LEGISLATIVE ASSEMBLY
FOR THE AUSTRALIAN CAPITAL TERRITORY

STANDING COMMITTEE ON ECONOMIC DEVELOPMENT AND TOURISM
JEREMY HANSON MLA (CHAIR), MICHAEL PETTERSSON MLA (DEPUTY CHAIR), MARK PARTON MLA, SUZANNE ORR MLA

Inquiry into referred 2016–17 Annual and Financial Reports
QUESTION ON NOTICE

Vicki Dunne MLA: To ask the Minister for Regulatory Services

Ref: Chief Minister, Treasury and Economic Development Directorate Annual Report, and Health Directorate Annual Report

In relation to: Access Canberra - Public health protection and food permit regulation

CMTEDD A/R page 43 – Healthy Weight Initiative

1) How many workplaces are Healthier Work Recognised in 1st, 2nd & 3rd year of recognition?

   Year One - 48
   Year Two - 27
   Year Three - 15

2) How many in each category have lost their status?

   Year One - 10
   Year Two - 0
   Year Three - 0

CMTEDD A/R page 44 – covering liquor, gaming & health at high-risk events

1) Are outdoor music festivals considered to be high-risk?
   With regard to food regulation, outdoor music festivals are not considered to be specifically high-risk with the exception of the National Folk Festival due to its operation over several days, the large number of attendees and the types of foods available. As such, the National Folk Festival is a 'regulated event' under the *Food Act 2001*.

2) Are high-risk events generally compliant with public health regulations?

   Food Business Compliance at these events has generally been high.

3) Which events typically are least compliant?

Of the Regulated Events declared under the *Food Act 2001*, the ACT Multicultural Festival had the greatest percentage of non-compliant food stalls during 2016-17. A recorded non-compliance at a food stall does not always represent an imminent risk to public health.

4) What are health inspectors doing to assist those least compliant events to perform better?
The Health Protection Service works closely with Access Canberra before and after events to engage with food stall operators and ensure compliance.

ACT Health A/E page 113 – Interventions and mitigation

1) How many cases of salmonella poisoning did the health inspectors investigate during 2016-17?
During 2016 and 2017, there were 619 salmonellosis cases notified to ACT Health from which nine outbreaks were identified. Not all cases of salmonellosis in the ACT are the result of an outbreak or lead to the identification of an outbreak. Surveillance activities conducted by ACT Health play a crucial role in determining this.

2) Did all investigations result in satisfactory outcomes?
While most cases are able to be interviewed and information regarding potential sources of infection collected, a small proportion of cases do remain uncontactable. All cases that are successfully contacted are provided with advice regarding how to prevent the spread of infection and other information about the disease. Investigation outcomes in relation salmonella outbreaks ensured action was being taking to mitigate the risk to the health of the ACT population. In some cases, no source could be determined.

3) If no, what is their status?
There are instances where numerous attempts are made to contact all notified cases. Cases that cannot be contacted are considered lost to follow-up.

4) After any prohibition notices were lifted, what follow-up investigations were made?
The action taken after a prohibition notice is assessed on a case by case basis. These actions can range from further inspections, formal interviews with proprietors, to no action at all.

5) What inspections of aged care facilities have health inspectors made relating to influenza or gastroenteritis outbreaks?
The Commonwealth is the principal regulator of aged care facilities, however if an aged care facility prepares and/or serves food they are also regulated by ACT Health as a high-risk food business. ACT Health works closely with aged care facilities to assist them in preparing for and managing outbreaks of viral gastroenteritis and influenza, as well as conducting routine food safety inspection. Aged care facilities are not routinely inspected during outbreaks of viral gastroenteritis and influenza as these illnesses are generally spread from person to person. If an outbreak is ongoing, an on-site inspection may be conducted to review infection control practices. When notified of an outbreak, the aged care facility is provided with advice regarding measures to control the spread of the disease (such as appropriate cleaning and exclusion of sick people), and an infection control checklist is completed with the facility over the phone. Public Health Officers also contact the facility daily for the duration of the outbreak. Should a gastroenteritis outbreak be attributed to *Salmonella*, ACT Health would further investigate the matter and conduct a food safety inspection. ACT Health investigates all food complaints including complaints related to aged care facilities.

