

Municipal councils are also obliged to report to State Government under other legislation. Under section 125 of the Local Government Act 1989, councils must submit a Council Plan after each election. This plan must include strategic objectives for the following four years, and the council must annually verify the currency of the plan. The municipal public health planning cycle could be aligned with the municipal council four-year strategic planning cycle, by requiring MPHP's to be prepared every four years.....The new Act could employ a similar mechanism to elevate MPHP's to the same level of prominence as the MSS, by clearly expressing the MPHPs links to the Council Plan.

The proposal to align the MPHP planning cycle with the Council four-year strategic planning cycle, would assist in the integration of the MPHP with the Council Plan. It would also assist in the process of community engagement by avoiding duplication and fragmentation of effort, and in so doing improve the ability of Councils to place greater emphasis on community outcomes. This perspective is reinforced through a current VLGA project, on community & Council Planning, which is grappling with the issue of alignment and integration of community & council planning.

Alternately, the legislative reporting requirements for the MPHP could be incorporated into the Local Government Act.

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17 Should the new Act remove the requirement that every council appoint a MOH, and instead rely on non-legislative mechanisms for ensuring municipal councils have access to medical expertise? 4.5

Comments:

There is no longer a need to have legislative requirements to appoint a Medical Officer of Health. Banyule City Council has found that the medical advice required is often more specialised (e.g. we contact the Children's Hospital Immunisation Specialist Doctors or DHS immunisation section for specific advice on unusual cases). There are also difficulties in recruiting suitable doctors to undertake the role of Medical Officer of Health.

Any legislative requirement should be around ensuring that councils have adequate links or agreements to ensure they can address any medical issues.

On the down side, if Council's does not have an MOH they would need to engage another services doctor to overseas the immunisation program (i.e. to enable the Nurse Vaccinators to administer vaccines.) Ideally this role could be taken on by DHS employed doctors.

18 Should an EHO who is appointed by a council automatically be an authorised officer for the purposes of the Act? 4.6

Comment:

Yes, Automatic authorization of EHOs has benefits such as administrative efficiencies and clears legality issues. Removing the ability for councils to appoint an EHO as an authorized officer reduces Councils capacity to choose the functions of their staff.

19 Should the new Act require specific qualifications and/or experience for appointment as an EHO? 4.6

Comment:

No, by defining qualifications required in the Act would result in having to amend the Act when new or varied qualifications are developed.

20 Should the new Act require that authorised officers have qualifications and/or experience prescribed by the Secretary? 4.7

Comment:

Yes, however competency based assessment of authorized officers would be preferred.

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21	Alternatively, should the Act provide that councils may only authorise persons appropriately competent?	4.7
Comment: <i>This would be OK as long as the specific competencies are not listed in the legislation.</i>		
22	Are the current powers of the Secretary under the Health Act with respect to the collection of health information adequate to ensure access to comprehensive and reliable data necessary to monitor and assist in the protection of public health?	5.1
Comment: <i>No Comment.</i>		
23	Should the new Act make more explicit the forms which such collection of comprehensive data may take? For example, should the new Act provide for the Secretary to establish registers, databases and other collections of public health information and to state some of the uses of that information?	5.1
Comment: <i>No comment.</i>		
24	Should the provisions regarding consultative councils be consolidated in the new Act to provide: <ul style="list-style-type: none">➤ General provisions regarding establishment and functions of all consultative councils?➤ Standard provisions regarding the establishment of sub-committees?➤ A power to make recommendations in relation to investigations or inquiries?➤ An obligation to produce an annual report?	5.3
Comment: <i>No comment.</i>		
25	What sort of information might each of the consultative councils need to ensure that they can carry out their functions effectively?	5.3
Comment: <i>No comment.</i>		

