

Appendix 2: List of Issues for comment				
Section Reference		Issue	Comment	Implications For Council
3.1	1	Should the Act be renamed and, if so, what name would best reflect the role and purpose of the new Act?	Similar situation to the renaming of Health Surveyors to Environmental Health officers. The Public tend to focus on the word health. Change to Public Health Act would at least align with the Municipal Public Health Plans indicating the broader nature of the Act	Nil. The issues of relevance are already canvassed via the Municipal Public Health Plan(MPHP)
3.2	2	Are there matters that are currently dealt with by other legislation that should be included in the new Act?	It is unnecessary and counterproductive to incorporate other existing provisions. The Health Act is already cumbersome.	
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?	Incorporating Promotion into the Act will increase the weight that can be assigned it.	Nil Already identified in the MPHP
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?	Unnecessary to some degree since it is already clearly stated in 29A of the Act at present.	Nil Already identified in the MPHP
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.	
3.4	6	Should the new Act contain a provision specifying guiding principles, and, if so, what principals should be included?	The suggested Guiding Principles are valuable and worth incorporation. ie; evidence -based decision making,precautionary principle,recognition of Community interest, Polluter Pays.	
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?	Appropriate.	
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?	Appropriate.	
4.2	9	Should the new Act retain the functions for municipal councils as set out in the current Act.	Yes	Nil
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	Strengthens the existing position in what is done.
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?	Not needed as it already is a part of the review process. The suggestion that Local Government "Just develops a document" will not be true in many cases. What is needed is the power to take action if on audit it is found that the plan is not being implemented. Without validation the process risks remaining impotent.	Council needs to be aware that the modification of requirements in the MPHP will not alter the achievements or the DHS perception that the document rests on the shelf once it is written.
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 adds yet another layer of paper to a system that is already heavily laden. It is not the how but rather what has been achieved that is relevant in most instances.	Reporting on success or responding to an audit gives greater impact to the whole process.
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?	An audit system which assessed the activity and outcomes would have greater relevance and stop a range of plans proping open doors in government departments. This would allow the department to review areas of Local Government activity where it was felt that issues remained to be addressed.	Such a system would assist Local Governments who deliver on their duties avoid being tarred with the same brush as those that do not. It would also enable a more meaningful dialog between the State health services and Local government.
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?	Councils presently have a significant array of strategic planning tools. Endless cross referencing is not going to make the process more effective. It is more likely to become entangled as it attempts to link all the differing aspects. The plan and role of Public Health management and promotion could be approached by making a mandatory appointment for a Public Health Promotions and communications planner similar to the statutory position of environmental health officer.	Many Councils have just such a person in place and would gain increased recognition for the situation. Major issues would remain for rural or smaller Local governments.
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?	Yes An alternate strategy would be to link the MOH to the divisions of General Practice to nominate a medical practitioner acceptable to the relevant Local Councils. The MOH could then Act to strengthen partnerships and relationships between Local Government the medical fraternity on public health issues and the division could ensure best communication with the GP,s	Some loss to the Immunisation systems possibly but not necessarily. It could in fact strengthen the links information transfers and understanding of the various roles.
4.6	18	Should an EHO who is appointed by a council automatically be an authorised officer for the purpose of the Act?	The word authorised is used in the current Act as is the word Authorized. It is arguable that they are different. This ambiguity should be removed. The automatic Authorisation of EHO,s will have little practical effect other than to recognise common practice in most cases.	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.	The Legal Knowledge combined with knowledge of infectious disease control and other professions remains a valuable broad based professional resource.
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 what ever 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.	
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?	No Comment	
5.3	24	Should the provisions regarding consultative councils be consolidated in the new Act to provide: * 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?	No Comment	
5.3	25	What sort of information might each of the consultative councils need to ensure that they can carry out their functions effectively?	No Comment	
5.3	26	Should the new Act contain more specific provisions requiring: * 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?	No Comment	

6.2	27	Should Victoria continue to rely on a legislative requirement for HIA in EIA legislation?	The two should be maintained closely together as the potential for minimising duplication and creating synergistic assessment are an advantage.	
6.2	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?	No Comment	
7.1	29	Should the new Act support and enhance the practice of risk management?	Yes	
7.2	30	Should the new Act include a general statutory duty of care?	I believe its introduction can only contribute to the increasingly litigious nature of society.	
7.2	31	If so, what should be the scope of the duty?	If such a measure is introduced it should be confined to specific areas covered by the Act. In either case it would be duplicitous with existing duty of care that exists in law. Many aspects of nuisance as it now stands could and should be dealt with via local laws. To broaden the potential application further may well drain scant resource.	
7.2	32	If adopted, should the duty be positive or only negative?	Negative	
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?	No	
7.2	36	How might the duty of care work in practice?	Only utilised where nuisance fails to cover the issue and as a broad principle for people to adopt.	
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 is a well documented area of legal knowledge and precedent. The fact that it is very broad already suggests that redrafting the existing provisions would be sufficient for the needs of the new Act.	
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, mediation processes or private action.	
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.	

