

**CITY OF STONNINGTON SUBMISSION
TO THE HEALTH ACT REVIEW DRAFT POLICY PAPER**

Recommendations

	Issue	Section reference
1	That the new Act be named the <i>Public Health Act</i> .	1.1
Comment: Agree		
2	That non-legislative mechanisms, such as a Memorandum of Understanding, be entered into with agencies administering legislation that interface with public health legislation, as required in the particular circumstance.	1.2
Comment: Agree, however in the case of Local Government this should also encompass funding agreements for any additional or expanded requirements arising from this Act.		
3	That the public health Act recognise the importance of promoting public health.	1.2
Comment: Agree however this recognition should be careful to avoid creating irrelevant obligation.		
4	That the public health Act recognise the need to address inequalities in the health and wellbeing of disadvantaged communities.	1.2
Comment: As above		
5	That the initial print of the public health Act include the explanatory memorandum at the front of the Act (subject to the approval of Parliamentary Counsel).	1.3
Comment: Agree		
7	That the term "health" apply to all other provisions and be defined narrowly, to exclude concepts of social and mental wellbeing.	1.4
Comment: Agree		
8	That the public health Act provide that it applies throughout Victoria (including areas that do not form part of a municipal district).	1.5

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	Issue	Section reference
9	That the Governor in Council may declare that a municipal council has specified powers and functions under the public health Act in relation to an area that is outside a municipal district, as if the area was within that municipal council's municipal district. (The Minister for Health would be required to consult with the Minister administering the <i>Local Government Act 1989</i> (Vic), before making a recommendation to the Governor in Council in relation to this issue.)	1.5
Comment: Should also consider financial and resourcing implications		
10	That the public health Act bind the Crown.	1.5
Comment: Agree		
11	<p>That the public health Act include the following statement of objects:</p> <p><i>Whereas</i></p> <p>The State of Victoria has a significant role in promoting and protecting the health of all Victorians; and</p> <p>It is accepted that health is a state of individual and collective wellbeing, not merely the absence of disease; and</p> <p>One of the ways it is possible to improve the population's health status and reduce health inequalities is through public health interventions —</p> <p>The objects of the Act are:</p> <ul style="list-style-type: none"> (a) to protect public health and prevent disease, illness, injury, disability and premature death; (b) to promote conditions in which the people of Victoria can be healthy; and (c) to reduce social and health inequalities and enable all Victorians to achieve the best possible state of health and wellbeing. 	1.6

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	<p>Comment: There will need to be a clear understanding of the role of other Government Departments and agencies in achieving these objectives. The prevention of injury for example would have to address the many activities undertaken in the various aspects of peoples lives. The role of DHS in coordinating the attainment of these objectives should be identified.</p>	
12	<p>That the provision of evidence-based information to the public about the health of the population be incorporated into the functions of the Chief Health Officer under the new Act, rather than as an object provision.</p>	1.6
	<p>Comment: Agree</p>	
13	<p>That the public health Act include the following guiding principles:</p> <p>(a) Principle of evidence-based decision making</p> <p>Decisions as to the most effective and efficacious public health interventions and efficient use of resources to protect and promote public health are informed by reliable and relevant evidence (where available in the circumstances).</p> <p>(b) Precautionary principle</p> <p>If there are threats of a serious public health risk, lack of full scientific certainty should not be used as a reason for postponing measures to prevent or control the public health risk (based on section 1C of the <i>Environmental Protection Act 1970</i> (Vic)).</p> <p>(c) Principle of the primacy of prevention</p> <p>Preventing harm or damage is preferable to repairing it later. Promoting resilience and building capacity is preferable to allowing deficits or problems to otherwise undermine health or autonomy.</p> <p>(d) Principle of accountability</p>	1.7

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	<p>Public health officials should ensure, as far as is practicable, that decisions made under the Act are transparent, systematic and appropriate. The community should therefore be given:</p> <ul style="list-style-type: none">(i) access to reliable information in appropriate forms to facilitate a good understanding of public health issues; and(ii) opportunities to participate in policy and program development (based on section 1L of the <i>Environmental Protection Act 1970</i> (Vic)). <p>(e) Principle of proportionality</p> <p>Acts taken and decisions made by officials under the public health Act should be proportionate to the harm to be prevented, minimised or controlled. Where action is necessary to protect public health, the action chosen must be the least intrusive means available to achieve that goal and must not be imposed in an arbitrary way.</p> <p>(f) Principle of collaboration</p> <p>Public health is enhanced by collaborative approaches between national, state and local government, the community sector, industry and individuals.</p>
Comment:	Public Health issues by their very nature will not be confined to municipal boundaries or municipal populations. It appears that with the adoption of these principles eg 13(d) it is essential for the coordinating and support role of DHS to be clearly identified. Councils do not have the expertise or the financial and resourcing structures to undertake a greater role than that existing. The current Health Act has only a peripheral effect on capacity building for example. The collation of reliable information on public health issues is a specialist field and the provision of this information to the public by Local Government can be as an intermediary only. Any requirement for a Council to collect information on health issues in addition to that which is already collected by other agencies would be of dubious value and impose a further cost burden.

