

# Health Legislation Amendment Regulation (No. 1) 2019

Explanatory notes for SL 2019 No. 40

made under the

*Health Act 1937*

*Health Ombudsman Act 2013*

*Hospital and Health Boards Act 2011*

*Private Health Facilities Act 1999*

*Radiation Safety Act 1999*

*Tobacco and Other Smoking Products Act 1998*

## General Outline

### Short title

*Health Legislation Amendment Regulation (No. 1) 2019*

### Authorising law

Section 180 of the *Health Act 1937*

Section 292 of the *Health Ombudsman Act 2013*

Section 282 of the *Hospital and Health Boards Act 2011*

Section 151 of the *Private Health Facilities Act 1999*

Section 215 of the *Radiation Safety Act 1999*

Section 53 of the *Tobacco and Other Smoking Products Act 1998*

### Policy objectives and the reasons for them

The purpose of the *Health Legislation Amendment Regulation (No. 1) 2019* (Amendment Regulation) is to:

- allow pharmacists to administer vaccines and adrenalin to persons aged 16 years and older in accordance with the Drug Therapy Protocol – Pharmacist Vaccination Program (DTP-PVP);
- update references to the National Safety and Quality Health Service (NSQHS) Standards to refer to the second edition;
- require licensees of private health facilities to provide reports about reportable events within two working days of the event;

- remove the duplication of requiring private health facilities to meet the NSQHS Standards and a separate quality assurance program. Instead, the second edition of the NSQHS Standards will be prescribed as the only quality assurance program that private health facilities must comply with to meet the requirements of the *Private Health Facilities Act 1999*;
- move the certification requirements for proof of identity documents needed for a radiation source licence to the approved form for the application;
- update the definition of *transport code of practice* to refer to the 2014 version of the *Code for the Safe Transport of Radioactive Material* published by the Australian Radiation Protection and Nuclear Safety Agency; and
- prescribe six smoke-free government precincts in Bundaberg, Cairns, Hervey Bay, Maroochydore, Rockhampton and Townsville.

### ***Health (Drugs and Poisons) Regulation 1996***

#### ***Enabling pharmacists to administer vaccines and adrenalin to persons aged 16 years and over***

Section 171(5) of the *Health (Drugs and Poisons) Regulation 1996* provides for pharmacists to administer a vaccine to an adult in accordance with the DTP-PVP. Similarly, section 257(2) of the *Health (Drugs and Poisons) Regulation* enables pharmacists to administer adrenalin of a strength of 0.1% or less to an adult under the DTP-PVP. Schedule 1 of the *Acts Interpretation Act 1954* defines *adult* as an individual who is 18 years of age or older. The current DTP-PVP provides for a pharmacist to administer specified vaccines, such as the influenza vaccine, and adrenalin to manage anaphylaxis, in accordance with various conditions prescribed in the DTP-PVP. The DTP-PVP is subject to change as new or emerging vaccines are determined to be necessary. This determination is made by the chief executive of Queensland Health, or their delegate, as required.

Queensland was the first state in Australia to allow pharmacists to administer vaccines to adults under the Queensland Pharmacist Immunisation Pilot. The pilot ran from January 2014 until March 2016 providing over 22,000 influenza vaccinations; 1,450 diphtheria-tetanus-acellular pertussis vaccinations; and 40 measles-mumps-rubella vaccinations. Approximately 15 per cent of people vaccinated in the pilot had never been vaccinated before. The pilot demonstrated that pharmacist-administered vaccinations can be carried out safely and effectively.

In October 2018, the Health, Communities, Disability Services and Domestic and Family Violence Prevention Committee (Committee) published the *Inquiry into the establishment of a pharmacy council and transfer of pharmacy ownership in Queensland (Report No. 12, 56th Parliament)*. The report recommended that “the Department of Health lower the minimum patient age requirement for pharmacist-administered vaccinations to 16 years of age”.

The policy objective is to enable pharmacists to administer vaccines and adrenalin to individuals aged 16 years or older as provided for in the DTP-PVP. This policy change was in progress before publication of the Committee’s report and is in line with the Committee’s recommendation. A person who is 16 years or older has sufficient capacity to give informed consent for their own medical treatment. Lowering the age limit will increase access to vaccinations for this age group.

