

City of Greater Dandenong
Health Act review. – by G.Fraser – Manager Environmental Health

List of issues for comment
Issue

Section reference

Comments – CITY OF GREATER DANDENONG

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1	Should the Act be renamed and, if so, what name would best reflect the role and purpose of the new Act?	3.1	Yes. It would better reflect its new content and purpose if titled Public Health Act.
2	Are there matters that are currently dealt with by other legislation that should be included in the new Act?	3.2	Yes. It would make administrative and enforcement sense (for Municipalities) for the Tobacco Act 1987 to become part of the new Act.
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	Yes. The new act should recognize the importance of public health and could do this by outlining guiding principles which explain the types of public health measures/interventions and relationship between a range of factors and health outcomes. In this way, the complexity of the determinants of good public health for a community can be outlined. However, the promotion of all public health by way of general guiding principles should not be secondary to clearly defined essential functions of public health.
4	Should the new Act recognise the need to address inequalities in the health and wellbeing of disadvantaged communities and, if so, how should the Act aim to achieve this?	3.2	Yes. Recognition of public health inequalities can also be explained as a guiding principle in order that considerations be given to issues concerning specific groups within a community eg Indigenous, rural, disability etc. Reliable information concerning the health issues of these population groups is also needed to inform better public health planning for

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			<p>communities. A new Act could strengthen or establish mechanisms to better engage all community sectors. This will be especially important for fully understanding emerging health problems such as Mental Health, Older Australia, Urban Isolation, Employment/Self Image.</p>
5	<p>What objects provisions would represent the public health objectives, values and outcomes that the new Act should be aiming to achieve?</p>	3.3	<p>The proposed object clauses are adequate in conveying the intent of a new Public Health Act. If there is an opportunity to expand further this would assist all people (not just those using the Act in their daily work) to understand what promoting public health involves. Eg –better explanations of such terminologies as – <i>"through the built, social and economic environments....OR community capacity building"</i> . Specific references could be made to the determinants of public health and in particular the public health planning framework developed by DHS</p>
6	<p>Should the new Act contain a provision specifying guiding principles, and, if so, what principles should be included?</p>	3.4	<p>Yes. The proposed guiding principles are appropriate for inclusion in order to assist interpretation of the intent of the Act, as they provide guidelines to administrators of the Act. However, it may be necessary to prioritise principles, Eg. The interest of public health vs encroachment on individual rights.</p>

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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	Yes. A statement establishing the role of the secretary to implement policies and programs to achieve the objects of the Act is appropriate. It should also be stated that the Secretary has an obligation to consult with key stakeholders and the community in keeping with the principle of recognizing that promotion and protection of public health is a collaborative and community effort of Government, Non Government and private sectors.

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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	Yes. It is important inquiries be conducted into matters of public health concern and this may be most appropriately held with an independent body. The Minister should hold the power to direct an inquiry.
9	Should the new Act retain the functions for municipal councils as set out in the current Act?	4.2	Yes. The new act should retain the functions for municipal councils as set out in the current Act. A strengthening would be requiring that municipal documents such as the Municipal Strategic Statement make reference to improved public health.
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	Yes. This is important for raising the awareness of the community and government that councils are already undertaking these activities or specifically considering them in all aspects of their governance. Similarly, it is important to recognize councils' role in developing and implementing strategies to protect, improve and promote community health and wellbeing which occurs in a range of areas across council.
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	Yes. This could formalise many existing relationships and assist with clarifying matters such as the responsibility for carrying out actions identified in municipal public health plans (particularly as actions to promote the health and wellbeing of the whole community are not only the role of local government). Whilst local government can develop plans in consultation with the community and key stakeholders, making these partners accountable for action/implementation is often

			difficult.
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	Yes. The new MPHP planning framework developed by the Department of Human Services has proven to be a good guiding framework. Plans developed under the framework have tended to outline how they will achieve the stated outcomes. Periodic auditing of the outcomes and/or effectiveness of a municipality's MPHP by either DHS or an independent auditor should be considered. The guiding principles should also reference being able to measure MPHP outcomes. This would aid consistency in municipalities' reporting.
13	Should the new Act require that municipal councils set out how they intend to fulfill their statutory functions in their MPHPs?	4.4	No. This should be dealt with in the corporate plans councils are required to develop under the Local Government Act.

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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	Yes. The new Act should retain that municipal councils prepare MPHPs at set intervals. Further the Act should reference that review of a MPHP at the end of the prescribed period is carried out in consultation with DHS, rather than the MPHP simply being endorsed for a further period by a municipality.
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	Annual reporting against specific criteria is recommended. Having set criteria would ensure that similar data is collected from each council, thereby producing a consistent database to inform future planning. Capturing data that provided knowledge of effective council actions on public health issues would assist. Over time successful public health outcomes could be refined and recommended by DHS using such data.
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	Yes. Linking the MPHP to other council plans is important.
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	Councils must have at least one nominated M.O.H. to Act as the nominated expert for assessment of the extent of municipal public health risks.

