

Government of **Western Australia** Department of **Health**

Managing public health risks at events in WA

Discussion paper



better health • better care • better value

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2 Executive summary

Across the world and all throughout history, events have played a crucial role in bringing communities together. They provide a means for people to be entertained, to perform civic rituals and to celebrate collectively. The general public must be able to trust that their health and safety will not be compromised by attending an event, and that the organisers have systems in place to protect them in the event of an emergency.

At present, public health risks at events are managed by local government authorised officers through the *Health (Miscellaneous Provisions) Act 1911* Part VI and the *Health (Public Buildings) Regulations 1992*. With all existing regulations under the *Health (Miscellaneous Provisions) Act 1911* being reviewed as part of the implementation of the *Public Health Act 2016*, there is an opportunity to decouple events from public buildings in regulation and assess how to manage them most effectively.

The Department of Health believes ongoing regulation to be the best way to continue to ensure the safety of patrons at events, due to the high risks to public health that have been identified in this paper. A number of reforms are presented for discussion based on preliminary consultation with local government authorised officers (the primary enforcers of the legislation) and event industry representatives. The proposed reforms are risk-based, in line with the approach taken under the new *Public Health Act 2016*.

Community input is now sought on the proposed methods for management, and your comments will inform the development of the final management approach. We welcome your input on this important issue.



The aim of the events regulatory review is to examine the risks to public health and safety at events, and discuss options for their management into the future

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How to make a submission

This document contains a series of questions related to the options presented. You do not have to comment on all of the questions, and can provide feedback that may not be related to any of the questions.

Please explain the reasons behind your suggestions, and where possible use evidence such as statistics, cost estimates and examples of solutions.

Online survey

Complete the online survey, which may be accessed at <u>https://consultation.health.wa.gov.au/environmental-health-directorate/events-regulation-review</u>

Written submissions

Submissions must be received by **5:00pm (WST), Friday the 21st June 2019.** Late submissions unfortunately cannot be considered.

Written submission lodged by email (preferred) can be sent to publichealthact@health.wa.gov.au

Hard copies can be posted to:

Events Regulation Review Environmental Health Directorate Department of Health PO Box 8172 Perth Business Centre WA 6849

Consultation on the management of events

An Events Working Group was formed to review the existing management of public health risks at events under the *Health (Public Buildings) Regulations 1992* (Public Buildings Regulations), and ensure the views of local government enforcement agencies and other stakeholders are represented in the development of future management strategies. The group is made up of representative authorised officers from metropolitan and regional local governments, industry leaders and the WA Local Government Association (WALGA) with guest first aid professionals.

This paper is released to seek submissions and feedback from the wider community and other government agencies and stakeholders. Analysis of submissions will inform the development of final proposals.

3 Introduction

Events are a vital part of Western Australian life and culture, a way to bring people together and to celebrate. They serve a wealth of purposes and can facilitate community engagement, boost economic growth and support tourism. They may take a variety of forms; from large-scale outdoor festivals to charity fun-runs, motorsports to religious gatherings, parades to farmers markets.

Optional reporting by local governments indicates that over 3,000 events are registered every year in WA. According to a household survey conducted by the Australian Bureau of Statistics, approximately 80% of Western Australians attended at least one venue or event in 2009-10 [1].

3.1 Why are we reviewing management of risks at events?

In the lead up to stage 5 of implementation of the *Public Health Act 2016* (Public Health Act) the Department of Health (DOH) is reviewing all regulations made under the *Health (Miscellaneous Provisions) Act 1911* (Health (MP) Act).

The review must determine whether the associated public health risks should continue to be regulated under the new regulatory framework, or whether they can be effectively managed through a guideline, local law or other legislation instead.

At present public health risks at events are managed by authorised officers under the Public Buildings Regulations. As these regulations were not written with events in mind, they do not directly fit this purpose; they require a defined area to assign a maximum capacity, and contain requirements irrelevant to outdoor venues. The DOH is required to undergo the Regulatory Impact Assessment process as required by the Department of Treasury. This paper forms part of the process and will ensure that any proposed regulatory changes have undergone adequate consultation, with stakeholders given the opportunity to detail any impacts.

3.2 What is an authorised officer?

Authorised officer is the term used under the Public Health Act to describe the people who have the powers to enforce the Act. At present, the majority of officers who enforce the Public Buildings Regulations and conduct inspections are local government Environmental Health Officers.

3.3 What is being proposed?

This discussion paper will assess the public health risks associated with conducting events and seek comment on proposed options for management. Options that have been explored are:

- new, event-specific regulations under the Public Health Act, with updated events guidelines
- deregulation and
- retaining status quo

with an examination of the benefits and risks of each approach.

Based on an assessment of risk and preliminary consultation, the preferred approach of the DOH is to address the public health risks associated with events under the Public Health Act, by developing an event-specific regulation which does not include public buildings (which will be managed under their own legislation).

This regulation would be scaled where possible to reflect the level of risk, and

supported heavily by guidance documents to assist enforcement agencies in applying the regulations. If this option is adopted, a range of proposals have been outlined for comment.