Victoria, South Australia and the Northern Territory allow pharmacists to administer vaccines to persons aged 16 years and over. New South Wales recently announced that the age for pharmacy-administered vaccinations will be lowered to 16 years from 2019.

### ***Health Ombudsman Regulation 2014 and Hospital and Health Boards Regulation 2012***

#### ***Updating references to the National Safety and Quality Health Service Standards***

The Australian Commission on Safety and Quality in Health Care (Commission), established under the *National Health Reform Act 2011* (Cth), is responsible for developing the National Safety and Quality Health Service (NSQHS) Standards. The NSQHS Standards aim to protect the public from harm and to improve the quality of health service provision. They provide a quality assurance mechanism that tests whether relevant systems are in place to ensure that expected standards of safety and quality are met. All hospitals and day procedure services must meet the NSQHS Standards for accreditation in accordance with the Australian Health Service Safety and Quality Accreditation (AHSSQA) Scheme administered by the Commission.

The first edition of the NSQHS Standards was released in 2011 and became mandatory for all health facilities in January 2013. The second edition was released in November 2017 and assessment of health facilities against the second edition under the AHSSQA Scheme commenced on 1 January 2019. The *Health Ombudsman Regulation 2014* and *Hospital and Health Boards Regulation 2012* refer to the first edition of the NSQHS Standards.

The objective of the Amendment Regulation is to update references to the first edition of the NSQHS Standards, to refer to the second edition.

### ***Private Health Facilities Regulation 2016***

#### ***Time for giving reports about reportable events***

A reportable event is defined in section 94 of the *Hospital and Health Boards Act 2011* as an event prescribed under a regulation that happens while a health service is being provided. Section 29 of the *Hospital and Health Boards Regulation* lists events that are considered 'reportable events' and includes maternal death, death associated with incorrect management of medication, an incorrect procedure being performed and suspected suicide.

Under section 144 of the *Private Health Facilities Act*, the Chief Health Officer can require a licensee to provide a report to monitor the quality of health services provided at a private health facility, which may include requiring a report about a reportable event. The licensee must provide the report in the approved form and within a timeframe prescribed under a regulation. The *Private Health Facilities Regulation 2016* does not prescribe timeframes for providing reports about reportable events. However, the approved form made under the *Private Health Facilities Act* requires a licensee to give a report about a reportable event within two working days of becoming aware of it. Although this timeframe is generally complied with, prescribing the timeframe in the *Private Health Facilities Regulation* will provide a legislative basis to enforce compliance, if necessary.

The objective is to amend the Private Health Facilities Regulation to require licensees to provide reports about reportable events within two working days of the event. A cross-reference to the definition of *reportable event* in the Hospital and Health Boards Act is also being inserted.

### ***Quality Assurance Standards***

As outlined above, all hospitals and day procedure services must meet the NSQHS Standards for accreditation in accordance with the AHSSQA Scheme administered by the Commission. On 1 January 2019, health facilities began to be accredited against the second edition of the NSQHS Standards under the AHSSQA Scheme.

The Private Health Facilities Act establishes licensing conditions and reporting requirements for private health facilities, including that facilities must operate under a quality assurance program conducted by a prescribed quality assurance entity. The Private Health Facilities Regulation prescribes three quality assurance programs that may be used to meet this requirement, but the NSQHS Standards are not prescribed as a quality assurance program.

As a result, private health facilities have to comply with both the NSQHS Standards and a quality assurance program prescribed in the Private Health Facilities Regulation. This means that private health facilities must meet additional requirements for accreditation compared to public health facilities. This results in additional expense and administrative burden for private health facilities.

One of the quality assurance programs prescribed under the Private Health Facilities Regulation is the Evaluation and Quality Improvement Program (also known as the EQUIPNational program) conducted by The Australian Council on Healthcare Standards (ACHS). The ACHS is a quality assurance entity under the Private Health Facilities Regulation. The ACHS completed a comparison of the EQUIPNational program, which covered the first edition of the NSQHS Standards and an additional five standards, against the second edition of the NSQHS Standards. The ACHS did not identify any significant gaps between the programs. The Council ceased the EQUIPNational program from 1 January 2019 and now only accredits against the NSQHS Standards.