6) Were any shortcomings in hygiene found?
Although aged care facilities are not routinely inspected during outbreaks of viral gastroenteritis and influenza, one on-site inspection of a facility with an ongoing influenza outbreak conducted in 2017 found no significant issues with hygiene. There were no shortcomings in hygiene identified during food safety inspections of aged care facilities during 2016-2017.

7) If yes, what were the consequences?
Facilities with an active outbreak are strongly encouraged to implement infection control recommendations made to them by ACT Health. If ACT Health has significant concerns regarding a facilities ability to control an outbreak, they can be issued with a Public Health Direction under the *Public Health Act 1997*.

8) What follow-up action was taken?
During an outbreak, aged care facilities are contacted on a daily basis by Public Health Officers to ensure that disease control measures remain in place. If ACT Health has significant concerns regarding a facility's ability to control an outbreak, they can be issued with a Public Health Direction under the *Public Health Act 1997*.

ACT Health A/R page 115 – Amendments to Public Health Act to counter residential hoarding of food and other biodegradable matter

1) In the period since the Assembly passed these amendments in August 2016, how many instances of such hoarding have been reported?
ACT Health is aware of one hoarding case in the ACT that involves hoarding of food and other biodegradable matter.

2) Have all reports been dealt with?
The food hoarding case is a complex, longstanding and ongoing matter. ACT Health investigates complaints of insanitary conditions and does so in relation to the property. The property is regularly inspected and actions are taken to minimise/ mitigate the risk of insanitary conditions.

3) How long did it take to respond to each?
The response time depends on the nature of the complaint and the severity of the issues at hand.

4) What information was given to neighbours in relation to how the matter was dealt with?
The Health Protection Service met with neighbours to discuss this matter. The Health Protection Service endeavours to keep relevant parties abreast of issues and developments in this matter.

ACT Health A/R page 116 – promote smoke free areas

1) In general terms, what is the incidence of public complaints received about people smoking in smoke-free public areas?
Thirteen (13) complaints were referred to Access Canberra for the period September 2016 to October 2017.

2) What follow-up action typically is taken in response?
Access Canberra reviews all smoking related complaints in order to ascertain the particulars of the alleged behaviour and to inform further enquiries into the matter.

3) What has the health regulator done to educate the public about smoke-free public areas?
ACT Health has implemented targeted communications campaigns for each smoke-free area. These were rolled out in the lead up to the new laws and following commencement of the laws.

4) What input has the public given in relation to potential smoke-free public areas?
ACT Health has consulted publicly on each potential smoke-free public area and the results of each consultation are available on the ACT health website at www.health.act.gov.au/public-information/public-health/smoke-free-environments.

5) What is the status of declaring public transport waiting areas smoke-free?
Laws banning smoking in public transport waiting areas commenced on 1 October 2017.

6) If the declaration now is in place, what has been the public response since its introduction?
ACT Health has not received any negative feedback about the new smoke-free areas.

7) Are outdoor events, such as music festivals, smoke-free?
Smoking is banned at public underage music functions (i.e. those that are for individuals aged less than 18 years).

8) What action is taken to ensure compliance?
In response to complaints, Access Canberra officers will conduct inspections in the area to which the complaint relates (shopping centres, playgrounds and bus stops again being the typical areas). Access Canberra applies its Engage, Educate and Enforce philosophy in response to matters of non-compliance and therefore will attempt to resolve these issues through engagement and education in the first instance.

Where there has been non-compliance, individuals are afforded the opportunity to engage with inspectors and understand the smoking restrictions with the aim of eliminating any similar behaviour in the future. In some instances inspectors attend areas that are the subject of complaints.

Approved for circulation to the Standing Committee on Economic Development and Tourism

Signature: [signature] Date: 21/2/2018

By the Minister for Health and Wellbeing, Meegan Fitzharris MLA