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	Issue	Section reference
16	That, if a statutory position of Chief Health Officer is established, the public health Act require the Chief Health Officer to ensure that a comprehensive report on the health and wellbeing of Victorians is made available to the public on a biennial basis.	1.8
Comment: Agree. This would appear to be an essential component in supporting the principles proposed in recommendation 13		
18	That the public health Act include the following statement of functions of the Chief Health Officer: (a) to develop and implement strategies to promote and protect public health (b) to advise the Minister about public health issues (c) to carry out any other functions granted to the Chief Health Officer under the public health Act or any other Act (d) to ensure that a comprehensive report on the health and wellbeing of Victorians is made available to the public on a biennial basis.	1.9
Comment: A coordination role with other agencies should be included.		
19	That the public health Act include the following statement of the function of the municipal councils: The function of every council under this Act is to seek to protect and improve public health, and promote community wellbeing by: (a) creating environments which support the health of the local community and strengthen the capacity of communities and individuals to achieve better health (b) initiating, supporting and managing public health planning processes at the municipal level (c) developing and enforcing up-to-date public health standards and intervening if the health of people within the municipal district is, or may be, affected (d) facilitating and supporting the efforts of other local agencies whose work has an impact on public health to improve public health status of the local community (e) coordinating and providing immunisation	1.10

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	Issue	Section reference
	services to children living or being educated within the municipal district.	
	<p>Comment: The words “ as far as is reasonably possible” be added to the opening statement. This would be consistent with recommendation 88 concerning nuisances. This would also remove the potential for Councils under sub section (a) for example, to be involved in providing transport to address access and isolation issues. Councils are only one of a number of agencies involved with capacity building and influencing the local environment to achieve positive health outcomes. There needs to be an acknowledgement that if these functions do not have some limitation the involvement of Councils could be misinterpreted and there could also be an inappropriate duplication of money and resources. Support would be needed by DHS in an ongoing manner to achieve managed outcomes and to address financial imposts on Councils. Sub section(c) should be removed as there is no mechanism for this function to be implemented and Councils do not have expertise in this area. Where is the evidence that this function in the current Health Act has been used as intended by any Council to address affects to peoples health. This function could lead to inconsistent public health standards among Councils that would mitigate against enforcement action.</p>	
20	That the public health Act not re-enact the requirement for municipal councils to report annually to the Secretary, but the requirement to report as required by the Secretary be retained.	1.10
	<p>Comment: Agree</p>	
23	That the public health Act not include the legislative requirement that every municipal council appoint a medical officer of health.	1.12
	<p>Comment: Agree</p>	
24	That non-legislative mechanisms be employed to assist municipal councils obtain public health expertise.	1.12
	<p>Comment: Public Health expertise is and should remain with DHS. Council health officers spend the greater part of their time on monitoring Food Safety and have a good general understanding of public health. The current Regional EHO liaison works well to reinforce specific public health issues and should be continued. Any mechanism that enhances this procedure would be welcome.</p>	

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	Issue	Section reference
25	That the public health Act re-enact the requirement for every municipal council to appoint one or more environmental health officers, and allow environmental health officers to be shared between councils.	1.12
	Comment: Agree	
26	That an environmental health officer who is appointed by a council automatically be an authorised officer for the purposes of the public health Act (see paragraph (b) of the definition of "authorised officer" in section 4(1) of the <i>Food Act 1984</i> (Vic)).	1.12
	Comment: Agree	
27	That the public health Act require that a council only appoint as an environmental health officer a person who has qualifications and/or experience nominated by the Secretary, or by a person approved by the Secretary.	1.12
	Comment: Agree	
28	That the provision of the Health Act that provides that, in addition to any other duties, the Secretary, "health officers", environmental health officers and "engineers" have the same powers and duties as environmental health officers and medical officer of health appointed by municipal councils not be re-enacted.	1.12
	Comment: Agree	
29	That the public health Act provide that: (a) the Secretary may appoint Departmental officers as authorised officers (b) a municipal council may appoint employees or officers of the council as authorised officers.	1.12
	Comment: Agree	
30	That the Secretary or municipal council (as appropriate) may only appoint a person to be an	1.12