Queensland is the only State that requires private health facilities to be accredited against both a quality assurance program and the NSQHS Standards.

The objective of the Amendment Regulation is to remove the duplication of requiring private health facilities to meet the second edition of the NSQHS Standards and a separate quality assurance program. Instead, the NSQHS Standards will be prescribed as the only quality assurance program that private health facilities must comply with to meet the requirements of a quality assurance system under the Private Health Facilities Act.

### ***Radiation Safety Regulation 2010***

#### ***Certification requirements for proof of identity documents for a radiation source licence***

The *Radiation Safety Act 1999* prohibits a person from using a radiation source or transporting a radioactive substance unless they hold a licence. The Act requires applications for licences to be made in the approved form and to be accompanied by the proof of identity documents prescribed in the *Radiation Safety Regulation 2010*.

The Radiation Safety Regulation requires the applicant for a radiation source licence to provide copies of proof of identity documents certified by a Justice of the Peace or Notary Public as part of the application process. It can be difficult for applicants living in rural and remote areas of Queensland to access a Justice of the Peace or a Notary Public to have their proof of identity documents certified.

The objective of the Amendment Regulation is to require proof of identity documents to be provided in the way required or permitted in the approved form for the application. This will enable the requirements for certification to be set out in the approved form. It is intended for the approved form to allow additional categories of persons to be able to certify proof of identity documents, such as a Commissioner for Declarations or a doctor, to improve accessibility for people living in rural and remote areas. It is also intended to provide greater flexibility for additional categories to be added in future or for alternative identity certification processes, such as online verification, to be recognised.

### ***Updating the definition of transport code of practice***

The Radiation Safety Regulation defines *transport code of practice* by reference to the *Code of Practice for the Safe Transport of Radioactive Material (2008)*, published by the Australian Radiation Protection and Nuclear Safety Agency (ARPANSA). ARPANSA published an updated version known as the *Code for the Safe Transport of Radioactive Material (2014)*. The 2014 version made minor machinery and grammatical changes and included technical clarifications. The 2014 version does not impose new requirements on licensees and is already being widely used by industry.

The objective of the Amendment Regulation is to update the definition in schedule 9 of the Radiation Safety Regulation to refer to the 2014 version of the code.

### ***Tobacco and Other Smoking Products Regulation 2010***

#### ***Prescribe the regional phase of smoke-free government precincts***

Queensland is increasingly becoming smoke-free. However, while there has been a substantial reduction in smoking rates in recent years, the number of people who smoke remains high. In 2018, there were about 424,000 daily adult smokers.

Regional and remote areas of Queensland continue to have higher smoking rates. Creating smoke-free environments is a proven strategy for reducing exposure to harmful tobacco smoke and encouraging smokers to quit. It also protects non-smokers from exposure to second-hand smoke, increasing the public's enjoyment of the smoke-free areas.

The *Tobacco and Other Smoking Products Act 1998* enables smoking to be prohibited at some types of facilities and outdoor places. Smoking can also be prohibited at prescribed government precincts. Under section 26ZD of the Act, a government precinct means land adjoining a building occupied by the State that is prescribed by regulation.

A phased approach is being used to establish smoke-free government precincts across Queensland. The *Tobacco and Other Smoking Products Regulation 2010* currently prohibits smoking at seven government precinct sites adjoining government-occupied buildings in George, Mary and Charlotte Streets and 1 William Street in the Brisbane Central Business District.

The policy objective of the Amendment Regulation is to amend the Tobacco and Other Smoking Products Regulation to prescribe six smoke-free government precincts in Bundaberg, Cairns, Hervey Bay, Maroochydore, Rockhampton and Townsville. The regional buildings proposed to become smoke-free were identified by Queensland Health through a selection process in conjunction with the Department of Housing and Public Works.

The amendments align with the Tobacco and Other Smoking Products Act which provides for other smoke-free places such as public swimming facilities, children's playgrounds and under-18 sporting events.