18	Should an EHO who is appointed by a council automatically be an authorised officer for the purposes of the Act?	4.6	Yes. This is considered a sensible and non-confusing authorization structure.
19	Should the new Act require specific qualifications and/or experience for appointment as an EHO?	4.6	Yes. EHO's are authorized with much responsibility. It is appropriate that specific qualifications are referenced before appointment as an EHO, provided that this does not exclude people currently working in the field, who may have lesser qualifications, but more experience.
20	Should the new Act require that authorised officers have qualifications and/or experience prescribed by the Secretary?	4.7	No. A municipality should be able to authorize staff as required.

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21	Alternatively, should the Act provide that councils may only authorise persons appropriately competent?	4.7	No. As per answer 20.
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	Yes. No comment
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	No comment
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	No comment

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25	What sort of information might each of the consultative councils need to ensure that they can carry out their functions effectively?	5.3	No comment
26	<p>Should the new Act contain more specific provisions requiring:</p> <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	No comment
27	Should Victoria continue to rely on a legislative requirement for HIA in EIA legislation?	6.2	No. The new Act should require its own Health Impact Assessments specific to public health. Whilst there will always be alignment to environmental issues, a requirement for periodic HIA under this new Act will be the fundamental change from the old Act to the new. Having HIA in the new Act will permit analysis of contemporary public health issues where warranted.
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	Yes. The new Act should require there be separate HIA requirements. When? The trigger from a municipal perspective would be through alignment to requirements of MSS's, planning overlays or other policies and/or very specific situations that a municipality or State Government would require a HIA.

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29	Should the new Act support and enhance the practice of risk management?	7.1	Yes. There is opportunity to achieve many ideals of contemporary public health if risk management is adopted. However, good guiding principles at the front of the Act would be required such that officers applying the Act had standard approaches to the requirements of risk management.
30	Should the new Act include a general statutory duty of care?	7.2	Yes. The new Act also requires clear directions as to who owes that duty of care. I.e – Individual, Property Owner, Company or Municipality.
31	If so, what should be the scope of the duty?	7.2	To ensure as far as is reasonably practicable, no impact, detriment (long, short or immediate –timeframes) to public health.

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32	If adopted, should the duty be positive or only negative?	7.2	The whole intent of a new Public Health Act would be to portray positive adoption of duty of care to public health risk, promoting the adoption of positive tools such as RMP's and penalizing (negative) failure to put in place appropriate analysis of public health risk.
33	What should follow from being in breach of the duty: criminal and/or civil liability or should the consequences of breach be limited to administrative powers?	7.2	Criminal
34	Should failure to comply with the duty be the basis on which costs are recovered?	7.2	Yes. As per 31
35	Should compliance with the duty provide a defence against some offences under the Act?	7.2	Yes. As per 31
36	How might the duty of care work in practice?	7.2	The practice already works. A new Act simply has to provide better administrative and legal frameworks for authorities and be more proactive in promoting to communities/companies/individuals the ideals of "Duty of Care" with respect to public health.
37	Should a general statutory duty of care, if adopted, 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?	7.3	Yes. Again this would be a key change to a contemporary Public Health Act. Nuisance can be accommodated within Local Laws of municipalities. (Further, some Nuisance situations have very little real connection to public health). Having legal mechanisms in the new Act, to impose a duty of care, would be an excellent tool in a new Act.

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	As per 37. Nuisance conditions should stray away from links to public health and be administered through municipal Local Laws.
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	As above. Nuisance provisions can be accommodated in Municipal Local laws. Whilst the loss of Nuisance from the Act would give rise to the loss of some case law, much case law would in turn be aligned to adoption of "Duty of Care" principles
40	Should best practice standards continue to have a role in the regulation of public health risks?	7.4	Local Government has over the past 5 years adopted the philosophy of best practice. This knowledge has flowed to many sectors that Local government regulate (eg. food sector). It would be appropriate to regulate with best practice principles, especially for any industry not required to be licensed by an authority.

