

CITY OF GREATER GEELONG
SUBMISSION TO THE REVIEW OF THE HEALTH ACT 1958

Appendix 2: List of Issues for comment		
Section Reference	Issue	Comment
3.1	1	Should the Act be renamed and, if so, what name would best reflect the role and purpose of the new Act?
		The community clearly identify with the word 'health', which is useful in many ways with capturing the attention of any 'audience'. To reflect the broader social model of health, the name could be changed to the 'Social Health Act' or 'Public Health Act' and this would align the objectives of the Act with many other process including municipal health planning and community building.
3.2	2	Are there matters that are currently dealt with by other legislation that should be included in the new Act?
		There would appear to be argument for 'dilapidated housing' to be reinstated into the Act giving authority to require works/demolition of dilapidated/abandoned buildings that are unsafe. Also there could be some consideration about cooling towers being a matter of health concern and not structural issue covered by the building legislation.
3.2	3	Should the new Act recognise the importance of promoting public health, and, if so, how should the new Act aim to achieve this?
		Opportunities could exist in the section about 'health planning' and it is felt that this would represent this issue
3.2	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?
		A revised approach to municipal health planning which focuses on processes being in place rather than a 'health plan document' being produced may encompass all aspects of health and well being from a strategic and operational perspective for acute health issues or broader issues within the social model of health. A proper consultative process would identify such issues and by focussing on inequalities and the disadvantaged, a community would be in line with WHO principles
3.3	5	What objects provisions would represent the public health objectives, values and outcomes that the new Act should be aiming to achieve?
		Objectives should clearly state that it is intended that equality and equity in public health are the aims for all sectors of the population.

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3.4	6	Should the new Act contain a provision specifying guiding principles, and, if so, what principals should be included?	Given the broad scope of issues dealt with under the Act, guiding principles have merit and will assist those utilising the Act. These may include risk management approach to assessments, evidence -based decision making, an ability to implement the precautionary principle, equity etc
4.1	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?	Yes
4.1	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?	Agreed. A protocol would need to be developed to implement this with all stakeholders. Councils need to be accountable for ensuring public health standards/services are maintained to avoid such problems
4.2	9	Should the new Act retain the functions for municipal councils as set out in the current Act.	Yes
4.2	10	Should the new Act recognise municipal councils' role in: * Planning, advocating and providing organised public health program? * Developing and implementing strategies to promote and improve public health and promote community health and wellbeing?	Yes. However, it must be recognised that other key stakeholders may in fact fulfill this role and scope should exist for council to establish such partnerships. For example Primary Care Forums are also responsible to conduct local municipal health planning processes and such duplication should be avoided by consolidating such functions under this Act.
4.3	11	Should the concept of partnership between states and local government, and between government and non-government, be addressed in the New Act?	Not needed as it already permeates all aspects of the government and public domain

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4.4	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?	The focus should shift away from a 'document' towards establishing the appropriate framework for health planning to occur in partnership with all stakeholders. Council should remain the author and reference point for the plan as this is important in maintaining the importance of health and well being in the local government arena. The MPHP terminology may also be changed to be more reflective of the social model of health (perhaps the Social Health Plan) which would encompass all aspects of health and well being as per the social model of health
4.4	13	Should the new Act require the municipal councils set out how they intend to fulfil their statutory functions in their MPHP's?	This concept may be supported if a single 'entry point' of reporting was established with the department otherwise there will be significant duplication of process in this regard
4.4	14	Should the new Act retain the functions for municipal councils as set out in the current Act.	Yes
4.4	15	What should be the local government reporting requirements, if any, under the new Act? For example, should the new Act retain the requirements to report annually, and at other times as directed by the Secretary? Should there be a requirement to submit MPHP's? If so, what would be the expected value of such reporting requirements?	I believe that any reporting requirements should be based on outcomes and therefore the lodgement of the document is not essential. A standard reporting framework would be useful in compiling health data. However such reporting should enable Councils to demonstrate how it is managing health risks and not solely relying on quantitative inspection data; Councils need to have discretion in shifting their focus to areas of concern/emerging issues and not be governed by prescriptive quantitative 'targets'