## **Achievement of policy objectives**

To achieve the policy objectives, the Amendment Regulation will amend:

- the Health (Drugs and Poisons) Regulation to enable pharmacists to administer vaccines and adrenalin to persons aged 16 years and over in accordance with the DTP-PVP;
- the Health Ombudsman Regulation and the Hospital and Health Boards Regulation to update references to the NSQHS Standards to refer to the second edition;
- the Private Health Facilities Regulation to:
  - require licensees of private health facilities to provide reports about reportable events within two working days of the event;
  - remove the duplication of requiring private health facilities to meet the NSQHS Standards and a separate quality assurance program. Instead, the second edition of the NSQHS Standards will be prescribed as the only quality assurance program that private health facilities must comply with to meet the requirements of the Private Health Facilities Act;
- the Radiation Safety Regulation to:
  - move the certification requirements for proof of identity documents needed for a radiation source licence to the approved form for the application;
  - update the definition of *transport code of practice* to refer to the 2014 version of the *Code for the Safe Transport of Radioactive Material* published by ARPANSA; and
- the Tobacco and Other Smoking Products Regulation to prescribe six smoke-free government precincts in Bundaberg, Cairns, Hervey Bay, Maroochydore, Rockhampton and Townsville.

## **Consistency with policy objectives of authorising law**

The Amendment Regulation is consistent with the policy objectives of the authorising Acts.

## **Inconsistency with policy objectives of other legislation**

No inconsistencies with the policy objectives of other legislation have been identified.

## **Alternative ways of achieving policy objectives**

The Amendment Regulation is the only effective means of achieving the policy objectives.

## **Benefits and costs of implementation**

The Amendment Regulation does not impose significant costs on those to which it applies. All costs for implementing the amendments will be met within existing budget allocations.

### ***Enabling pharmacists to administer vaccines and adrenalin to persons aged 16 years and over***

The amendments to the Health (Drugs and Poisons) Regulation to allow pharmacists to administer vaccines and adrenalin to persons aged 16 years and over will implement the Committee's recommendation to lower the age requirement for pharmacist-administered vaccinations to 16 years of age. The amendment will also improve access to vaccinations for those aged between 16 and 18, lower their out-of-pocket expenses and result in better health outcomes for the public.

### ***Time for giving reports about reportable events***

The amendments to the Private Health Facilities Regulation to prescribe the requirement for licensees to provide a report about a reportable event within two working days of becoming aware of the event will increase patient safety. The requirement for reports to be made within two days will ensure early identification of any action Queensland Health may need to take to ensure private health facilities address any issues identified in the report.

### ***Quality Assurance Standards***

The amendments to the Private Health Facilities Regulation to remove the duplication of requiring private health facilities to meet the NSQHS Standards and a separate quality assurance program will reduce the financial, regulatory and administrative burden for private health facilities to meet both national accreditation and state licensing conditions. The amendment will also provide parity with current private health facility licensing requirements in other Australian states and territories and the Queensland public health system quality assurance requirements.

### ***Certification requirements for proof of identity documents for a radiation source licence***

The amendments to the Radiation Safety Regulation will facilitate a broadening of the persons who are authorised to certify proof of identity documents needed to apply for a radiation source licence. This will benefit anyone applying for a radiation source licence, but may be of particular benefit to those living in rural and remote areas, who may not have easy access to a Justice of the Peace or Notary Public.

### ***Prescribe the regional phase of smoke-free government precincts***

The amendments to the Tobacco and Other Smoking Products Regulation to prescribe six smoke-free government precincts support the objectives of the Tobacco and Other Smoking Products Act. The benefits of the Act include improving the health of members of the public by reducing their exposure to tobacco and other smoking products, as well as encouraging smokers to quit smoking.

Any implementation costs arising from providing increased access to Quitline, and the communication, monitoring and enforcement of the smoking prohibition, will be met from within existing resources.

## Consistency with fundamental legislative principles

The Amendment Regulation is generally consistent with fundamental legislative principles in section 4 of the *Legislative Standards Act 1992*.

The amendments to the Health (Drugs and Poisons) Regulation to allow pharmacists to administer vaccines and adrenalin to persons aged 16 years or older requires pharmacists to do so in accordance with the DTP-PVP. This potentially breaches the fundamental legislative principle about ensuring subdelegation is appropriate by referring to an external document. A drug therapy protocol is a document certified by the chief executive of Queensland Health, or their delegate, that sets out matters of technical detail for the administration, possession and supply of substances. The DTP-PVP is monitored and updated when necessary to reflect the latest advice, ensure it aligns with clinical best practice and is published on the Queensland Health website ([www.health.qld.gov.au](http://www.health.qld.gov.au)).