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26	Should the new Act contain more specific provisions requiring: <ul style="list-style-type: none">➤ Reporting to consultative councils on specified incidents?➤ Regular provision of specified information relevant to the statutory functions of consultative councils?➤ Preparation, by medical practitioners, of a report for the Council in relation to a matter that it is investigating?	5.3
Comment: <i>No Comment.</i>		
27	Should Victoria continue to rely on a legislative requirement for HIA in EIA legislation?	6.2
Comment: <i>This would seem appropriate.</i>		
28	Alternatively, should a separate requirement for HIA be introduced in the new Act and, if so, in what circumstances should HIA be conducted and what should be the threshold for triggering it?	6.2
Comment: <i>Overall, likely health impacts are not currently being addressed. They need to be incorporated as a key consideration.</i>		
29	Should the new Act support and enhance the practice of risk management?	7.1
Comment: <i>Yes, it is the accepted practice used in other legislation.</i>		
30	Should the new Act include a general statutory duty of care?	7.2
Comment: <i>No, as the issue could become too broad and therefore a perceived increase in workload. The definition of public health should be limited to nuisance and prevention of disease.</i>		
31	If so, what should be the scope of the duty?	7.2
Comment:		

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32 If adopted, should the duty be positive or only negative? 7.2

Comment:

Proactive, not positive and negative only where it is needed or relevant. Must ensure that it has a narrow context as the implication need to be manageable from an enforcement perspective.

33 What should follow from being in breach of the duty: 7.2
criminal and/or civil liability or should the consequences of
breach be limited to administrative powers?

Comment:

Leave as it is.

34 Should failure to comply with the duty be the basis on 7.2
which costs are recovered?

Comment:

Yes.

35 Should compliance with the duty provide a defense against 7.2
some offences under the Act?

Comment:

Yes.

36 How might the duty of care work in practice? 7.2

Comment:

37 Should a general statutory duty of care, if adopted, 7.3
replace the separate nuisance provisions and, if so, should
municipal councils still retain responsibility for dealing with
public health risks similar to nuisances in their
municipalities?

Comment:

Yes, Councils will still have to retain responsibility for dealing with public health risks. Undecided on duty of care. There needs to be an offence to allow a health risk to exist, to deal with wasps. Mosquitoes etc.

Yes, remove nuisance and replace with 'risk to health'. Do not limit the number of people impacted, therefore if impacts on one, Council can still act. Suggest two levels of risk, one for 'risk to health' and other 'serious risk to health'.

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38 If separate nuisance provisions are retained, should nuisance be defined so as to focus on public health risks and, if so, does removing the term 'annoying' from the definition of 'offensive' achieve this? 7.3

Comment:

The terms "annoying" and "injurious to personal comfort" are useful in solving trivial problems that are not necessarily a 'risk to health'. By removing these terms from the nuisance provisions of the Health Act, they could then be offset under Council's Local Laws. The nuisance provisions should only be defined with a public health focus.

39 If the obligation on municipal councils to abate nuisance in their municipality is retained, should the abatement provisions be removed and municipal councils instead rely on general enforcement provisions under the new Act? 7.3

Comment:

Should retain the abatement notice as an option. Notice to abate means Councils do not have to go to court first to issue an order to abate a nuisance.

40 Should best practice standards continue to have a role in the regulation of public health risks? 7.4

Comment:

Yes, best practice standards have a role. They are not strictly enforceable but are a good benchmark measure.

41 Should RMPs have a role in the regulation of public health risks under the new Act? 7.5

Comment:

Yes, RMPs may be a good approach, similar to food safety programs, but will need resourcing for authority to manage process. Model plans would need to be developed. RMPs could be imposed on a risk approach i.e. tattooists, who are known poor performers.

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42 Who should be required to prepare RMPs: 7.5

- persons undertaking a registrable or licensable activity by way of a condition of registration/licence?
- persons required to do so by an improvement notice?

Comment:

RMPs could be a requirement for registration, to bring in line with best practice. Requiring a RMP to be developed through an improvement notice would be a great idea. RMPs should be for high-risk registered premises (skin penetration) and for non registrable premises with similar risks (colonic irrigation). The requirement for persons required to do so by an improvement notice may work best if it is an option available to Council's to request. Overall, they would be of great benefit in some cases, however in other circumstances they would be impractical.