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	Issue	Section reference
	<p>authorised officer if the Secretary or municipal council (as appropriate) is satisfied that the person has the qualifications or experience required to perform his or her functions. Those competencies regarding qualifications or experience would not be specified in the public health Act.</p>	
	<p>Comment: Agree</p>	
31	<p>That consideration be given to the development, in consultation with stakeholders, of non-legislative guidelines as to competencies and minimum standards of training required to fulfil particular statutory functions.</p>	1.12
	<p>Comment: Agree</p>	
32	<p>That the public health Act include a provision allowing the Secretary to appoint analysts for specified purposes under the Act.</p>	1.13
	<p>Comment: Agree</p>	
33	<p>That where an analyst carries out an analysis, the analyst may prepare and sign a certificate in writing of the analysis.</p>	1.13
	<p>Comment: Agree</p>	
34	<p>That any such certificate of analysis may be produced as evidence to a court of the thing in relation to which the certificate is issued, and is presumed to be accurate and precise, unless evidence to the contrary is presented.</p>	1.13
	<p>Comment: Agree</p>	
55	<p>That in order to protect and promote public health within their municipal district, municipal councils be required to prepare a municipal public health plan (in consultation with the Department of Human Services) within 12 months after each general election.</p>	3.1

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	Issue	Section reference
	<p>Comment: This requirement may create difficulty among Councils relying on consultants and may strain the capacity of DHS.</p>	
56	<p>The public health Act list matters to be addressed in municipal public health plans as follows:</p> <ul style="list-style-type: none"> (a) examine data about health status and health determinants in the municipal district (b) identify goals and strategies based on available evidence for creating healthy communities, to enable people living in the municipal district to achieve maximum health and wellbeing (c) describe how the local community is engaged in developing, implementing and evaluating the plan (d) address how municipal councils work in partnership with the Department of Human Services and others undertaking public health initiatives, projects and programs within the municipal district to accomplish goals and priorities identified in the municipal public health plan. 	3.1
	<p>Comment: Agree in principle but of the view that support is needed in the regular gathering of health data at a level below that of the post code collector districts commonly used. Data collection and interpretation on health determinants is an expensive undertaking. Councils are heavily reliant on data collected by other agencies and on census data. The accuracy of this data at the time of use can be questionable particularly for high density inner urban Municipalities where demographic change can be very rapid. To be fully effective greater resourcing of the Regional Health Promotion role needs to be addressed. The integration of Health planning into other Council plans, strategies and responsibilities should also be encouraged as a means of achieving overall MPHP objectives. Funding provisions for MPHP's should also be considered.</p>	
58	<p>That the public health Act provide that each municipal council must submit its municipal public health plan ("MPHP") to the Department of Human Services within 12 months after each general election. Where the plan is amended, it must be submitted annually. The MPHPs would be made available on a central database as a resource for council health planners. Further, MPHPs would inform the development of state public health</p>	3.1

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	Issue	Section reference
	planning and policies.	
	Comment: The final sentence appears to put the cart before the horse as most MPHP's would rely to large extent on burden of disease data collected by the State Government.	
59	That the Department of Human Services continue to support municipal councils in the development, implementation and evaluation of municipal public health plans through non-legislative mechanisms, including developing and implementing tools and capacity building initiatives such as <i>Environments for Health</i> .	3.1
	Comment: Agree	
65	That, at this stage, there is no new statutory obligation to require a health impact assessment to be conducted. However: (a) the Secretary to the Department of Human Services and Chief Health Officer would have the statutory power to conduct and initiate inquiries (b) the Secretary's statutory functions include assisting other agencies which have an impact on public health, to enhance opportunities for public health (see 1.8) (c) the Department of Human Services and councils could prepare non-statutory health impact assessments.	3.4
	Comment: If there is already an effective method of providing for health impact assessment within Planning and Environment Protection legislation as stated then this recommendation appears redundant	
71	That the public health Act support and enhance the practice of risk management, rather than incorporate specific procedural requirements.	4.1
	Comment: Agree	
72	That the Department of Human Services consider developing administrative guidelines where appropriate, to ensure that issues of risk are addressed properly and in a consistent manner	4.1