3.4 What about events in public buildings?

The public health risks associated with public buildings have been discussed in a separate discussion paper released in October 2018. It has been proposed that public buildings will continue to be regulated under a new, revised version of the Public Buildings Regulations. The risks related to mass gatherings are similar whether an event takes place in a public building or not, however as management requirements for a permanent building differ widely from management requirements for a temporary or open space venue it is generally agreed that public buildings and events should be governed separately.

There is no intent to require dual approvals under the proposed Events Regulations and Public Buildings Regulations. It is proposed that a registered public building would be able to operate in its approved configuration without an additional event approval, but an event approval would be required if the building were requesting to operate over and above its regular approved operation.

Options for future management of events

The DOH has identified three options for the future management of events. These are discussed in detail from page 21 onwards.

Option B: Retain Option C: Provide Option A: Take no status quo new events action (repeal without replacement) regulations under the Existing regulation Public Health Act carried over as far as Issue guidelines and 2016 practicable encourage industry New regulation self-regulation Still requires changes developed for events to fit under the new Use the general public framework Ongoing regulatory health duty to requirements, including reactively address proposed changes: issues **Proposal 1:** Registration of events Proposal 4: Provisions for first aid with the local government planning **Proposal 5:** Provisions for egress and Proposal 2: Provisions for risk management plans exits **Proposal 3:** Provisions for temporary Proposal 6: Provisions for equipment and facilities structures

Lessons learned: 2011 Kimberley Ultramarathon bushfire, WA

In September 2011, a 100km off-road ultramarathon was conducted in WA's isolated Kimberley region by Hong Kong-based company RacingThePlanet.

During the event, thirteen competitors were met with a large bushfire, and five were injured. Two of these competitors, Turia Pitt and Kate Sanderson, suffered life-threatening injuries which resulted in permanent disfigurement and disability, and reportedly required millions of dollars in treatment.



Turia Pitt, who was confronted by a bushfire during the 2011 Kimberley Ultramarathon (image used with permission)

The Shire of Wyndham-East Kimberley first became

aware of the event less than two weeks before it occurred, when the applicant contacted them to book a community park as the finish line. The event was not captured by the Public Buildings Regulations, and a risk management plan was not required as the total number of attendees was very low with only 41 competitors plus race staff.

A 2012 Parliamentary Inquiry into the incident by the Economics and Industry Standing Committee found that the applicant:

- did not contact the relevant agencies in a timely manner prior to the event;
- was aware of fire in the vicinity but did not have a plan in place to monitor it;
- did not test communications equipment on the course prior to the race, and so was unable to effectively communicate during the emergency;
- did not make arrangements for an emergency helicopter until the day before the event, when they repurposed a media helicopter without ensuring that it was fit for an emergency evacuation; and
- had not engaged the services of St John Ambulance in nearby towns.

The Inquiry concluded that the organisers did not take all reasonable steps to identify risks, reduce risks to the safety of competitors, employees, contractors, spectators and volunteers, or to maintain the safety of all parties.

The Inquiry also made 15 recommendations, including that:

- high risk and adventure sport activities be subject to the events approval process currently applicable to public buildings; and
- organisers of eligible events be required to provide medical and risk management plans to relevant authorities for assessment prior to any event approval being completed.

Source: Economics and Industry Standing Committee – Inquiry into the 2011 Kimberley Ultramarathon [4]

4 Risks to public health

Health risks associated with mass gatherings can range from minor injuries or illness (such as allergies), to major injury or death. A larger number of patrons and an increased degree of complexity may increase the level and range of risk.

These risks may affect individuals, such as a patron presenting to first aid with heat

exhaustion, or multiple people, such as a crowd crush. There are many global examples of mass fatalities at outdoor events, including the Love Parade festival disaster (2010), the Roskilde festival crowd crush (2000) and the Cambodian Water Festival disaster (2010). Further examples of crowd disasters and incidents that have occurred at events nationally and internationally are provided below (figure 1).