43 What criteria should be used in deciding which activities should be subject to the requirement of registration or licensing? 7.6

Comment:

Any activity where there is a potential for a risk to public health that isn't subject to other legislation by more appropriate authorities.

Hairdressers are low risk and may not need to be registered. Adequate controls through best practice guidelines and qualifications of proprietors to be competency based of Health Act premises negates need for registration (hairdressers). Complaints dealt with under duty of care and possible RMP.

44 What regulatory parameters for registration/licensing would provide a more up-to-date, flexible, graduated and responsive approach to the level of public health risk? 7.6

Comment:

Should be risk based.

45 Are there any other public health risk activities that should be regulated under the new Act through the system of registration or licensing and, if so, what specific requirements should be imposed on those activities? 7.6

Comment:

Specific minimal requirements should be mandated and not simply included in codes. However raises the issues of Council workloads and resourcing and training of EHOs.

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46 Should there be a positive obligation on persons conducting activities subject to registration/licensing to notify authorities in event of certain types of incidents occurring? 7.6

Comment:

Yes, however need to define events for notification. Notifications should form part of the RMP.

47 Should there be an obligation placed on proprietors of non-registered premises (for example, swimming pools and brothels) to notify authorities where there has been an incident that might present a risk to public health? 7.6

Comment:

Yes

48 Should all enforcement powers be brought together in one part of the Act? 7.7

Comment:

Yes, as this would be clearer to follow.

49 Should the enforcement provisions of the Health (Infectious Diseases) Regulations 2001 be broadened to cover other public health threats not involving infectious diseases? 7.7

Comment:

Yes, but in conjunction with other emergency provisions.

50 Are the enforcement powers in the Health Act appropriate to allow authorised officers and EHOs to carry out their duties? 7.7

Comment:

Yes, however, consider a Memorandum of Understanding with Police for when assistance required. There is a need for an increase in penalty for the assault or obstruction of an authorised officer.

51 In addition to the power to take samples and make copies of seized documents, are there any other additional powers that should be included in the new Act? 7.7

Comment:

The power to act in an emergency situation e.g. have authority to turn off alarms/noise equipment if the owner/occupier can not be contacted.

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52	Should the power to search for and seize goods without a warrant be widened to allow the Secretary to search for and seize things other than goods, such as records, biological agents or other items?	7.7
Comment: <i>Yes.</i>		
53	Should the new Act contain a procedure for the issuing of improvement and prohibition notices by authorised officers?	7.7
Comment: <i>Yes, with procedures / documents or protocols.</i>		
54	Should notices cover: <ul style="list-style-type: none">➤ nuisance?➤ licensable or registrable public health risk activities?➤ where the activity may otherwise contravene the Act?	7.7
Comment: <i>Yes.</i>		
55	Should the new Act establish general criteria for issuing notices?	7.7
Comment: <i>Yes, to achieve uniformity and provide guidance.</i>		
56	Should the new Act set out an inclusive list of the types of work a person subject to an improvement notice could be required to perform?	7.7
Comment: <i>No, it should be outcome based to reflect changes in technology and processing.</i>		
57	What method of review should apply to improvement and prohibition notices?	7.7
Comment: <i>A rapid response would be needed to address public health issues, and the Act should describe the specific timeframes for appeal.</i>		
58	Should emergency powers be general for 'public health emergencies' or be specific to infectious diseases?	7.8
Comment: <i>No comment.</i>		

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59 Should the proclamation of an emergency be extended to four weeks, with renewal periods not exceeding two weeks, to a maximum of six months? 7.8

Comment:

No comment.

60 Should there be a fast-track mechanism for notifying a disease associated with a public health emergency? 7.8

Comment:

Yes, current system is very slow. EHO's in England are notified extremely soon after a disease is confirmed.

61 Should the Secretary be given powers in a public health emergency to compel examination, testing, vaccination, treatment (including preventative treatment), isolation and quarantine? 7.8

Comment:

Yes.