7.4	40	Should best practice standards continue to have a role in the regulation of public health risks?	Yes. Standards in any form help maintain consistency and allow for direction within the system. In the absence of other clear regulation they still have value in Court to reference.	
7.5	41	Should RMP's have a role in the regulation of public health risks under the new Act?	They are useful if kept simple and practical. There is a tendency for the documentation to become verbose. Primacy needs to be given to the education and competence levels first to enable proper use of RMP,s.	
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?	The educative needs are the main concern. Food legislation is a classic example. Without a requirement for specified levels of competence any plan is barely worth the paper it is written on. The registrationis made subject to adoption of a template for management and a notice can be issued in respect of having access to the implimentation and competencies required. Body piercing,brothels, tattooists.	
7.6	43	What criteria should be used in deciding which activities should be subject to the requirement of registratoin or licensing?	Levels of risk, potential for the spread of life threatening disease.	
7.6	44	What regulatory parameters for registration/licensing would provide a more up-to-date, flexible, gradutated 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.	
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?	Not unless a case can be demonstrated that shows that a significant health risk exists. All those currently regulated should be similarly analysed in respect of risk and deregulated or reduced in relevance as appropriate. Again a certification system has potential.	
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 occuring?	Yes as long as such things ar clearly defined and included in the education of operators.	
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?	Only if a need can be demonstrated. At this time the risk and burden of resulting morbidity or mortality are unlikely to justify the requirement.	
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	

7.7	50	Are the enforcement powers in the Health Act appropriate to allow authorised officers and EHOs to carry out their duties?	The nuisance provisions are unweildy. The use of infringement for the failure to comply with a notice would be a valuable step in the process and could reduce the cost of court actions. Currently many actions that could be dealt with more rapidly are effectively dragged out as there is a reluctance to use the Courts because of costs, time, other demands. The use of infringements offers a mechanism that can be speedily effective and still allow the accused party to appeal to the Court. The suggestion that PIN,s may not reduce compliance can equally be leveled at the issue of notices or the provisions to proceed to Court. That the number of proscutions under the health Act are low may be a reflection of the value attributed to the use of the Courts. The application of discretion is an ongoing aspect of enforcement now. The fear that enforcement officers are either likely to over react or that they will lead to counter litigation becomes no more real than it is at the moment. officers are only to aware of the liability that their positions carry and the need to temper their decisions or seek advice t	
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?	See 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	
7.7	53	Should the new Act contain a procedure for the issuing of improvements and prohibition notices by authorised officers?	The use of prohibition Notices, improvement notices should be augmented with infringement for failure to comply. This would act as a measure that could limit the need to proceed to court. See Above.	
7.7	54	Should notices cover: * nuisance? * licensable or registrable public health risk activities? * where the activity may otherwise contravene the Act?	All. A single and unified system with clear procedure will enable clear guidelines and consistency to be enacted if properly supported by the relevalt Central Government Health Service Unit.	
7.7	55	Should the new Act establish <u>general criteria</u> for issuing notices?	Yes or a guide could be produced which would allow for greater flexibility and adaptability in respect of future needs. See above.	
7.7	56	Should the new Act set out an inclusive list of the type sof work a person subject to an improvement notice could be required to perform?	Yes or a guide could be produced which would allow for greater flexibility and adaptability in respect of future needs.	
7.7	57	What method of review should apply to improvement and prohibition notices.	Notice should remain in force until a revokation notice is issued. Any challenge to the content of a notice should be held urgently in either the Courts or an appeals tribunal	
7.8	58	Should emergency powers be general for 'public health emergencies' or be specific to infectious diseases?	Yes Given the present nature of Global terrorism the use of emergency powers woould appear warrented to allow for the very real potentials that exist.	

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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?	If possible yes it could be vital in the case of high risk emerging disease or bio terrorism.	
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. Given the potential in the modern world with travel, large populations and terror it would be non-sensical not to have access to somewhat draconian measures.	
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. Given the potential in the modern world with travel, large populations and terror it would be non-sensical not to have access to somewhat draconian measures.	
7.8	63	Should compliance with demands from the Secretary during an emergency or outbreak of an infectious disease be specifically exempted from confidentiality?	Yes. Given the potential in the modern world with travel, large populations and terror it would be non-sensical not to have access to somewhat draconian measures.	
7.8	64	Should the Secretary's power to act when local government is in default be limited in any way?	Yes. It	
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?		
7.10	66	Should the new Act include a new offence of 'risk to health'?		
7.10	67	If so, what should amount to a 'risk to health'?		
7.10	68	If adopted, what should be the defences, if any, to the offence of 'risk to health'?		
7.10	69	What should be the scope of the offence?		
7.10	70	Should the 'risk to health' offence subsume the offence for knowingly and recklessly infecting another person with an infectious disease?	See Below	
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 it is an effective duplicate of existing provisions it would seem to be duplicitious and unnecessary	
7.11	72	Should the new Act introduce PERIN for suitable offence?	Primary value of infringement is to use it as a step in a process between a notice and the progression to Court. ie infringement for the non compliance with a notice as a final opportunity for the accused to act before the matter must appear in the Court. The person then has the choice of paying their infringement and doing the work or challenging the matter in Court. Any infringement system must have the provision of being challengeable in Court.	