| Date | Event | Disaster/incident | Casualties | Contributing factors | References | |
|--------|--|--|---------------------------|--|--|--|
| Austra | alia | | | | | |
| 2001 | Big Day Out crowd crush, <i>Sydney</i> | Crowd crush in the mosh pit led to a young girls death | 1 death | Aggressive mosh pit environment and high energy performance Lack of a second crowd barrier in place Hot weather conditions | Weir, 2002. Coronial Inquest [2] | |
| 2009 | Big Day Out drug overdose, <i>Perth</i> | Young girl died from ecstasy overdose after presenting to on-site first aid facilities | 1 death | Inadequate first aid precautions taken to identify and treat the patient Lack of guidelines requiring the provision of higher level first aid services Failure to comply with relevant aspects of event guidelines | Mulligan, 2013. Coronial Inquest [3] | |
| 2011 | Kimberley Ultramarathon, <i>Kununurra, WA</i> | Bushfire trapped competitors in a narrow gorge | 5 injured | Poor risk management planning leading up to the event Poor first aid assistance and evacuation planning | Economics and Industry Standing Committee, 2012. Inquiry Report [4] | |
| 2014 | Vivid Festival Sydney | Young man drowned in the harbour after consuming alcohol | 1 death | Inadequate risk assessment Uncertainty in emergency procedures and chain of command | O'Sullivan, 2016. Coronial inquest [5] | |
| 2016 | Lorne Falls Festival crowd crush, Victoria | Crowd crush as a result of fans rushing to see a headline act on the main stage | 80 injured | Poor site design Inadequate provision of exits for crowd size Poor attention to scheduling | ABC News. 2017. Grey Literature. [6] | |
| 2018 | Reverb Festival fence jump Perth | A food stall employee received third degree burns after a fence jumper knocked over a deep fryer while entering illegally | 1 injured | Lack of security powers, and inadequate police presence Possible poor siting of food tents | Still, 2018. Grey Literature [7] | |
| Intern | national | | | I | | |
| 2000 | Roskilde Festival Crowd Crush, Denmark | Large crowd surge towards the stage, crushing those at the front against the barriers | 9 deaths 43 injured | Overcrowding and excessive crowd movement at the front of the stage Lack of system in place to stop the event in the case of an emergency Poor audio resulted in the crowd pushing forward in order to hear the music | Danish Government Ministry of Culture, 2001. Government Report [8] | |
| 2010 | Phnom Penh Festival Disaster, Cambodia | Overcrowding on narrow bridge led to severe crush | 347 deaths 755 injured | Poor planning led to patrons crossing the bridge from both directions Emergency services could not access those in need Local resources overwhelmed, poor contingency planning | Hsu, 2011. Case Report [9] | |
| 2010 | Love Parade Festival Disaster, <i>Germany</i> | Crowd crush inside a tunnel attempting to enter and exit the venue | 21 deaths 510 injured | Poor planning, inadequate venue for expected crowd size Lack of contingency plans Poor on the ground communication between organisers and the police Only one access point resulting in converging of fans entering and exiting | Helbing and Mukerji, 2012. Academic Journal [10] | |
| 2011 | Pukkelpop Festival Stage Collapse, Belgium | Strong winds caused temporary structures to collapse | 5 deaths 70 injured | Sudden storm which occurred within 30 minutes Lack of shelter provided Structural integrity of the stage was unknown | Batty, 2011. Grey literature [11] | |
| 2012 | Tough Mudder Campylobacter Outbreak, United States | Accidental swallowing of contaminated water led to diarrhoeal campylobacter outbreak | 22 cases (no deaths) | Ingestion of muddy surface water contaminated with cattle or swine faeces | Zeigler et al., 2014. Case Report [12] | |
| 2013 | Boston Marathon Bombings, <i>United States</i> | Finish line was targeted by terrorists with two homemade bombs | 3 deaths 264 injured | <u>Damage minimised by:</u> All-hazards first aid system in place on the day ensuring rapid triage response Rapid transport to hospitals Treatment and first-aid given on site | Massachusetts Emergency Management Agency, 2014. Case Report [13] | |
| 2014 | K-Pop Festival Grate Collapse, South Korea | A number of concertgoers were standing on a ventilation grate which collapsed | 16 deaths 11 injured | Patrons were able to climb the ventilation grate to get a better view of the concert – no security guards or safety fences in place Ventilation grate not structurally suitable to hold the weight of the crowd | The Telegraph, 2014. Grey literature [14] | |

Figure 1: Selection of international and Australian event incidents and contributing factors

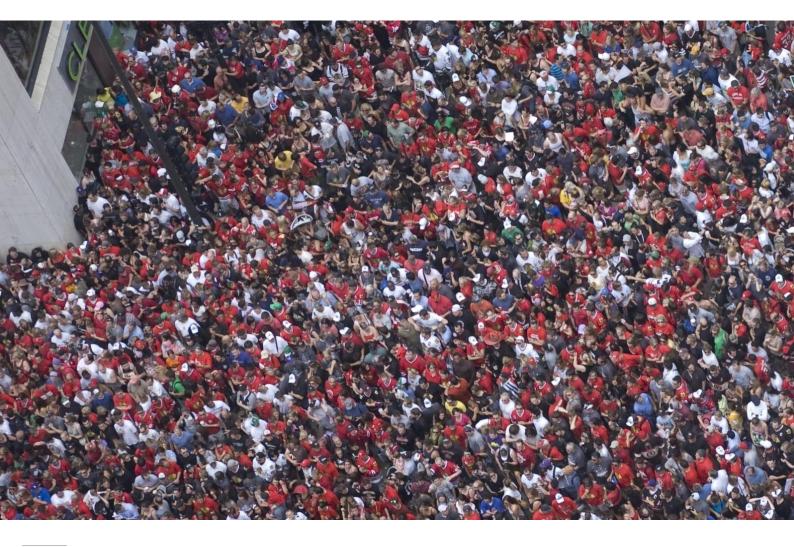
As demonstrated in figure 1, the most extreme personal risk when gathering at public events is injury and death. This may occur as the direct result of a hazard, such as a fire, shooting or structural collapse, or from a crowd surge incident which may or may not be triggered by such an emergency. Even a perceived or rumoured threat can be enough to trigger an emergency crowd situation.