62 Should the Secretary be given a 'catch all' power in a public health emergency such as 'any other order deemed necessary'? 7.8

Comment:

No comment.

63 Should compliance with demands from the Secretary during an emergency or outbreak of an infectious disease be specifically exempted from confidentiality? 7.8

Comment:

No comment.

64 Should the Secretary's power to act when local government is in default be limited in any way? 7.8

Comment:

No comment.

65 Should the new Act include a provision for cost recovery where a person: 7.9

- has been convicted of an offence?
- has contravened the Act, but there has been no conviction?
- has caused a risk to public health?

Comment:

Yes, for all of the above.

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66	Should the new Act include a new offence of 'risk to health'?	7.10
Comment: <i>Yes, but need to have some more specific definition. Also need somehow to measure/quantify the risk to health.</i>		
67	If so, what should amount to a 'risk to health'?	7.10
Comment: <i>May need to cover environmental? Physical? Mental? Social? Degree of health, impact.</i>		
68	If adopted, what should be the defences, if any, to the offence of 'risk to health'?	7.10
Comment: <i>People are complying with known "best practice" at the time; in the absence of other knowledge or standard(s).</i>		
69	What should be the scope of the offence?	7.10
Comment: <i>Should have knowledge of the impact or have reasonably enquired about the activity.</i>		
70	Should the 'risk to health' offence subsume the offence for knowingly and recklessly infecting another person with an infectious disease?	7.10
Comment: <i>No comment.</i>		
71	Should the offence for knowingly or recklessly infecting another person with an infectious disease not be re-enacted due to the existence of the knowing and reckless offences in the <i>Crimes Act 1958</i> (that is, sections 22 and 23)?	7.10
Comment: <i>No Comment.</i>		
72	Should the new Act introduce PERIN for suitable offences?	7.11
Comment: <i>May be worth considering.</i>		
73	Should public health offences attract similar penalties to those attracted by offences under environment protection legislation?	7.12

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Comment:

Yes, penalty must be relative to the offence and should be consistent with other Acts, e.g. E P Act 1970.

74 Should the new Act allow for greater penalties where the offender is a body corporate? 7.12

Comment:

Yes.

75 Should the new Act include a statutory defense of due diligence? 7.13

Comment:

Yes, onus should be on the defense to prove due diligence.

76 What method of review should apply to administrative decisions made under the Act? 7.15

Comment:

No comment.

77 Do the current provisions appropriately address the public health risk associated with hairdressing, beauty therapy and skin penetration? 8.1

Comment:

Yes, the guidelines are good for educating proprietors on best practice, however, once proprietors realize that the guidelines are not mandatory, then the standard of premises will suffer and increase the likelihood of spread of disease.

The Health (Infectious Disease) Regulations 2001 should incorporate more mandatory regulations, including the vast amount of requirements set out in the above guidelines. Or otherwise, develop an enforceable standards code, similar to the Australian and New Zealand Food Standard Code.

78 Should the brothels provisions be transferred to the Prostitution Control Regulations 1995, and Department of Human Services officers exercise their inspectorial powers in relation to infection control issues under the *Prostitution Control Act 1994*? 8.1

Comment:

Yes.

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79	Do the current provisions appropriately address the public health risk associated with prescribed accommodation (for example, hotels, motels, hostels and holiday camps)?	8.2
Comment: <i>Yes, regulations are sufficient however registration requirements should be brought into line with other Health Act premises.</i>		
80	Should an additional guiding principle for provisions in relation to the management and control of infectious diseases be that, wherever practicable, the least coercive power should be used first?	8.3
Comment: <i>No comment.</i>		
81	Should the new Act clearly set out the action that may be taken when contact tracing is authorised and the protections provided to individuals that may be required to provide personal information under these provisions?	8.3
Comment: <i>No comment.</i>		
82	Should the Secretary to the Department of Human Services have the power to authorise an autopsy where they believe there is a risk to public health and the Coroner does not have jurisdiction over the body?	8.3
Comment: <i>No comment.</i>		
83	Should the new Act continue to outline the procedures for non-consensual testing orders where consent for testing has been refused?	8.4
Comment: <i>No comment.</i>		
84	Should the new Act introduce a system for the authorisation of non-consensual testing where consent cannot be given to testing?	8.4
Comment: <i>No Comment.</i>		
85	Should the provisions in the new Act be extended to beyond the care giver or custodian situation and, if so, to what situations?	8.4
Comment: <i>No comment.</i>		