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41	Should RMPs have a role in the regulation of public health risks under the new Act?	7.5	Yes. (and could be required in a similar way to Food Safety Programs Under the Food Act 1984).
42	Who should be required to prepare RMPs: <ul style="list-style-type: none"> ➢ persons undertaking a registerable or licensable activity by way of a condition of registration/licence? ➢ persons required to do so by an improvement notice? 	7.5	Similar to the Food Safety Program, any business/person conducting an activity where public health could be compromised must prepare a RMP and have such endorsed by the registration authority or a registered assessor. A RMP could be a condition of an improvement notice.
43	What criteria should be used in deciding which activities should be subject to the requirement of registration or licensing?	7.6	Through assessment of the activities availability to the public? I.e -Is the risk High, Medium, Low (High=colonic irrigation or tattooing, Medium=Piercing, Low=Hairdressing). No registration for Low.
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	As above.
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	Yes. Hand in hand with specific standards, - Colonic irrigation, solariums, Tobacco Sales
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	Yes. A schedule of circumstances necessitating notification must be listed within the relevant standards.

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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	Yes. Again the new Act could have a schedule prescribing what situations require notification. It would also be pertinent to require not only notification of incident but compulsory notification of incident rectification.
48	Should all enforcement powers be brought together in one part of the Act?	7.7	Yes
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	No, such situations could be managed under duty of care provisions.
50	Are the enforcement powers in the Health Act appropriate to allow authorised officers and EHOs to carry out their duties?	7.7	<p>Yes. Powers are sufficient.</p> <p>An enhancement could be to grant the power for an Environmental Health Officer of a municipality in consultation with a Medical Officer of Health (and what ever power deemed necessary - Police) the ability to impose on any business (legitimate or otherwise), deemed to be carrying out a serious breach of public health, <i>“to immediately cease trading and cease all activity in that business or activity”</i>. A serious activity reasonably likely to be detrimental to health should receive a notice under Schedule of the Act to cease trading/cease activity - immediately. And Trading cannot recommence until all public health risk has gone. This would be a power further to seizing powers An example would be. – <i>A swimming pool has excessive chlorine and has burnt the eyes of a group of school children who</i></p>

			<i>were first to use that morning.</i> A formal power to close the facility without any repercussion of “liability for loss of income” would be appropriate.
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	As above. The M.O.H in liaison with an EHO should be able to act together with greater power.
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	No comment
53	Should the new Act contain a procedure for the issuing of improvement and prohibition notices by authorised officers?	7.7	No. This may result in a greater number of offenders challenging the procedure of notice issue.
54	Should notices cover: <ul style="list-style-type: none"> ➤ nuisance? ➤ licensable or registerable public health risk activities? ➤ where the activity may otherwise contravene the Act? 	7.7	No.
55	Should the new Act establish general criteria for issuing notices?	7.7	No, flexibility in relation to the number of situations that arise under Health Act is required. Guiding principles at the start of the Act will be sufficient.

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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	No , a list will never be exhaustive and could only ever be an example. Notices should focus on the outcome sought, not the method used to achieve them.
57	What method of review should apply to improvement and prohibition notices?	7.7	Rights of appeal, similar to the Public Health Act 1997 (tas) and Occ Health and Safety Act 1985 (vic) , could apply but do place an extra burden on authorities and Magistrates court if this option is taken by the recipient of a notice.
58	Should emergency powers be general for 'public health emergencies' or be specific to infectious diseases?	7.8	Yes , they should be general
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	No Comment
60	Should there be a fast-track mechanism for notifying a disease associated with a public health emergency?	7.8	No Comment
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	No Comment
62	Should the Secretary be given a 'catch all' power in a public health emergency such as 'any other order deemed necessary'?	7.8	No Comment
63	Should compliance with demands from the Secretary during an emergency or outbreak of an infectious disease be specifically exempted from	7.8	No Comment

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64	Should the Secretary's power to act when local government is in default be limited in any way?	7.8	No
65	Should the new Act include a provision for cost recovery where a person: <ul style="list-style-type: none"> ➤ has been convicted of an offence? ➤ has contravened the Act, but there has been no conviction? ➤ has caused a risk to public health? 	7.9	Yes
66	Should the new Act include a new offence of 'risk to health'?	7.10	Yes
67	If so, what should amount to a 'risk to health'?	7.10	"Where an officer believes on reasonable grounds that exposure to the risk, be it short term or long term, would cause detriment to public health. (Health to include the Amenity of an area)
68	If adopted, what should be the defences, if any, to the offence of 'risk to health'?	7.10	The new Act could include a section – due diligence. A person or company should be given the opportunity to display that the commission of the offence was due to another person or that all reasonable precautions were being taken.
69	What should be the scope of the offence?	7.10	As per the proposal (An action causes a risk to health where the health of a person or persons has been or might reasonably have been injured or adversely affected by the activity).