7.12	73	Should public health offences attract similar penalties to those attracted by offences under environment protection legislation?	If the magnitude of the offence warrants it then yes. Often the Acts state high fines as available but the Court then gives only one to ten percent of the available fine. The reality for Council persuing matters in Court is that our out of pocket costs are not matched by the fines and costs awarded by the Court. from this perspective it is likely that in a practical sense the use of more immediate penalties may assist in	
7.12	74	Should the new Act allow for greater penalties where the offender is a body corporate?	Yes although greater consistency in the Courts in respect to awarding costs and fines would go some way to helping.	
7.13	75	Should the new Act include a statutory defence of due diligence?	Yes	
7.15	76	What method of review should apply to administrative decisions made under the Act?	The least expensive and most accessible mechanism is the obvious choice. However decisions need to be challengeable.	
8.10	77	Do the current provisions appropriately address the public health risk associated with hairdressing, beauty therapy and skin penetration?		
8.10	78	Should the brothels provision be transferred to the Prostitution Control Regulations 1995, and Department of Human Services officers exercise their inspection powers in relation to infection control issues under the <i>Prostitution Control Act 1994</i> ?		
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)?		
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?		
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?		
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?		
8.4	83	Should the new Act continue to outline the procedures for non-consensual testing orders where consent for testing has been refused?		
8.4	84	Should the new Act introduce a system for the authorisation of non-consensual testing where consent cannot be given to testing?		
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?		

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?		
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?		
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?		
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?		
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?		
8.6	96	Should the new Act require that hospitals have processes in place to ensure that notification requirements under the Act are met?		
8.6	97	Should the term 'notifiable disease' be replaced with the term 'notifiable 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?		
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?		
8.7	101	Should the new Act provide for a court to be closed when evidence is presented concerning other diseases?		

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?		
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"?	It might be more relevant to state the matter as "coordinating and ensuring the provision of adequate immunisation services to children in the Municipality" The value of immunisation and the contribution made by Local Government in Victoria should not be under rated. From a broader perspective the services delivered have not only ensured immunisation services but have done so cheaper than any alternative. It needs to be understood that as a delivery mechanism Local government is effective, efficient and cost effective in this area. Any move to reduce the roll will most likely cost the overall community in an increased health bill. The fact that the Federal and State governments need to acknowledge and support the funding in Local Government instead of using immunisation as an alternate funding mechanism to increase payments to GP,s.	
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 it functions where it is why move it.	
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. Any activity that gives the community greater assurance in respect of communicable disease or triggers the individual to upgrade their immunisation status can only be of benefit.	
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?	Yes. Any activity that gives the community greater assurance in respect of communicable disease or triggers the individual to upgrade their immunisation status can only be of benefit.	
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?	Yes. Any activity that gives the community greater assurance in respect of communicable disease or triggers the individual to upgrade their immunisation status can only be of benefit.	
8.8	108	Should the new Act provide for different forms of evidence of immunisation? If so, what should they be?	A standard format will be easier for schools to understand and follow.	
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?	No. The existing provision in respect of school entry is useless. Schools with the capacity to exclude the child or take other action would appear more realistic.	

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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. Any activity that gives the community greater assurance in respect of communicable disease or triggers the individual to upgrade their immunisation status can only be of benefit.	
8.8	111	Should the new Act facilitate consistency with the NHMRC schedule for immunisation?	This would be a logical connection	
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?	No the preference would be to act then check thus ensuring that the only loss is of time not health or life.	
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?		
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?		
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> ?	yes	
9.1	116	Should provisions dealing with offensive waterways not be included in the new Act?	The Environment Protection Act is adequate as would be the nuisance provisions	
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?	Any notice is adequate as long as it is enforceable or Council is enabled to take action.	
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?	No Comment	
9.3	120	Should the new Act re-enact provisions relating to meat supervisions?	No Comment	
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> ?	Matters relating to food should be placed under the relevant act or regulation.	
9.4	122	Who should be required to hold a license to use pesticides under the new Act?	No Comment	
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?	No Comment	
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> ?	No Comment	