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86	Should public health orders under the new Act apply to any infectious disease or condition where there is a serious risk to public health?	8.5
Comment: <i>Yes.</i>		
87	Should the new Act provide a power for involuntary testing with reasonable use of force? If so, should it be exercised by 'an authorised officer', a delegate of the Secretary and/or the police?	8.5
Comment: <i>No comment.</i>		
88	Should the Act contain a list of the types of restrictions that may be imposed by an order of the Secretary?	8.5
Comment: <i>No comment.</i>		
89	Should the new Act introduce a power to order that a person undergo treatment where treatment is refused? If so, what limits should be placed on the use of the power?	8.5
Comment: <i>No comment.</i>		
90	Should there be time limits imposed on orders and, if so, what time limits should apply?	8.5
Comment: No comment		
91	Should any or all public health orders require court/tribunal confirmation?	8.5
Comment: <i>No comment.</i>		
92	Should there be a power for the police to apprehend a person who fails to comply with a public health order, rather than merely the ability to provide 'assistance' to the medical officer? If so, should there be a requirement to obtain a warrant to apprehend the person?	8.5
Comment: <i>No comment.</i>		
93	Should the new Act continue to provide that it is an offence for a person to fail to comply with an order?	8.5
Comment: <i>Yes.</i>		

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94	What appeal and external review processes should be made available under the new Act?	8.5
Comment: <i>No Comment.</i>		
95	Should the new Act provide for introducing new notification requirements by an Order of the Governor in Council where it is necessary to respond quickly to new and emerging diseases?	8.6
Comment: <i>No comment.</i>		
96	Should the new Act require that hospitals have processes in place to ensure that notification requirements under the Act are met?	8.6
Comment: <i>Yes.</i>		
97	Should the term 'notifiable disease' be replaced with the term 'notifiable condition'?	8.6
Comment: <i>Yes.</i>		
98	Would alternative non-regulatory mechanisms (for example, best practice guidelines) be effective in ensuring pre-and post-test information and counselling for infectious diseases (other than HIV) is provided by appropriately qualified health care professionals?	8.7
Comment: <i>No comment.</i>		
99	Should the new Act rely on the privacy framework for all health records, rather than include specific privacy provisions?	8.7
Comment: <i>No comment.</i>		
100	Should the new Act retain the provision specifying that the court may be closed when evidence is presented concerning any matter related to HIV?	8.7
Comment: <i>No comment.</i>		
101	Should the new Act provide for a court to be closed when evidence is presented concerning other diseases?	8.7

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Comment:

No comment.

102 Should the Act include a regulation-making power to ensure participation in current quality assurance programs and supply of data for epidemiological analyses by HIV testing laboratories? 8.7

Comment:

No comment.

103 Should the new Act state the role of municipal councils in relation to immunisation as 'co-ordinating and providing immunisation services to children living or being educated within the municipal district'? 8.8

Comment:

Yes, "coordinating and providing" if appropriate levels of funding are provided. The model of both Council and GP providing immunisation services ensures excellent coverage rates. Council provided immunisation is also more economical.

104 Should provisions regarding recording the immunisation status of children at children's services be retained in the Children's Services Regulations 1998 (rather than included in the new Act)? 8.8

Comment:

No comment.

105 Should the new Act require school principals of primary schools to make reasonable efforts to seek an ISC in respect of every child enrolled in the school, and an immunisation update on re-enrolment? 8.8

Comment:

Act should make both the Principals and Parents jointly responsible for immunisation status certificate (and/or ACIR status certificate). Schools need to be encouraged to transfer information to new school.