Many factors can contribute to the level of risk:

- external environment, including extreme weather or interaction with biological agents
- design and construction, including temporary structures (stages, marquees)
- layout, including location and number of exits

- the presence of alcohol and drugs
- patron purpose and demographic
- an emergency situation, including fire or terrorist attack, or even a perceived or rumoured threat
- lack of adequate planning and crowd control which may result in crowd surges, crushing or the collapse of structures

In addition to a devastating loss of life or quality of life, such disasters may cause embarrassment and financial burden for all parties involved including government agencies. Costs associated with hospitalisation, ongoing treatment, legal payouts and loss of productivity may number well into the millions. These disasters also often have far-reaching psychological and social impacts that are difficult to quantify [15].



• crowd size

Lessons learned: Sydney Big Day Out crowd crush 2001

16 year old Jessica Michalik died during a mosh pit crowd crush at the 2001 Big Day Out. Her death raised concerns around the standards and practices of risk management at large scale events in Australia. The coroner's inquest into the teenager's death found that the risk assessment document produced by event organisers was inadequate; crowd management was an issue throughout the venue and prior to the event it had been suggested that a second barrier may be required, but it was not installed.

Although the response to the emergency was considered adequate, the crowd densities and the lack of an appropriate barrier system meant that plans were reactive rather than anticipatory. The promoters later on placed According to a study examining mortality at music festivals across the world [15], 722 deaths were identified in the popular media from 1999 to 2014. These included deaths occurring at outdoor events such as electronic dance music events, raves, dance parties, music festivals and/or house parties.

The majority of deaths (82%) were trauma related, including mass casualty events resulting from crowd crushes, structural failures and acts of terror. The remaining 18% of deaths included non-trauma related deaths such as overdoses, environmental causes, natural related deaths and unknown causes. The mean age of the deceased was 23.8 years.

blame on the band and the crowd following the incident.

The inquest made a number of recommendations, including the following [2]:

- a 'working party' comprised of a number representatives including police, ambulance, fire brigade, local government, promoters, security and entertainers be established to review current entertainment industry standards and practices and develop guidelines to ensure the safety and comfort of patrons attending large scale events
- a regulatory authority be established to address licensing, regulating and policing of large scale entertainment events
- that local governments and the Sydney Olympic Park Authority request and review a comprehensive 'risk assessment' for all large scale entertainment events before granting approval
- that each state adopt a National Code of Conduct to ensure uniformity of approach to safety issues for large scale events
- that promoters and organisers of large scale events prepare a comprehensive 'risk assessment' following consultation from stakeholders and
- that promoters ensure that protocols for stopping artists in emergency situations are clearly documented and agreed to by all parties

As a result of the inquest, event organisers in NSW must submit a risk management assessment to the relevant licensing authority, local government and the police as part of an event plan. An event organiser's guide has also been published on the NSW Department of Premier and Cabinet website. However, there is no available evidence to indicate that other recommendations such as the establishment of a regulatory authority and adoption of a Code of Conduct have been implemented.

4.1 Risk assessment

The Public Health Act implements a modern, flexible, pro-active risk-based framework that can be applied to regulate any given risk to public health. Regulations under the Public Health Act will be made in circumstances where the nature of the public health risk is such that regulations are required, and those regulations will apply and build upon the framework provided by the Public Health Act. A risk assessment has been undertaken in accordance with the risk assessment model provided by the 2011 Health Risk Assessment (Scoping) Guidelines, Department of Health WA (further information on this method is provided in appendix 3). Figure 2 below details application of the risk assessment model.

Figure 2: Public health risk assessment of risks associated with events

| Public health risk | Cause | Other contributing factors | Who is at risk? | Severity* | Likelihood | Risk level*** | Legislation or guidance in place |
|---|--|---|--|---------------------|------------|------------------|---|
| Death or injury from crowd crush at egress or within venue | Overcrowding and non-compliance with maximum occupancy - overselling of tickets Actual or perceived threat triggering urgency to exit e.g. terrorist attack, fire, pepper spray release | Lack of emergency exits – inadequate numbers Locked/obstructed exits Inadequate ingress provided Poor design/obstructions/ bottlenecks restricting crowd flow Lack of or poorly visible exit signage or emergency lighting Poor crowd management – lack of provision of information to the crowd | All members of the public gathered at an event Crowd control officers | Catastrophic (1) | Unlikely | High | Public Buildings Regulations |
| Death or injury from crowd crush at ingress | Inadequate ingress systems for crowd size leading to excess queuing Poor management causing competitive urgency to enter venue e.g. limited tickets/seating, event beginning before scheduled, line-cutting | Overcrowding and non- compliance with maximum occupancy – overselling of tickets Obstructed ingress openings Poor provision of information Poor crowd management by security | All members of the public gathered within a public building Crowd control officers Members of the public outside the venue | Catastrophic (1) | Unlikely | High | None - some local governments regulate queueing through local laws |