It is considered that the rigour surrounding the development of the DTP-PVP, its use in ensuring Queenslanders receive restricted drugs based on best practice and training, and the technical nature of the document, justifies the need to refer to it in the Health (Drugs and Poisons) Regulation.

## Consultation

### *Enabling pharmacists to administer vaccines and adrenalin to persons aged 16 years and over*

The Committee inquiry process involved broad consultation with relevant stakeholders. The Committee received submissions from pharmacists, tertiary institutions (University of Queensland and Queensland University of Technology schools of pharmacy), pharmacy peak bodies and professional organisations (including the Pharmacy Guild of Australia, Queensland Branch and the Pharmaceutical Society of Australia, Queensland Branch) and professional bodies representing medical practitioners (including the Australian College of Rural and Remote Medicine, the Rural Doctors Association of Queensland, the Australian Medical Association Queensland, the Royal Australian College of General Practitioners) and other non-government organisations including Diabetes Queensland, Asthma Australia and Health Consumers Queensland.

After considering the views of all stakeholders, the Committee recommended lowering the age at which pharmacists may administer vaccines to persons 16 years and over.

The amendment was assessed by the Queensland Productivity Commission, in accordance with *The Queensland Government Guide to Better Regulation*. The Queensland Productivity Commission advised that the amendment is unlikely to result in significant adverse impacts and further regulatory impact assessment is not required.



### ***Updating references to the National Safety and Quality Health Service Standards***

The amendments were assessed by Queensland Health, in accordance with *The Queensland Government Guide to Better Regulation*, as being machinery in nature under category (g). Therefore, the amendments are excluded from further regulatory impact assessment and no consultation with the Queensland Productivity Commission was required.

### ***Time for giving reports about reportable events***

The amendments were assessed by Queensland Health, in accordance with *The Queensland Government Guide to Better Regulation*, as being consequential in nature under category (a). Therefore, the amendments are excluded from further regulatory impact assessment and no consultation with the Queensland Productivity Commission was required.

### ***Quality Assurance Standards***

The Commission, in consultation with Commonwealth, state and territory governments and industry representatives, conducted a review of the national accreditation scheme called the *Review of the Australian Health Service Safety and Quality Accreditation Scheme: Improving the reliability of health service organisation accreditation processes*. As part of the review, the Commission recommended reducing the need to comply with safety and quality standards other than the NSQHS Standards to improve regulatory oversight.

Key stakeholders were consulted about the amendments to prescribe the NSQHS Standards in the Private Health Facilities Regulation and remove the currently prescribed quality assurance programs. The stakeholders consulted included the Australian Commission on Safety and Quality in Health Care, Private Hospitals Association of Queensland, and all private health facilities. All stakeholders consulted support the amendments.

The amendments were assessed by the Queensland Productivity Commission, in accordance with *The Queensland Government Guide to Better Regulation*. The Queensland Productivity Commission advised that the proposed amendments appear to reduce the regulatory burden and clearly do not add to the burden of regulation, and it is reasonably clear there are no significant adverse impacts. Therefore, further regulatory impact assessment is not required.

### ***Certification requirements for proof of identity documents for a radiation source licence***

The following stakeholders were consulted about the amendments to the Radiation Safety Regulation:

- Radiation Advisory Council;
- Australasian College of Physical Scientists and Engineers in Medicine;
- Australian Society of Medical Imaging and Radiation Therapy;
- Australian Dental and Oral Health Therapists Association Queensland;
- Australian Medical Association Queensland;
- Australian Dental Association Queensland.

All stakeholders consulted supported the proposed amendments.

Relevant unions were consulted on the proposed amendments. No written responses were received from the unions, but they expressed general support for the amendments.

The amendments were assessed by Queensland Health, in accordance with *The Queensland Government Guide to Better Regulation*, as being machinery in nature under category (g). Therefore, the amendments are excluded from further regulatory impact assessment and no consultation with the Queensland Productivity Commission was required.

***Updating the definition of transport code of practice***

The amendments were assessed by Queensland Health, in accordance with *The Queensland Government Guide to Better Regulation*, as being machinery in nature under category (g). Therefore, the amendments are excluded from further regulatory impact assessment and no consultation with the Queensland Productivity Commission was required.