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4.4	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 MPHP's every four years?	The emphasis should be on ensuring that Council has a current and relevant social health planning framework which provides confidence to authorities that health needs are being identified and addressed. The frequency of lodgement should be an agreement between DHS and the Council on an individual basis as this will vary from council to council. There is some argument from an environmental perspective that this plan could be intergrated with environmental planning processes. I beleive that there is some merit in the consideration of mandating the appointment of a social planner/health educator with a Council as this is in my opinion critical to ensuring the success of such a process.
4.5	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?	Unfortunatley this position has for too long been viewed asone that imunises or supervises immunisation. The MOH (Geelong) is a pro-actice model that embraces all aspects of public health and provides a strong 'independant voice' within council (particularly at the execuutive level) for the health discipline. The MOH is a key member of the public health team in terms of advising, educating, liaising and emergency response including MEMP and disease management. Invaluable networks are established through the GP association, which links into MPHP. In the case of smaller councils, encouragement should be provide to share a GP in a similar role, which may also incorporate the GP Association area.The casual engagement of a MOH on a needs basis would significantly weaken such networks' and the independant voice within council on sensitive/contraversial health issues. Such 'business continuity' argument is important as far as ensuring local government delivers its health obligations of infectious disease control, public health emergency management, health inspections, nuisance control and pest/vector control.
4.6	18	Should an EHO who is appointed by a council automatically be an authorised officer for the purpose of the Act?	Little or no real difference to the current practice.

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4.6	19	Should the new Act require specific qualifications and/or experience for appointment as an EHO?	The removal of specific qualifications or competence could lead to the degradation of the value of the role and therefore its usefulness to Council, the Public and Human Services. Establish a competency assessment process linked to the training industry criteria
4.7	20	Should the new Act require the authorised officers have qualifications and/or experience prescribed by the Secretary?	Authorised officers not qualified as EHO,s would need to be able to demonstrate competence in whatever role they were being assigned. Care would be needed to ensure that those competencies were sufficiently broad to address the needs of the tasks being assigned. Prescription by the secretary assures some uniformity across the board. Competence levels would need to be standardised which leads back to a specific sequence of qualification or a recognition of competence system.
4.7	21	Alternatively, should the Act provide that Councils may only authorise persons appropriately competent?	The variation on interpretation of competent across the range of Councils will ultimately lead to disparity. This in turn could lead to greater variation in the enforcement and execution of duties under various Acts than already exists. A range of competencies could exist for various aspects of work, level of supervision etc. Could work based on standard criteria
5.1	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?	Current Powers appear adequate.
5.1	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?	

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5.3	24	<p>Should the provisions regarding consultative councils be consolidated in the new Act to provide:</p> <ul style="list-style-type: none"> * General provisions regarding the 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	25	<p>What sort of information might each of the consultative councils need to ensure that they can carry out their functions effectively?</p>	
5.3	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? 	
6.2	27	<p>Should Victoria continue to rely on a legislative requirement for HIA in EIA legislation?</p>	<p>The two should be maintained closely together as the potential for minimising duplication and creating synergistic assessment are an advantage.</p>
6.2	28	<p>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?</p>	<p>No Comment</p>
7.1	29	<p>Should the new Act support and enhance the practice of risk management?</p>	<p>Yes</p>
7.2	30	<p>Should the new Act include a general statutory duty of care?</p>	<p>Could cause problems with the fluctuation in expectations and the increased focus on litigation. A duty of care should exist for where responsibility exists. Action should not be pursued where there is compliance with other legislation and the process of common law nuisance actions should be exercised by persons</p>