70	Should the 'risk to health' offence subsume the offence for knowingly and recklessly infecting another person with an infectious disease?	7.10	Yes. The offence of "infecting" is adequately covered by sections 22-23 of the Crimes Act 1958.
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	As above

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72	Should the new Act introduce PERIN for suitable offences?	7.11	No. If the nuisance provisions are accommodated in Local Laws then in turn Nuisance offences will attract penalties for which the PERIN system will apply. It would be difficult for a contemporary Act, with Nuisance removed, to have any offending public health situation remaining which was deemed only worthy of minor penalties.
73	Should public health offences attract similar penalties to those attracted by offences under environment protection legislation?	7.12	Yes
74	Should the new Act allow for greater penalties where the offender is a body corporate?	7.12	Yes
75	Should the new Act include a statutory defence of due diligence?	7.13	Yes
76	What method of review should apply to administrative decisions made under the Act?	7.15	No The provisions of the Administrative Law Act 1978 are considered sufficient.
77	Do the current provisions appropriately address the public health risk associated with hairdressing, beauty therapy and skin penetration?	8.1	As per previous comments and basis of risk.
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 <i>Prostitution Control Act 1994</i> ?	8.1	No comment

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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	No. There is opportunity to adopt RMPs. Non-complying prescribed accommodation could be linked to requirements to supply RMPs that meet a prescribed standard.
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	Yes
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	No comment
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	No comment
83	Should the new Act continue to outline the procedures for non-consensual testing orders where consent for testing has been refused?	8.4	No comment
84	Should the new Act introduce a system for the authorisation of non-consensual testing where consent cannot be given to testing?	8.4	No comment
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	No comment

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	Yes
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	No comment.
88	Should the Act contain a list of the types of restrictions that may be imposed by an order of the Secretary?	8.5	No. Good guiding principles should give a sound understanding of restrictions.
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	No comment
90	Should there be time limits imposed on orders and, if so, what time limits should apply?	8.5	No comment

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91	Should any or all public health orders require court/tribunal confirmation?	8.5	No comment.
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	Yes , and there should be no requirement to obtain a warrant.
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	Yes . This sets an understanding of the caliber of the situation for the courts.
94	What appeal and external review processes should be made available under the new Act?	8.5	No comment
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	No comment
96	Should the new Act require that hospitals have processes in place to ensure that notification requirements under the Act are met?	8.6	No comment
97	Should the term 'notifiable disease' be replaced with the term 'notifiable condition'?	8.6	Yes
98	Would alternative non-regulatory mechanisms (for example, best practice guidelines) be effective in ensuring pre-and post-test information and counseling for infectious diseases (other than HIV) is provided by appropriately qualified health care professionals?	8.7	No comment

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99	Should the new Act rely on the privacy framework for all health records, rather than include specific privacy provisions?	8.7	Yes The Privacy framework should be applied to provide consistency in such matters.
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	No comment
101	Should the new Act provide for a court to be closed when evidence is presented concerning other diseases?	8.7	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	No comment
103	Should the new Act state the role of municipal councils in relation to immunisation as 'co-coordinating and providing immunisation services to children living or being educated within the municipal district'?	8.8	Yes Although in many regions municipal provision of immunization for children 0-2YO has fallen secondary to GP services, Local Government is still very much the coordinator of immunization for all age groups and especially school age children.
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	No. This could be transferred to the new Act

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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	Yes Schools have an equal role to play with Immunisation Certificate Status
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	No Keeping these requirements at a primary school level is satisfactory
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	No Keeping these requirements at a primary school level is satisfactory
108	Should the new Act provide for different forms of evidence of immunisation? If so, what should they be?	8.8	No The current system should remain.
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	No comment as per 106
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	Yes

111	Should the new Act facilitate consistency with the NHMRC schedule for immunisation?	8.8	Yes as a guiding principle
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	No
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	No comment
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	No Requirement should extend to "notifiable condition"
115	Should the new Act facilitate consistency with the NHMRC <i>Guidelines on the Recommended Minimum Periods of Exclusion from School, Preschool and Child Care Centres of Infectious Disease Cases and Contacts</i> ?	8.9	Yes
116	Should provisions dealing with offensive waterways not be included in the new Act?	9.1	Yes. This would be better within Environment Protection legislation.
117	Should public health risks related to rats, mice, vermin, pests or other animals suspected of having a disease capable of transmission to humans be dealt with by the issue of an improvement notice?	9.1	Yes

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118	Should Parts 5A and 5B of the <i>Building Act 1993</i> be transferred to the new public health Act?		Yes. Legionella control is best administered through public health ideals rather than building control.
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?		No
120	Should the new Act re-enact provisions relating to meat supervision?	9.3	No
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	Yes.
122	Who should be required to hold a licence to use pesticides under the new Act?	9.4	No comment
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	No comment
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	No comment