106 Should the new Act introduce an obligation on parents to supply evidence of immunisation on enrolment of their child into secondary school and an obligation on school principals to make reasonable efforts to seek immunisation records in respect of every child enrolled in the school? 8.8

Comment:

Yes, the certificate system has been in primary schools long enough for it now to also flow onto secondary schools. The certificate may be transferred from primary to secondary schools where it is available.

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107	Should the new Act introduce an obligation on tertiary students to supply evidence of immunisation on enrolment and an obligation on tertiary facilities to make reasonable efforts to seek immunisation records in respect of every student enrolled in the facility? If so, for which diseases should immunisation records be required?	8.8
Comment: <i>No, This would be too difficult to enforce</i>		
108	Should the new Act provide for different forms of evidence of immunisation? If so, what should they be?	8.8
Comment: <i>Current evidence is satisfactory.</i>		
109	Should the new Act introduce a penalty for failure on behalf of a parent or guardian to produce immunisation records on secondary school entry?	8.8
Comment: <i>Yes, if there is a requirement then there should be a penalty.</i>		
110	Should the new Act require the principal teacher or person in charge of the school to take reasonable steps to ensure that immunisation records are maintained, and to allow inter-school transfer of ISCs?	8.8
Comment: <i>Yes, particularly at primary school level.</i>		
111	Should the new Act facilitate consistency with the NHMRC schedule for immunisation?	8.8
Comment: <i>Yes.</i>		
112	Should school principals and persons in charge of children's services be required to seek advice from the Department of Human Services before excluding children during an actual or suspected outbreak of an infectious disease?	8.9
Comment: <i>No, it would slow the process down. Advice only needs to be obtained if they are unsure or need further clarification regarding a Childs immunisation status.</i>		
113	Should there be a power in the new Act for the Secretary to waive or alter the prescribed periods in individual cases?	8.9
Comment: <i>Yes.</i>		

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114 Should the requirement for a parent to inform the principal or a person in charge of a school or children's services centre be limited to where their child has a vaccine preventable or excludable disease? 8.9

Comment:

No, the school/centers need to be aware of other disease so that can take appropriate measures to prevent their spread and to inform parents so they can be aware of symptom to look for.

115 Should the new Act facilitate consistency with the NHMRC 8.9
Guidelines on the Recommended Minimum Periods of Exclusion from School, Preschool and Child Care Centres of Infectious Disease Cases and Contacts?

Comment:

Yes.

116 Should provisions dealing with offensive waterways not be 9.1
included in the new Act?

Comment:

The EP Act seems more appropriate.

117 Should public health risks related to rats, mice, vermin, 9.1
pests or other animals suspected of having a disease capable of transmission to humans be dealt with by the issue of an improvement notice?

Comment:

Yes.

118 Should Parts 5A and 5B of the *Building Act 1993* be transferred to the new public health Act?

Comment:

Yes.

119 Are there other amendments that should be made to provisions currently in Parts 5A and 5B of the Building Act that would improve the effectiveness of the legislative scheme?

Comment:

The information database detailing in the location of cooling towers should be accessible to Councils.

120 Should the new Act re-enact provisions relating to meat 9.3
supervision?

Comment:

No comment.

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121	Should the offence under the <i>Food Act 1984</i> in relation to the sale of 'unsafe food' be broadened to include food that cannot be sold for human consumption under section 34(1) of the <i>Meat Industry Act 1993</i> ?	9.3
Comment: <i>No.</i>		
122	Who should be required to hold a licence to use pesticides under the new Act?	9.4
Comment: <i>No Comment.</i>		
123	Does the new Act need to deal with the use of pesticides not associated with a commercial enterprise? If so, what non-commercial activities should be regulated and how should these be regulated?	9.4
Comment: <i>No Comment.</i>		
124	Are there any areas of overlap or duplication between the regulation of the use of pesticides under the Health Act and the <i>Agricultural and Veterinary Chemicals (Control of Use) Act 1992</i> ?	9.4
Comment: <i>No Comment.</i>		