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7.2	31	If so, what should be the scope of the duty?	As per above if such a measure is introduced it should be confined to specific areas covered by the Act. Duty of Care should be limited to these areas and not necessarily to all aspects that fall within the broader social model of health; far too onerous and broad
7.2	32	If adopted, should the duty be positive or only negative?	Negative as required but allowances for pro-activeness
7.2	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?	The concept of Fines for failure to remedy a notice which are challengeable in Court seems a reasonable measure as it has a backstop in the form of the Court without direct application to an overburdened and expensive legal system.
7.2	34	Should failure to comply with the duty be the basis on which costs are recovered?	Yes
7.2	35	Should compliance with the duty provide a defense against some offences under the Act?	Not necessarily as impact would need to be considered
7.2	36	How might the duty of care work in practice?	Used in a manner where prescriptive standards/framework may not cover the issue and broader terms of reference for duty of care may be able to do so.
7.3	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.	No. Nuisance management has been based on well established principles and precedents and needs to be maintained. Perhaps further wording could clarify the relationship this section has in instances where other 'health related' legislation is being complied with. Councils are being burdened too much with frivolous issues better managed through a local law (ie refuse, odour etc) allowing councils to better focus on more impacting and subjective issues such as noise, housing, infectious diseases, waste water and other emerging issues. The fact that it is very broad already suggests that redrafting the existing provisions would be sufficient for the needs of the new Act.

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7.3	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?	Nuisance should be retained. A focus on Health risks might be useful in a decision making perspective to remove the issues that can otherwise be dealt with through Local Laws and a rewording of the definition to remove very subjective descriptors such as annoying would be beneficial.
7.3	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?	The concept of Fines for failure to remedy a notice which are challengeable in Court seems a reasonable measure as it has a backstop in the form of the Court without direct application to an overburdened and expensive legal system. Some further provision for intervention on serious matters (as per closure orders under the Food Act) would be positive to quick resolution and minimal impact. Direct enforcement and by notice should be retained
7.4	40	Should best practice standards continue to have a role in the regulation of public health risks?	Yes. However they should be referred to in legislation and be enforceable either against the relevant section of the Act and/or the nuisance provisions. Standards will achieve consistency, ensure regular review and consultation and reflect current needs and issues. Mention could be made in the nuisance setion about the relevance/reliance on standards in establishing/resolving statutory nuisances
7.5	41	Should RMP's have a role in the regulation of public health risks under the new Act?	<u>Only for high risk activities.</u> Must avoid creating another industry which impacts broadly rather than where the risks exist.They may be useful if kept practical and user friendly. Needs to be developed in such a manner that does not require any third party intervention and places maximum onus on operators without increasing council's level of risk. To compliment RMP's, a mandatory competency standard process should be established whereby operators for various practices possess the neccessary skills and competencies to implement a RMP.

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7.5	42	Who should be required to prepare RMPs: * persons undertaking a registrable or licensable activity by way of condition of registration/license? * persons required to do so by an improvement notice?	Along the lines of the food safety model, templates could be developed in consultation with industry to develop brief but representative risk management models that are easily implemented (not as complicated as the food model)
7.6	43	What criteria should be used in deciding which activities should be subject to the requirement of registration or licensing?	Levels of potential risk, potential for the spread of life threatening disease, desire to maintain benchmark standards for certain activities. For lesser risk activities, perhaps there could be a process whereby the business is required to 'notify the council of its existence/status' on an annual basis in lieu of registration. Registration should jointly encompass the operator and the premises
7.6	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?	Certified operators could be established who have met all the relevant criteria. They would be exempted registration and subject to notification and reporting conditions; as per above (ie pharmacists)
7.6	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?	All those currently regulated should be similarly analysed in respect of risk and deregulated or reduced in relevance as appropriate. Some that could be added include pools/spas/saunas and associated ablution facilities, solariums, child play centres, With respect to certification, the level of action regarding registration/exemption/notify may vary
7.6	46	Should there be a positive obligation on person conducting activities subject to registration/licensing to notify authorities in event of certain types of incidents occurring?	Yes. In accordance with RMP's and any competency standards
7.6	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?	Yes. In accordance with RMP's and any competency standards
7.7	48	Should all enforcement powers be brought together in one part of the Act?	Yes a consolidation of powers of enforcement into the Act makes sense.
7.7	49	Should the enforcement provisions of the Health (Infectious Diseases) Regulations 2001 be broadened to cover other public health threats	No Comment