| Public health risk | Cause | Other contributing factors | Who is at risk? | Severity* | Likelihood | Risk level*** | Legislation or guidance in place |
|--|---|---|---|---------------------|-------------------|------------------|--|
| Death or injury from structural collapse, e.g. temporary structures and surrounding built environment | Poorly designed or erected structure Environmental conditions such as extreme weather | Overcrowding or crowd crushing leading to structural collapse Incompetent or inexperienced person responsible for erecting structure | All members of the public gathered within the event site | Catastrophic (1) | Possible | Extreme | Public Buildings Regulations National Construction Code |
| Death from temperature- related illness, e.g. heatstroke, dehydration | Extreme hot or cold | Lack of shelter provided Lack of free and accessible water provided Extended event duration Drug and alcohol use | All members of the public gathered within the event site | Massive (2) | Rare/ Remote | Low | Guidelines for concerts, events and organised gatherings 2009 |
| Injury from temperature- related illness | - temperatures | | | Moderate (4) | Almost certain | High | |
| Death associated with environmental factors (not including temperature) | Uncontrollable natural occurrences e.g. bushfires, lightning strike, hail Biological factors | Lack of risk management plan or emergency plan, or poorly communicated plans Failure to seek advice from appropriate authorities | All members of the public gathered within the event site | Catastrophic (1) | Rare/ Remote | Medium | Guidelines for concerts, events |
| Injury associated with environmental factors | e.g. mosquitos, snake • Chemical use or storage | Inadequate first aid facilities Failure to enact or communicate evacuation plan when necessary | | Moderate (4) | Possible | Low | and organised gatherings 2009 |
| Death or injury from pre- existing ailment | Illness exacerbated due to event e.g. strobe lighting, drug and alcohol use, extreme weather | Pre-existing medical condition e.g. epilepsy, diabetes, heart disease, asthma | Members of the public with a pre- existing medical condition | Massive (2) | Unlikely | Medium | Guidelines for concerts, events and organised gatherings 2009 |

| Public health risk | Cause | Other contributing factors | Who is at risk? | Severity* | Likelihood | Risk level*** | Legislation or guidance in place |
|--|---|---|---|---------------------|-------------------|------------------|--|
| Death or injury from a terrorist incident | Malicious terrorist incident (including bioterrorism) | Lack of or poorly visible exit signage Lack of risk management plan, or RMP not understood or rehearsed or shared with all staff Poor emergency planning for site – lack of evacuation and invacuation procedures in place Poor site security Lack of emergency exits – inadequate numbers Locked/obstructed exits | All members of the public gathered within the event site | Catastrophic (1) | Rare/ Remote | Medium | Tools and guidelines provided under – Australia's Strategy for Protecting Crowded Places from Terrorism 2017 |
| Death from communicable, vector-borne or waterborne disease | Contact with animals and insects within event site Poor food | Overcrowding Lack of hand washing facilities | All members of the public | Massive (2) | Rare/ Remote | Low | Aquatic Facilities Code of Practice and <i>Health (Aquatic</i> <i>Facilities)</i> |
| Injury from communicable, vector-borne or waterborne disease | Poor rood management and handling Poor water management | Lack of toilets | gathered within the event site | Minor (5) | Possible | Low | |
| Death from alcohol or other drug use | Provision of alcohol Presence/selling of illicit drugs within event site Consumption of alcohol or other drugs prior to entering the site | Lack of free, accessible drinking water Mixing of drug use Extreme weather conditions | Members of the public consuming alcohol or other drugs | Massive (2) | Possible | High | Guidelines for concerts, events |
| Injury from alcohol or other drug use | | Extreme weather conditions exacerbating symptoms Underqualified bar or medical staff | | Minor (5) | Almost certain | Medium | and organised gatherings 2009 |

* Health consequence table adapted from the 2011 Health Risk Assessment (Scoping) Guidelines, DOH (refer to appendix 3) ** Risk likelihood table adopted from the 2011 Health Risk Assessment (Scoping) Guidelines, DOH (refer to appendix 3) *** Final risk rating from the risk matrix (refer to appendix 3)

5 Current management

Events are multi-disciplinary with a number of agencies involved in their approval and management, particularly for those that are more complex, large or high-profile. There is currently no single piece of legislation responsible for all facets of events, and organisers may be required to consult with:

- various areas of the local government authority, including those involved with environmental health, events, facilities, parks, rangers, traffic management, waste, building, marketing and sports and recreation
- Department of Health
- Department of Racing, Gaming and Liquor
- WA Police Force
- Tourism WA
- Worksafe
- Main Roads
- Department of Biodiversity, Conservation and Attractions and
- Department of Planning, Lands and Heritage.

A range of other agencies are also impacted by events or provide advice on various aspects. This section on current management will focus primarily on public health.

It is recognised that event administration and safety would benefit from consistency and collaboration between agencies and teams involved. After the Parliamentary Inquiry into the 2011 Kimberley Ultramarathon (Kimberley Ultramarathon Inquiry), the WA Police Force bought together an event safety group made up of members of relevant agencies; however this was disbanded in early 2009.