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	Issue	Section reference
	(such as guidelines for the issue of improvement and prohibition notices: see 4.9).	
	Comment: Agree	
74	Monitoring compliance with the General Duty in these circumstances would be the responsibility of the registering or licensing authority (Secretary or municipal council).	4.2
	<p>Comment: This proposal would seem to require an approach that is inconsistent with other general requirements such as the nuisance provisions. There would need to be clear guidelines as to what constituted non compliance for monitoring to be a meaningful exercise. Premises registered with Councils under the Health Act already have regulations or standards to comply with that recognize harm to health. A requirement to investigate any report of alleged or suspected non compliance that may result in harm to health would serve the same purpose.</p> <p>A requirement that Registered Premises display advice to this effect similar to signage requirements for licensed premises would raise public awareness and encourage compliance.</p>	
75	<p>That a registration or licence holder's compliance with the duty could be determined as follows:</p> <ul style="list-style-type: none"> (a) if there is a method outlined in the Regulations, these must be complied with (b) if the Chief Health Officer develops guidelines that state how to minimise public health risk, then the person must either: <ul style="list-style-type: none"> (i) adopt and follow the method stated in the guideline; or (ii) adopt and follow another way that minimises the public health risk; and (c) where there is neither a prescribed method nor any Chief Health Officer guideline, then the person may choose the method by which they discharge their obligation. <p>Notice of the Chief Health Officer's guidelines would need to be published in the Government Gazette and the guidelines would need to be published on the Department of Human Service's website.</p>	4.2

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	Issue	Section reference
	<p>Comment: This appears to complicate the issue of compliance with regulations and standards of practice. A requirement for a business to prominently display a statement of the method by which health issues are addressed would be a simpler alternative, ie “this business operates in compliance with Government health standards” or “this business operates with appropriate health standards, copies available on request”</p>	
83	<p>That the new Act continue to deal separately with environment related health risks that arise at the local level (nuisances) and broader public health risks that affect the community or subsections of the community.</p>	4.4
	<p>Comment: Do not agree that nuisances as outlined in the current Act constitute “environment related health risks”</p>	
84	<p>That the nuisance provisions apply to nuisances which are, or are liable to be, dangerous to health or offensive, including nuisances arising from or constituted by:</p> <ul style="list-style-type: none"> (a) any building or structure (b) any land, water or land covered by water (c) any insect or animal capable of carrying a disease transmissible to humans (d) any refuse (e) any noise or emission (f) any state, condition or activity (g) any other matter or thing. 	4.4
	<p>Comment: The use of this section to address nuisances “which are or are liable to be dangerous to health” is almost negligible. As such the retention of this section as a means to address environmental health risks will not fulfill any practical function. Nuisance as a health risk is now more than adequately controlled by other legislation and most “offensive” nuisance allegations are little more than amenity issues best managed via Council Local Law provisions or personal discomfort issues which are not within the intent of the legislation. Common law resolution for neighbor disputes is an option that is not used because Council can be embroiled by the claim of “dangerous to health”. The issue of nuisances as environmental health risks should be reconsidered if recommendations 115 and 116, Improvement and prohibition notices, are to be the means of resolution particularly as such notices will be issued by Council and not authorized officers.</p>	
85	<p>That “offensive” be defined as “noxious or injurious</p>	4.4

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	Issue	Section reference
	to personal comfort” and the reference to “annoying” be removed.	
	Comment: The term “annoying” in relation to nuisance was a reference to the repetitive nature of the nuisance not a reference to personal dislike. A once off episode that is “injurious to personal comfort” could still be alleged to be a nuisance and have to be investigated by a Council.	
86	That a risk of a “nuisance” be sufficient to trigger powers.	4.4
	Comment: How is “risk” to be determined sufficient to withstand scrutiny should a notice to improve or prohibit require enforcement in Court. Risk and “liable to be” appear to be interchangeable and it therefore also seems that the recommendation to include “risk” will not improve or enhance the operation of the nuisance provisions. Where is the evidence that “liable to be” has been used to prevent a nuisance from occurring? This is also inconsistent with the decision not to introduce a “risk to health” offence.	
88	That each municipal council continue to have a duty to “remedy as far as is reasonably possible all ‘nuisances’ in its municipal district” (as in s 41).	4.4
	Comment: See previous comments on nuisance	
92	That nuisance abatement provisions (s 44) be removed, and municipal councils instead rely on the general enforcement provisions under the new Act; that is, improvement notices and prohibition notices (see 4.9).	4.4
	Comment: This appears to be an unwieldy linkage. The development of criteria that would trigger an improvement or prohibition notice from a Council in relation to “state, condition, activity, any other matter or thing” may be more useful as an alternative to the continuation of the nuisance provisions.	
95	That there is consideration regarding whether any other people undertaking a registerable or licensable activity should be required to prepare a risk management plan. The Act would specify whether such people are required to prepare a risk management plan.	4.6