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7.7	50	Are the enforcement powers in the Health Act appropriate to allow authorised officers and EHOs to carry out their duties?	Generally yes. Further enhancement for power of entry where the owner can not be located as opposed to is not known, would be useful. I believe that a level of emergency intervention should be provided as authorised by DHS similar to food premises closure orders.
7.7	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?	as above
7.7	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?	Yes. May be particularly effective for certain issues such as tobacco if the scope of this Act had effect over other Acts
7.7	53	Should the new Act contain a procedure for the issuing of improvements and prohibition notices by authorised officers?	I would support this on the proviso that adequate processes (checks and balances) are put in place. ie A PIN or infringement notice to be issued by a nominated officer delegated to do so with the aim of prompt resolutions. Must avoid projecting an image of EHO's being nothing more than glorified 'local laws officer'. Also need to be wary of the PIN system weakening our existing strengths such as negotiation, mediation, facilitation etc. Such approaches to be exhausted prior to PIN system being implemented. Would be concerned, due to the subjectivity of our work, with all EHO's in the State being authorised to issue PINS causing significant inconsistency to approach/enforcement regime
7.7	54	Should notices cover: * nuisance? * licensable or registrable public health risk activities? * where the activity may otherwise contravene the Act?	All
7.7	55	Should the new Act establish general criteria for issuing notices?	Yes or a guide could be produced which would allow for greater flexibility and adaptability in respect of future needs. Also as per comments above

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7.7	56	Should the new Act set out an inclusive list of the type of work a person subject to an improvement notice could be required to perform?	Yes or a guide could be produced which would enable councils to broadly describe the nature of the work required without compromising its legal position
7.7	57	What method of review should apply to improvement and prohibition notices.	Notice should remain in force until a revocation notice is issued. Perhaps the 'life' of a notice could be extended to 2 years. An appeal system should be in place, with council in the first instance and then through the courts.
7.8	58	Should emergency powers be general for 'public health emergencies' or be specific to infectious diseases?	Yes. Emergency powers should be with respect to all issues covered within the scope of the Act and not only infectious diseases. Again a comprehensive processes to be developed in order to invoke these powers is essential
7.8	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?	Yes as demonstrated by SARS recovery times can be extensive.
7.8	60	Should there be a fast-track mechanism for notifying a disease associated with a public health emergency?	Absolutely. If we are to be preventative, this approach is logical. May be a need for better processes ie too many links in the notification system compounded by all communication going through regional offices (regional offices should be CC into the process and assist if necessary)
7.8	61	Should the Secretary be given powers in a public health emergency compel examination, testing, vaccination, treatment (including preventative treatment), isolation and quarantine?	Yes. In conjunction with EHO and MOH
7.8	62	Should the Secretary be given a 'catch all' power in a public health emergency such as 'any other order deemed necessary'?	Yes
7.8	63	Should compliance with demands from the Secretary during an emergency or outbreak of an infectious disease be specifically exempted from confidentiality?	No
7.8	64	Should the Secretary's power to act when local government is in default be limited in any way?	Yes. Due diligence should be demonstrated by the Council. Most likely to be resource issue, staff should be protected and not made scapegoats