5.1 Local government

Local governments are the primary enforcement agency responsible for approving community events under two forms of legislation:

- The Public Buildings Regulations are the primary legislation used to manage community events, and capture any event on private or public land. The regulations are supported by the DOH's Guidelines for concerts, events and organised gatherings 2009
- Many local governments have adopted their own local laws for local government property, which may include a requirement for any event on local government land to obtain a permit.

As described, the approval of events by local government can involve the input of many different areas across the organisation. Larger local governments may have a central 'events' team coordinating this response, while in others it may be dealt with by environmental health or parks and facilities teams.

Local governments decide what information should be provided by applicants, create their own application form (usually based on Form 1 from the Public Buildings Regulations) and often decide what additional information is required (or which elements can be excluded) based on a case-by-case assessment of the event.

5.1.1 Environmental health

It should be recognised that the Public Buildings Regulations only deal with a subset of the total local government event approval process. This is particularly true for



events which are held on local government land where many additional requirements may be in place under property or activities in public places local laws.

Authorised officers also assess elements of events under separate legislation (such as food stalls under the *Food Act 2008*) and may examine other elements through the risk management plan.

The responsibilities of authorised officers under the Public Buildings Regulations include:

- assessing applications for events and temporary structures (Schedule 2, Form 1 Application to construct, extend or alter a public building), and ensuring temporary structures are signed off appropriately
- providing feedback on risk management plans when required

under Part 2 of the regulations – for events this is an integral part of the process to capture items not adequately covered under the regulations

- processing applications for a certificate of approval (Schedule 2, Form 2 Application for certificate of approval), which includes calculating maximum occupancy
- performing inspections or audits to ensure compliance with the conditions of the certificate of approval and processes set out in the guidelines and
- obtaining electrical compliance certificates (Schedule 2, Form 5 Certificate of electrical compliance).

At present, the authorised officer assesses the event application and issues an approval to construct. On the day of the event the officer inspects the venue to ensure the setup is compliant with the conditions and the application documents, and issues a certificate of approval (though this inspection may or may not be necessary depending on risk; if low risk the certificate may be issued in advance).

5.2 Department of Health

Events in Kings Park and on Rottnest Island are not under the jurisdiction of any local government and so currently fall to the State to regulate. The DOH assesses and approves event applications in these areas, issues maximum accommodation numbers and inspects for compliance.

Other instances where the DOH is involved include:

- Applications where the requested number of patrons exceeds the number approved by local government (i.e. if an applicant is requesting a density higher than two persons per square metre)
- Assisting local governments with the approval of events which are high profile, high risk, or the first of their kind
- Assisting local governments with the approval of events which have been redesigned or increased in capacity.

The DOH is also a system manager; maintaining the regulations and providing policy advice, conducting monitoring and maintaining guidance information. The DOH is a centre for expertise on the management of public health risks at events, and maintains a strong understanding of the practical application of the legislation in order to regulate effectively.

Events calendar

The DOH collects and circulates information regarding upcoming events to be held throughout WA. The creation of this register was a recommendation of the event safety group formed after the Kimberley Ultramarathon Inquiry. Event organisers are encouraged to provide details on upcoming events through the DOH website, though at present few local governments contribute their data. This information is used to:

- advise hospitals and emergency services to ensure a coordinated response in the instance of high risk, multiple or concurrent events which may impact on local services
- ensure nearby events are not clashing and competing for the same resources
- create an events calendar, which helps the public, event organisers, police and government agencies to see what events will be occurring in their area and
- liaise with event organisers and other stakeholders to ensure events run smoothly and are safe, enjoyable and of a high quality.

5.3 Examples of interstate approaches

Throughout Australia, events are generally required to be approved by the local government authority (figure 3). This is usually through local laws pertaining to local government property and public spaces, although many local governments may also have event-specific local laws. In Tasmania however, events are regulated under the *Public Health Act 1997*.

Thresholds for approval processes vary widely, and are often different for events on public and private land. For example, at the City of Brisbane all events with more than 2,000 patrons are required to obtain an event approval. Events with less than 2,000 patrons on public land complete the reserve booking procedure (which also captures other relevant considerations such as road traffic management), while events under 2,000 on private land are not required to seek local government approval. The exception to this is if such an event will require any other local government services, such as road closures or waste disposal.

There may also be state legislation or guidance that interacts with the local government processes, such as regulations for building and development, electrical safety and waste.

Work Health & Safety Acts

The majority of states have adopted the Model Work Health and Safety Act developed by Safe Work Australia, which includes some provision for risk identification and mitigation, first aid, electrical safety and services such as toilets. Provisions differ between states, and in some states a WorkSafe inspector will provide advice and inspect the event site.

This legislation cannot be used in isolation to protect public safety, as it is focussed on the health and safety of workers and not the broader public.

Major Events Acts

Most states also have one or more Major Events Acts, which cover large scale and high profile events. While each Act differs markedly from state to state, they are typically concerned with:

 controlling access, including airspace, vehicles and restricted areas and assigning associated powers and offences for breach of these conditions

- commercial activities, advertising and ticketing
- powers for authorised persons, particularly in the sense of public safety and
- crowd management.

These Acts are generally not concerned with other public health issues addressed under the current Public Buildings Regulations.