***Prescribe the regional phase of smoke-free government precincts***

The Together Union was consulted prior to 1 William Street, Brisbane being prescribed as a smoke-free government precinct. The Union was advised that other government precincts would be prescribed as smoke-free in the future. During consultation on prescribing 1 William Street as a smoke-free precinct, the Together Union expressed support for the health benefits of reducing smoking and the staff in the affected buildings being offered access to Quitline.

The owners of any private businesses within the identified buildings and those of neighbouring buildings were advised of the proposal for the buildings to become smoke-free and were invited to discuss any concerns they may have. No objections were received from the owners of the private businesses or neighbouring properties.

The amendments were assessed by Queensland Health, in accordance with *The Queensland Government Guide to Better Regulation*, as being machinery in nature under category (g). Therefore, the amendments are excluded from further regulatory impact assessment and no consultation with the Queensland Productivity Commission was required.

## Notes on provisions

### Part 1 Preliminary

#### Short Title

*Clause 1* provides that the short title of the regulation is the *Health Legislation Amendment Regulation (No. 1) 2019*.

### Part 2 Amendment of Health (Drugs and Poisons) Regulation 1996

#### Regulation amended

*Clause 2* provides that part 2 amends the *Health (Drugs and Poisons) Regulation 1996*.

#### Amendment of s 171 (Pharmacists)

*Clause 3* amends section 171(5) which authorises a pharmacist to administer a vaccine to an adult under the pharmacist vaccination program DTP. Schedule 9 of the regulation defines *pharmacist vaccination program DTP* as the drug therapy protocol called ‘Drug Therapy Protocol – Pharmacist Vaccination Program’. *Adult* is defined in schedule 1 of the *Acts Interpretation Act 1954* as an individual who is 18 years of age or older.

*Clause 3* amends section 171(5) to omit the words ‘an adult’ and replace them with ‘a person who is 16 years or more’. This change authorises pharmacists to administer vaccines to persons aged 16 years and over in accordance with the pharmacist vaccination program DTP.

#### Amendment of s 257 (Pharmacists)

*Clause 4* amends section 257(2) which authorises a pharmacist to administer adrenalin to an adult under the pharmacist vaccination program DTP. *Clause 4* amends section 257(2) to omit the words ‘an adult’ and replace them with ‘a person who is 16 years or more’. This change authorises pharmacists to administer adrenalin to persons aged 16 years and over in accordance with the pharmacist vaccination program DTP.

### Part 3 Amendment of Health Ombudsman Regulation 2014

#### Regulation amended

*Clause 5* provides that part 3 amends the *Health Ombudsman Regulation 2014*.

#### Amendment of s 5 (Prescribed conduct document—Act, s 288)

*Clause 6* amends section 5(a) which prescribes the first edition of the National Safety and Quality Health Service (NSQHS) Standards published by the Australian Commission on Safety and Quality in Health Care as a prescribed conduct document for section 288 of the *Health Ombudsman Act 2013*. *Clause 6* replaces the reference to the first edition of the NSQHS Standards with a reference to the second edition.

## **Part 4           Amendment of Hospital and Health Boards Regulation 2012**

### **Regulation amended**

*Clause 7* provides that part 4 amends the *Hospital and Health Boards Regulation 2012*.

### **Amendment of s 12 (Prescribed requirements for clinician engagement strategies)**

*Clause 8* amends section 12(b) to update the reference to the first edition of the NHQHS Standards to refer to the second edition.

### **Amendment of s 13 (Prescribed requirements for consumer and community engagement strategies)**

*Clause 9* amends 13(1)(b) to update the reference to the first edition of the NHQHS Standards to refer to the second edition.

### **Amendment of s 32 (Functions of a safety and quality committee)**

*Clause 10* amends section 32(a)(iv) to update the reference to the first edition of the NHQHS Standards to refer to the second edition.

## **Part 5           Amendment of Private Health Facilities Regulation 2016**

### **Regulation amended**

*Clause 11* provides that part 5 amends the *Private Health Facilities Regulation 2016*.

### **Amendment of s 6 (Time for giving of reports)**

*Clause 12* amends section 6 which deals with the time for giving reports under section 144 of the *Private Health Facilities Act 1999*.