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7.9	65	Should the new Act include a provision for cost recovery where a person: * has been convicted of an offence? * has contravened the Act, but there has been no conviction? * has caused a risk to public health?	Yes. With comprehensive guidelines such as in lieu of prosecution
7.10	66	Should the new Act include a new offence of 'risk to health'?	Yes, it will provide more of a preventative approach but will need comprehensive guidelines and processes
7.10	67	If so, what should amount to a 'risk to health'?	Need to be clear about what the definition of health will be. Some strong deeming provisions are essential about what indicators are most likely to lead to a 'risk to health' scenario
7.10	68	If adopted, what should be the defences, if any, to the offence of 'risk to health'?	Due diligence, RMP's , Best Practice, Reasonable test; but not necessarily compliance with another Act
7.10	69	What should be the scope of the offence?	Similar to 70; deeming provisions/descriptors are needed
7.10	70	Should the 'risk to health' offence subsume the offence for knowingly and recklessly infecting another person with an infectious disease?	I believe that the level of penalty could be higher where intent or knowledge is proven but the section should not be limited by this; there may be occasion where strict liability is applied
7.10	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 Crimes Act 1958 (that is, section 22 and 23)?	If anything, it should be removed from the Crimes Act at the next occasion if the aim is to consolidate all health matters within the Health Act. Otherwise maintain the two sections to enable the matter to be dealt with as either a criminal matter or a health matter as needed
7.11	72	Should the new Act introduce PERIN for suitable offence?	No. PERIN is suitable for high volume processing such a traffic fines. For the level of infringement expected to be encountered, failure to pay fines will lead to the matter being heard in Court. It is not only a fine that is being sought but possibly also a Court Order
7.12	73	Should public health offences attract similar penalties to those attracted by offences under environment protection legislation?	Unsure. Would like to see a two tiered level for individuals and companies
7.12	74	Should the new Act allow for greater penalties where the offender is a body corporate?	as above
7.13	75	Should the new Act include a statutory defence of due diligence?	This is reasonable

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7.15	76	What method of review should apply to administrative decisions made under the Act?	I would prefer a review panel being established through DHS and nominated industry experts. I'm not sure that VCAT clarifies matters to the level expected by local government as evidenced with planning hearings
8.10	77	Do the current provisions appropriately address the public health risk associated with hairdressing, beauty therapy and skin penetration?	No. Absolutely essential for the Guidelines to be enforceable either through the regulations and/or the Act so as to be preventative; ie not having to prove lack of sterility but rather proving lack of process likely to lead to lack of sterility (this is one of the most important requirements from COGG's perspective)
8.10	78	Should the brothels provision 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> ?	Yes
8.2	79	Do the current provisions appropriately address the public health risk associated with prescribed accommodation (for example, hotels, motels, hostels and holiday camps)?	Yes
8.3	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?	I think each case should be treated on its own merits
8.3	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?	Yes. Also GP's to be educated and incorporated into the process to improve the efficiency of the process
8.3	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?	Yes
8.4	83	Should the new Act continue to outline the procedures for non-consensual testing orders where consent for testing has been refused?	Yes
8.4	84	Should the new Act introduce a system for the authorisation of non-consensual testing where consent cannot be given to testing?	Yes

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8.4	85	Should the provision in the new Act be extended to beyond the care giver or custodian situation and, if so, to what situation?	In conjunction with any other authority involved in any case
8.5	86	Should public health orders under then Act apply to any infectious disease or condition where there is a serious risk to public health?	Yes
8.5	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?	Yes but an obvious need for processes/protocols. The Secretary to be vested with such powers
8.5	88	Should the Act contain a list of the types of restrictions that may be imposed by an order of the Secretary?	
8.5	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	90	Should there be time limits imposed on orders and, if so,	
8.5	91	Should any or all public health orders require court/tribunal confirmation?	
8.5	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?	Yes
8.5	93	Should the new Act continue to provide that it is an offence for a person to fail to comply with an order?	Yes.
8.5	94	What appeal and external review processes should be made available under the new Act?	
8.6	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?	Yes as discussed earlier. The notification system has too many 'layers of reporting' causing great confusion, frustration amongst officers and clients as well as increasing the risk of misinterpreting information through these links. Simplify direct links with copying in other links such as regional offices on a needs basis
8.6	96	Should the new Act require that hospitals have processes in place to ensure that notification requirements under the Act are met?	Yes. Not only should hospitals have processes in place but it would be useful for the GP network to play a role in improving the system with authorising release of patient details, issuing questionnaires etc