Queensland

- Major Events Act 2014
- Major Events (Motor Racing Events) Regulation 2015
- Major Sports Facilities Act 2001
- Tourism and Events Queensland Act 2012
- Local Government Act 2009
- Work Health and Safety Act 2011

In addition to a number of Acts which cover major events of different types, local governments typically regulate events through local laws, designating a temporary entertainment event as a prescribed activity which must obtain a permit. WHS inspectors may also inspect high risk events under the *Work Health and Safety Act 2011*.

- Major Events Act 2009
- Local Government Act 1993
- Work Health and Safety Act 2011

Events that occur wholly or partly on public land require approval by the local government under the *Local Government Act 1993,* which specifies requirements for community land. Approvals may range from a reserve booking through to a development application under the *Environmental Planning and Assessment Act 1979.* On private land large scale and high risk events may require a development application.

The Department of Premier and Cabinet maintain comprehensive online resources, the Developing a Council Community Event Policy tool-kit and the Event Starter Guide for organisers, which both require consideration of risk management.

Victoria

Major Events (Crowd Management) Act 2003

 Major Events (Crowd Management) and
 Commonwealth Games Arrangements Acts (Crowd Safety Amendment) Act 2005
 Building Act 1993

Event permits may be required by the local government through property or activities local laws. If an event site is greater than 500m² (including both public and private land) it is classified as a Place of Public Entertainment, and must have an occupancy permit under the *Building Act 1993*.

WorkSafe Victoria may also get involved with major and high risk events and inspect the conditions on site. They have released multiple guidelines, including Advice for Managing Major Events Safely 2006 and Crowd Control at Venues and Events 2007.

Tasmania

Public Health Act 1997

The Public Health Act allows for the determination of a Place of Assembly (POA), which is "a mass outdoor public event, where 'mass' means a thousand people or more present for two hours or more and 'public event' means any performance, exhibition, circus, festival, food festival, pageant, regatta, sports event, dance and publicly organised lecture."

Environmental Health Officers assess applications for a POA license according to:

- the maintenance of peace and good order
- prevention of noise, smell, pollution or other nuisances
- whether the operation of the POA is subject to any other guidelines
- the effect of traffic on highways and
- the protection of public health.

In 2015 the inspection of exits, fire safety etc. for events in assembly buildings was incorporated into building compliance for building surveyors.

South Australia

- Major Events Act 2013
- Work Health and Safety Act 2012

Local governments regulate events under local laws. While approaches differ between areas, often the EHO's are responsible for strictly environmental health matters such as food, water and animals, with the events team responsible for temporary structures, RMPs and final approval.

SafeWork SA also request notification for events that contain amusement devices, dangerous goods, fireworks, large marquees (over 6m) and stages or grandstands that require scaffolding. They provide pre-event assistance and site inspections for events of this nature, but do not approve or reject event applications.

Figure 3: Examples of approaches to event regulation across Australia

6 Future management

The DOH's involvement in events is centred on the public health risk to members of the public who are attending. The separation of events from public buildings is an opportunity to reassess where risks lie for events in non-permanent venues.

The Public Health Act

The Public Health Act is risk-based and managing public health risks under this Act involves a paradigm shift away from previous approaches. A key component of this Act is the general public health duty, the provisions of which allow authorised officers to take action to protect public health in a broad range of circumstances. This means that subsidiary legislation does not need to make provision for mitigating every possible risk.

The Public Health Act provides a number of tools to manage both known and emerging risks to public health:

1. regulatory tools that are available to be applied in a proactive manner, before a public health risk has arisen e.g. public health planning and public health assessments

2. regulatory tools that can be applied in a reactive manner e.g. enforcement powers and offence provisions and

3. regulatory tools that can be applied in either a proactive or reactive manner e.g. improvement notices and powers of inquiry.

The general public health duty

The general public health duty captured under Part 3 of the Public Health Act forms the spine around which these tools are organised. The general public health duty requires a person to take all reasonable and practicable steps to prevent or minimise any harm to public health that might foreseeably result from anything done or omitted to be done by that person. As a result, personal responsibility and self-regulation are emphasised under the Public Health Act's framework.

Other considerations:

- Failure to adequately manage risks can result in huge human life and financial costs
- Each event is unique and the event industry is dynamic and ever-evolving, so management must remain flexible to adapt to this
- A large number of events are organised by individuals, organisations or community groups that do not necessarily work in the event industry or have a background in organising events. Management must cover risks but should not be prohibitive
- Any legislation should not duplicate the proposed Public Buildings Regulations or cause dual approvals to be required for the same event
- An approach by DOH can only cover events from the perspective of public health. There are a number of aspects which can be discussed in a guideline but cannot be prescribed in regulation as they are outside the scope of the health portfolio.

6.1 Option A: Repeal without replacement

Without action, the Public Buildings Regulations would be repealed without replacement. For the purpose of this discussion paper, it is assumed that new Public Buildings Regulations will be developed (the topic of public buildings was under public consultation between October 2018 and January 2019) but these would only apply to permanent public buildings and outdoor events would not be captured.

Impacts on the event approval process would differ significantly depending on whether the location of the proposed event is private or public land.