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	Issue	Section reference
	<p>Comment: Where is the evidence that this recommendation is necessary to address health issues in the personal care industry. Councils do not receive complaints of health concerns from the operation of beauty or skin penetration businesses. This would support the continuation of the current control methods, ie regulation /standards of practice. To require risk management plans would appear not to provide any gain and to impose an added cost burden on all concerned. There is evidence of health risk from the use of Solariums and these businesses are not included in the proposed public health act due to self assessed compliance with a voluntary code of practice.</p>	
96	<p>That the provisions in the public health Act regarding risk management plans in the case of registerable/licensable activities, be based on the approach used in Part 5B of the <i>Building Act 1993</i> (Vic) in relation to cooling tower systems. For instance:</p> <ul style="list-style-type: none"> (a) there would be provision for approved auditors who are approved by the Secretary (b) approved auditors would need to comply with any conditions imposed on their approval (c) the approved auditors would assess whether the risk management plan addresses the required matters, but not its adequacy (d) there would be provisions regarding reporting "failed" audits to the registering authority (the Secretary or municipal council) (e) there would be provisions regarding conflicts for approved auditors, granting audit certificates and impersonation of approved auditors. 	4.6
	<p>Comment: Where is the evidence that this is necessary for premises registered with a Council.</p>	
98	<p>That the public health Act provide powers for the Secretary (or municipal council, where applicable) to:</p> <ul style="list-style-type: none"> (a) grant, renew, vary, suspend or cancel the registration/licence (b) determine whether the registration/licence applicant is a fit and proper person (c) set registration/licensing periods for public health risk activities within specified parameters (for example, a maximum 	4.7

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	Issue	Section reference
	<p>licensing period of three years)</p> <ul style="list-style-type: none"> (d) set conditions to which the licence is subject (registration would not be subject to conditions) (e) make enquiries regarding the authenticity and suitability of documents presented with licence or registration applications (f) reissue a licence or certificate of registration upon application of a licence holder that the original licence/registration has been lost, stolen or destroyed (g) monitor the activities of licence/registration holders, to ensure that they comply with any requirements of the licence/registration. 	
	<p>Comment: There would need to be criteria developed for sub section (b) to enable a consistent approach to what constitutes a “fit and proper person”.</p>	
100	<p>That the following offence provisions be set out in the public health Act:</p> <ul style="list-style-type: none"> (a) conducting an activity for which a licence is required, without the operator being registered/licensed (b) breaching the conditions of the licence (c) making a false or misleading statement in relation to an application for the grant, renewal or variation of a registration/licence (d) failing to prepare a risk management plan (where there is an obligation to have a risk management plan) (e) an offence of failing to notify authorities in the event of certain types of incidents occurring. 	4.7
	<p>Comment: Any legal distinction between licensing and registering needs to be considered so as not to throw up any anomalies in the enforcement process.</p>	
101	<p>That a person whose registration/licence has been cancelled by the Secretary/municipal council has the right to re-apply for registration/licence, but could be required to inform the registration/licensing authority of previous cancellations or suspensions. Failure to do so could be grounds for refusing to issue a registration/licence, or for</p>	4.7

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	Issue	Section reference
	cancelling any registration/licence subsequently issued.	
	Comment: When and how would the right to re-apply for registration after cancellation occur?	
110	<p>That the public health Act provide that an authorised officer is able to exercise powers to monitor compliance and investigate possible contraventions of the Act. This should include the power to (at any reasonable time) exercise the following “general enforcement powers”:</p> <ul style="list-style-type: none"> (a) enter a place (b) stop and search any person, animal, vehicle, vessel or other means of conveyance (c) inspect, examine and make enquiries at the place (d) examine or inspect any thing at the place (e) bring any equipment or materials to the place that may be required (f) seize any thing, including a document, at the place, where: <ul style="list-style-type: none"> (i) the seizure is required to determine whether there has been a contravention of the Act; or (ii) the seized thing may be used as evidence for a possible prosecution; or (iii) the seizure is required to minimise a risk to health (g) seal a place or thing (h) take a sample of any thing at the place (i) take any photographs or measurements or make sketches, impressions or any audio or visual recordings (j) make copies of, or take extracts from, any document kept on the place (k) use or test any equipment at the place (l) request a person at the place to provide information or produce documents (m) request a person at the place to operate equipment to access information from that equipment (such as from a disk or tape) (n) request a person at the place to provide any document that is needed to investigate or monitor compliance 	4.8