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8.6	97	Should the term 'notifiable disease" be repalced with the term 'notifiable condition'?	Either notifiable condition or communicable condition
8.7	98	Would alternative non-regulatory mechanisms (for example, best practise 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	99	Should the new Act rely on the privacy framework for all health records, rather than include specific privacy provisions?	Immunistaion status is probably an area that should be so tightly regulated as opposed to a condition an individual is suffering
8.7	100	Should the new Act retain the provision specifying tha the court may be closed when evidence is presented concerning any matter related to HIV?	Yes
8.7	101	Should the new Act provide for a court to be closed when evidence is presented concerning other diseases?	Yes
8.7	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?	Yes
8.8	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 municipality district"?	need to have coordinating but not providing- not all councils directly provide the service as a service provider but coordinate the provision of the service; Enable councils to do one or the other as long as immunisation is being provided and contingencies are in place for emergenciy scenarios
8.8	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)?	If such information is recorded elsewhere and can be retrieved, it would seem pointless in retaining this in the Children Services legislation
8.8	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?	Yes. Perhaps some process could be prescibed as to what this constitutes

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8.8	106	Should the new Act introduce an obligation on parents to supply evidence of immunisation on enrolment of their child into secondary schools and an obligation on school principals to make reasonable efforts to seek immunisation records in respect of every child enrolled in the school?	as per above
8.8	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 disease should immunisation records be required?	I think this is the next area for improved process. Particularly relevant for meningococcal, Hep B, MMR, Pertussis; may be funding requirements in establishing the management and monitoring framework for such processes
8.8	108	Should the new Act provide for different forms of evidence of immunisation? If so, what should they be?	
8.8	109	Should the new Act introduce a penalty for failure on behalf of the parent or guardian to produce immunisation records on secondary school entry?	A very sensitive area. What is the penalty? Most likely to be from low socio economic background where additional care is required for the child and the 'system' should focus on this rather than punitive measures
8.8	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 ISC's?	Yes. The function should be managed by the education department as an internal process in maintaining data
8.8	111	Should the new Act facilitate consistency with the NHMRC schedule for immunisation?	Yes
8.8	112	Should school principals and person in charge of children's service be required to seek advice from the Department of Human Services before excluding children during an actual or suspected outbreak of an infectious disease?	Yes
8.9	113	Should there be a power in the new Act for the Secretary to waive or alter the prescribed periods in individual cases?	No. Unaware that there is a demand for this. Adhering to adopted timelines provides consistency and satisfies reasonable action/duty of care/precautionary approach
8.9	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?	No. Every practicable effort should be made to protect all persons from communicable conditions and therefore such information is necessary in order to best manage such situations. Obvious issues such as protocols, confidentiality etc need to be addressed

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8.9	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>	
9.1	116	Should provisions dealing with offensive waterways not be included in the new Act?	On the basis that the intent of the act and the definition of offensive has an impact on health and not simply aesthetic values, this may be retained
9.1	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?	Yes. Also some prescription may be provided to facilitate seizure of such animals under veterinary advice.
9.2	118	Should Parts 5A and 5B of the <i>Building Act 1993</i> be transferred to the new public health act?	
9.2	119	Are there other amendments that should be made to provisions currently in Parts 5A and 5B of the <i>Building Act</i> that would improve the effectiveness of the legislative scheme?	Yes. Provided adequate funding, reporting tools are available to enable this to happen
9.3	120	Should the new Act re-enact provisions relating to meat supervisors?	No.
9.3	121	Should the offence under the Food Act 1984 in relation to the sale of 'unsafe food' be broadened to include food that cannot be sold for human consumption under the section 34(1) of the <i>Meat Industry Act 1993</i> ?	Yes. EHO's may be authorised under a section to enable emergency response with respect to meat
9.4	122	Who should be required to hold a license to use pesticides under the new Act?	Licenses should be held by the manufacture of the products and the commercial applicators of the products.
9.4	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?	The scope of Licenses should extend to regulating the use, research and analysis and disposal of unused product; ie industry license fees should be directed to funding pesticide disposal points for the community to access.

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9.4	124	Are there any area of overlap of 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> ?	Yes. The scope of this latter Act also includes any impact to humans as well as plants and animals. This area is highly specialised and clarification needs to be made as to whether the impact on humans is to be covered by the Health or the Ag and Vet Chen Act. As it stands, Ag inspectors are currently used as expert witnesses for any investigation under the Health Act as they are reluctant to take action under the Ag Act where collectively there may be some impact to plants but possibly more impact to humans; an area of duplicity that needs tidying up.
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