*Clause 12(1)* amends section 6(2) to provide that a licensee of a private health facility must provide a report about a reportable event within two business days of the event.

*Clause 12(2)* inserts a cross-reference to the definition of *reportable event* in section 94 of the *Hospital and Health Boards Act 2011*.

### **Amendment of s 8 (Quality assurance entity)**

*Clause 13* amends section 8 which prescribes quality assurance entities for the definition in the Private Health Facilities Act.

*Clause 13(1)* replaces section 8(1) to omit current paragraph (b), which refers to ‘an entity accredited by JAS-ANZ as being competent to conduct a quality assurance program prescribed under section 9(1)(c)’ as a prescribed entity for the definition of *quality assurance entity* under the Private Health Facilities Act. As a result of the amendment, the only entity prescribed by

section 8(1) as a quality assurance entity for the purpose of the Act is ‘an entity approved by the Commission as an accrediting agency’. Section 8(2) defines *accrediting agency*.

Clause 13(2) omits the definition of *JAS-ANZ* from section 8(2).

### **Replacement of s 9 (Quality assurance program)**

*Clause 14* replaces section 9 which prescribes quality assurance programs for the definition in the Private Health Facilities Act. Clause 14 removes the three prescribed quality assurance programs in section 9(1) and replaces them with a reference to the second edition of the NSQHS Standards, formulated by the Australian Commission on Safety and Quality in Health Care. Clause 14 also inserts a definition of Commission.

## **Part 6 Amendment of Radiation Safety Regulation 2010**

### **Regulation amended**

*Clause 15* provides that part 6 amends the *Radiation Safety Regulation 2010*.

### **Amendment of s 10 (Documents relating to proof of identity—Act, s 51)**

*Clause 16* amends section 10 which deals with proof of identity documents for section 51 of the *Radiation Safety Act 1999*.

Clause 16(1) amends section 10(1) to replace the word ‘individual’s’ with the word ‘applicant’s’.

Clause 16(2) replaces section 10(2) to remove the requirement for a relevant application to be accompanied by ‘certified copies’ of proof of identity documents listed in schedule 4, parts 1 and 2. Clause 16(2) replaces section 10(2) with a requirement for a relevant application to be accompanied by copies of proof of identity documents listed in schedule 4, parts 1 and 2. Clause 16(4) inserts a new definition of *copy* of a document, as outlined below.

Clause 16(2) also inserts new subsection (2A) to provide that at least 1 of the documents must contain a photograph of the applicant or nominated person.

Clause 16(3) omits the definitions of *certified copy*, *justice of the peace* and *notary public*.

Clause 16(4) inserts a definition of *copy* of a document, defined to mean a reproduction of the document in the form required or permitted by the approved form for the relevant application.

Clause 16(5) renumbers sections 10(2A) and 10(3) as sections 10(3) and 10(4).

### **Amendment of sch 9 (Dictionary)**

*Clause 17* replaces the definition for *transport code of practice* with a new definition to refer to the 2014 version of the *Code for the Safe Transport of Radioactive Material* published by the Australian Radiation Protection and Nuclear Safety Agency (ARPANSA). ARPANSA is defined in the schedule 9 dictionary to the regulation.

## **Part 7           Amendment of Tobacco and Other Smoking Products Regulation 2010**

### **Regulation amended**

*Clause 18* provides that part 7 amends the *Tobacco and Other Smoking Products Regulation 2010*.

### **Amendment of s 15 (Prescribed government precincts—Act, s 26ZD)**

*Clause 19* amends section 15 which prescribes smoke-free government precincts for section 26ZD of the *Tobacco and Other Smoking Products Act 1998*.

Clauses 19(1), (2) and (3) make typographical changes to omit brackets and provide for continuous sentences.

Clause 19(4) replaces section 15(h) to prescribe the following six smoke-free government precincts:

- 46 Quay Street, Bundaberg
- 5B Sheridan Street, Cairns
- 12 First Avenue, Maroochydore
- 50-54 Main Street, Pinalba
- 209 Bolsover Street, Rockhampton
- 187-209 Stanley Street, Townsville.

The smoking prohibition applies to the land adjoining the buildings, including footpaths extending to the kerb of the road.