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	Issue	Section reference
	<ul style="list-style-type: none"> (o) use any assistants the authorised officers considers necessary to exercise the powers conferred on an authorised officer (p) exercise any other power conferred on the authorised officer by the public health Act (q) do any other thing that is reasonably necessary for the purpose of the authorised officer performing his or her functions, or exercising his or her powers, under the public health Act. 	
116	<p>That the public health Act provide an illustrative list or examples of some of the types of improvement or prohibition notices that could be issued under the Act. An improvement or prohibition notice would be able to achieve everything that a “notice to abate” can achieve under section 44 of the Health Act.</p>	4.9
	<p>Comment: There would need to be a clear link between an adverse health outcome and the need to issue a notice especially as it is proposed that a notice be issued by a Council and not by officers. Council meeting cycles and Christmas/New Year recess will mitigate against prompt action.</p>	
138	<p>An application for an appeal in relation to licences/registrations and review in relation to improvement/prohibition notices must be made within 28 days after the later of:</p> <ul style="list-style-type: none"> (a) the day on which the applicant was notified of the decision (b) the day on which the eligible person is notified by the Secretary/municipal council of the eligible person’s right to a review. 	4.14
	<p>Comment: The issue of a notice to address conditions affecting public health should have some weight of urgency and as such the appeal period should be shortened to 14 days.</p>	
144	<p>That the requirement that businesses conducting hairdressing be registered with municipal councils not be re-enacted in the public health Act.</p>	5.1
	<p>Comment: Agree</p>	

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	Issue	Section reference
145	That the requirement that a person conducting a business of beauty therapy be registered with municipal councils be re-enacted.	5.1
<p>Comment: The word “therapy” should not be used to define personal care businesses that seek to enhance personal appearance or provide novel or artificial embellishment where the provision of such services may affect a persons health. The terminology used to define the businesses requiring registration should not be open to interpretation.</p>		
147	That the specific regulatory scheme set out in the Regulations would be proportionate to the level of risk associated with the specific activity. For example, the regulations for premises conducting skin penetration could be more prescriptive than the regulations for premises conducting beauty therapy.	5.1
<p>Comment: Agree</p>		
148	That definitions for “beauty therapy”, “tattooing”, “skin penetration” and “colonic irrigation” be included in the public health Act. The definition of skin penetration would include various cosmetic and decorative procedures such as scarification, branding and beading.	5.1
<p>Comment: Do not agree with the use of the word “therapy” even with specific definition.</p>		
149	That the practices of professionals who are trained in infection control and regulated by professional bodies which regard poor infection control practices as unprofessional conduct (registered medical practitioners, dentists, nurses, podiatrists and acupuncturists) be exempted from the requirement to register with municipal council. The practices of accredited pathology services and hospitals should also be exempted from the requirement to register with municipal council. However, exempt businesses would still be required to comply with the requirements regarding cleanliness of equipment (including sterilisation) and personal hygiene of each person in the business that conducts the skin penetration activity.	5.1

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	Issue	Section reference
	Comment: Agree, complaints about hygiene practices of trained professionals are not unknown to Councils.	
150	That proprietors of swimming pools continue to be subject to regulation under the public health Act, but not be required to be registered with municipal councils.	5.1
	Comment: Agree	
154	The public health Act continue to require registration of premises providing accommodation to a high number of people (such as tourist accommodation and rooming houses).	5.2
	Comment: Agree	
156	That the public health Act continue to prescribe by regulation the classes of accommodation to be registered. It is expected that the classes of accommodation currently required to be registered will continue to be prescribed by regulation, except for some residential accommodation that is adequately regulated under other legislative regimes, for example accommodation regulated under the <i>Children and Young Persons Act 1989</i> or the or the <i>Intellectually Disabled Persons' Services Act 1986</i> . The classes of accommodation currently exempt from the requirement to be registered will probably continue to be exempt, although it would be appropriate to carefully consider facilities provided to non-permanent residents in caravan parks.	5.2
	Comment: Agree	
157	That the specific regulatory scheme set out in the Regulations be proportionate to the level of risk associated with that activity.	5.2
	Comment: Agree	
231	That it be an offence for a pest control operator to contravene a condition of his or her licence.	6.4