

**ROYAL DISTRICT NURSING SERVICE SUBMISSION
TO THE HEALTH ACT REVIEW DRAFT POLICY PAPER**

Recommendations

	Issue	Section reference
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: Query purpose of MOU and whether intended to apply to private as well as government agencies. Vague. Do not support.		
4	That the public health Act recognise the need to address inequalities in the health and wellbeing of disadvantaged communities.	1.2
Comment: Caution against paternalistic provisions.		
6	That the term “health and wellbeing” be defined in the public health Act to include health as a positive condition, not merely the absence of disease, and be inclusive of physical, social and mental wellbeing (both individual and collective) and apply to the provisions in the public health act relating to the following: (a) objects (see 1.6) (b) guiding principles (see 1.7) (c) functions of Secretary, Chief Health Officer and municipal councils (see 1.8 to 1.10) (d) public health inquiries (see 2.1)(e) (e) municipal public health plans (see 3.1)(f) (f) health information management (see 3.6).	1.4
Comment: We suggest caution to ensure that new provisions will not open floodgates to class action based on “unhappiness” / “lack of wellbeing” claims.		
15	That the public health Act include the following statement of function of the Secretary under the Act: (a) to develop and implement policies and programs to achieve the objects of the Act (b) to assist other agencies which have an impact on public health to enhance opportunities for public health (c) to support, equip and empower communities to address their health needs	1.8

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	<p>(d) to establish and maintain a comprehensive information system which includes information on:</p> <ul style="list-style-type: none"> (i) the health status of Victorians and groups of Victorians including the extent and effects of illness, injury and premature death (ii) the determinants of health(iii) health system performance in Victoria. 	
	<p>Comment: 15(b) Query does “assist” include mandatory powers? 15(d) Reporting obligations of non-government agencies must be limited, should not be onerous and should not unnecessarily duplicate existing reporting requirements of, for example, government funded agencies (such as RDNS).</p>	
19	<p>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:</p> <ul style="list-style-type: none"> (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 services to children living or being educated within the municipal district. 	1.10
	<p>Comment: Line 3 – query definition of “council” – assume will be defined in Act.</p>	
21	<p>That the public health Act provide that the exercise by a delegate of municipal council’s power to refuse</p>	1.10

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	Issue	Section reference
	an application for registration under the Act is only valid if the council later ratifies that refusal.	
	Comment: Line 2 –query definition of “council”.	
41	That the provisions regarding the constitution, procedures and functions of all consultative councils be consolidated in one part of the public health Act.	2.2
	Comment: Line 2 – Need to define “consultative councils”.	
43	<p>That, in relation to the Consultative Council on Paediatric Mortality and Morbidity (“CCOPMM”):</p> <ul style="list-style-type: none"> (a) The Act would define a “maternal death” as the death a woman who was pregnant at the time of death; or was pregnant within the 12 months prior to her death. (b) The provisions relating to the membership of CCOPMM be simplified. A possible approach may be to provide that CCOPMM is to consist of not more than 12 members including a chairperson and such other members, the majority of whom shall be people with special knowledge in the matters referred to the council”. (c) The requirements to report a birth to CCOPMM in section 162G be retained, but extended to also include mandatory reporting of birth defects by hospitals, diagnostic laboratories and prenatal screening facilities. (d) Section 22A of the Coroners Act 1985 (Vic) is amended to provide that the Coroner must notify CCOPMM of maternal and child deaths (this does not include stillbirths). (Currently, the Act provides that the Coroner may notify CCOPMM of the death of a child that is reported to the Coroner.) (e) Section 49B of the Births Deaths and Marriages Registration Act 1996 (Vic) is amended to provide that, in addition to being required to report stillbirths and child deaths to CCOPMM, the Registrar of Births, Deaths & Marriages must also notify CCOPMM of maternal deaths that are reported to the Registrar of Births, Deaths & Marriages. 	2.2

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	Comment: 43(a) Line 2 – after “death” insert “of”.	
68	<p>That the public health Act authorise the establishment of registers by regulation. The Act would set out general provisions as to the purposes and procedures for registers established and their proposed use and confidentiality requirements (modelled on the proposed Public Health Bill (NZ)). Registers that may be established by regulation include:</p> <ul style="list-style-type: none"> (a) an environmental events register (modelled on the <i>Public Health Act 2005 (Qld)</i>) (b) a register of public health information held by the Department of Human Services and provided to third parties, for example, for research purposes (modelled on the <i>Public Health Act 2005 (Qld)</i>). 	3.6
	Comment: on basis that information in public registers will be deidentified.	
76	That the public health Act not impose a General Duty on all people.	4.2
	Comment: Strongly support as an employer.	
109	<p>That before entering a premises to exercise a general enforcement, incident or emergency power, the authorised officer must (subject to the exceptions noted in this paragraph) announce that he or she is authorised under the public health Act to enter the premises and give any person at the premises an opportunity to allow entry to the premises. The exceptions to this requirement are if:</p> <ul style="list-style-type: none"> (a) it is not practicable (the premises are vacant) (b) the authorised officer believes on reasonable grounds that immediate entry to the premises is required to ensure: <ul style="list-style-type: none"> (i) the safety of any person; or (ii) the effective exercise of the powers noted below. 	4.8
	Comment: Recommend officer also be required to provide copy formal notice of reason for entry.	

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149	<p>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.</p>	5.1
<p>Comment: As an employer of community nurses, RDNS supports the exemption for nurses. We assume that RDNS would not come within the Act as a “business that conducts the skin penetration activity” - based on the assumption that the definition of skin penetration as set out in the Consultation Paper will be reflected in the Act.</p>		
154	<p>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).</p>	5.2
<p>Comment: Support. Suggest consideration be given to the inclusion of caravan parks with permanent or non permanent residents.</p>		
155	<p>That the regulation-making power under the public health Act be broad enough to regulate accommodation provided by people who are not necessarily “in the business” of providing prescribed accommodation. This would be broad enough to regulate accommodation provided to seasonal workers (if appropriate).</p>	5.2
<p>Comment: Suggest the provision needs to incorporate a qualification so that the “accommodation” is related to the “business” –otherwise the term may be too broad.</p>		
159	<p>That the following people be authorised to exercise contact tracing powers for a notifiable condition under the public health Act:</p>	5.3

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	<p>(a) authorised officers of the Department of Human Services, subject to directions of the Secretary</p> <p>(b) authorised officers of council, but only if directed to do so by the Secretary and subject to the directions of the Secretary.</p> <p>These powers authorise the collection, use and disclosure of personal information and health information.</p>	
	<p>Comment: 159(b) Line 1 – query definition of “council” - assume it will be defined as “municipal council”.</p>	
185	That the public health Act not re-enact the HIV-specific pre and post-test counselling provisions.	5.7
	<p>Comment: Do not support. We consider pre and post test counseling important for persons with HIV and Hepatitis C.</p>	