If a complaint or issue arose, authorised officers would have a number of options under the Public Health Act, including issuing improvement notices, enforcement orders and/or commencing prosecution. The DOH would provide guidance documents for authorised officers on how to apply the general public health duty.

At present, the Department of Mines, Industry Regulation and Safety are developing new Work Health & Safety legislation based on the Model Work Health & Safety Laws. Once this legislation comes into effect, it could cover certain aspects of event management related to employees.

Tourism WA or Department of Premier and Cabinet may also be appropriate agencies to take on a role in regulating risks at events, as seen in other states.

Local government-owned land

It is likely that in most local government areas, event approvals would continue to be required for events taking place on local government-owned land. Many local governments have property or reserve local laws which require event organisers to obtain a permit before occupying the land, with conditions set by the local government.

However, there would be no state-wide legislative requirements providing for event organisers to consider risk management planning, suitability of exits and egress, temporary structures or a number of other matters of public safety which are currently addressed by the Public Buildings Regulations. If local governments wanted to retain requirements on these topics they would need to be made part of the conditions of a local government permit approved under a local law.

Private land

If this option is adopted, an event permit could not be required by a local government for events on private land. However, applicants would still be required to apply for permits for food stalls, noise exemptions, road closures and any other local government matters in relation to the event.

Management of public health risks at events on private land would become selfregulated. Determining what steps should be taken to satisfy the general public health duty would be left to the event organiser.

The DOH's event guidelines would be retained and updated to be used as guidance in the application of the general public health duty, and to support applicants in planning and the provision of facilities.

It should be noted that event patrons are unlikely to possess the expertise to assess the suitability of an event site and its design and safety features, and then take these features into account when making the decision to attend a public gathering.

Option A: Take no action (repeal without replacement)

Advantages

- reduced administrative burden for local government
- reduced regulatory burden for event organisers
- may result in reduced costs to event organisers, whereby savings can be passed on to the public
- local governments retain the autonomy to determine requirements of events on local government property
- potential for reduced fees for event organisers on private land
- self-regulation may promote internalisation of ethical behaviour and principles based on social norms and peer conduct rather than topdown prescriptive requirements and
- updated guidelines provide event organisers and authorised officers with a recommended guide in applying the general public health duty

Disadvantages

- does not align with Cabinet recommendations that medical and risk management plans be provided to the satisfaction of relevant authorities prior to any event approval being completed
- event organisers may have little incentive to maintain high safety standards and adequately address extreme public health risks
- a conflict of interest may exist in selfimposed standards – protection of industry and/or profit interests may be considered more important than those of public health and safety
- potential for lack of uniformity of requirements across the state
- local government regulatory requirements could be avoided by holding events on private land
- reduced public confidence in the safety of events
- no maximum occupancy numbers issued, therefore likely that overcrowding may not be managed effectively
- flow on effects for liquor licensing which currently requires adherence to health laws before a license may be issued and
- costs to local government associated with developing new local laws

Question 1: Do you support the adoption of **Option A: Repeal without replacement**? Why or why not?

Question 2: Can you identify any further advantages or disadvantages of **Option A**?

6.2 Option B: Retain status quo

This option would involve attempting to replicate the current regulatory system as far as practicable under the new Public Health Act.

The Health (MP) Act and the Public Health Act are very different types of legislation, and existing requirements do not directly translate across. Under the Health (MP) Act, requirements for public buildings and events are highly prescriptive and reactive in nature, whereas the Public Health Act provides a flexible and generic risk-based framework which includes a set of regulatory tools that can be applied to regulate any given risk to public health.

This ensures that unlike the Health (MP) Act, the Public Health Act can appropriately

Advantages

- this option would most closely reflect the current regulatory framework
- authorised officers confident in continuing to apply this framework and no additional training required
- little change in regulatory requirements for industry

Question 3: Do you support the adoption of **Option B: Retain status quo**? Why or why not?

Question 4: Can you identify any further advantages or disadvantages of **Option B**?

manage both known and emerging risks to public health.

As events are currently regulated under the Public Buildings Regulations and do not have their own explicit legislation, this option may be difficult to achieve and would still involve considerable change. Continuation of current requirements would include:

- registration (as a replacement for the certificate of approval process)
- risk management plans to be provided for events of more than 1000 people
- prescriptive construction requirements, with little flexibility to adapt to different event types
- requirement to provide certification of electrical work

Disadvantages

- would still require changes to the framework (for example, the certificate of approval would become a process of registration)
- current regulatory framework does not align with the new Act
- proposed changes to the Public Buildings Regulations would not align with retaining old provisions for events, leading to significant confusion in the application of provisions
- requirements remain prescriptive rather than risk-based
- existing issues would be carried over (including failure to capture high risk events such as the Kimberley Ultramarathon)
- missed opportunity to reduce the public health risk and streamline the legislation

6.3 Option C: Provide new events regulations under the *Public Health Act 2016* with an updated guideline

The preferred option of the DOH is to develop new regulations under the Public Health Act that are specifically tailored to managing the public health risks at events. This is in line with the recommendations of the Kimberley Ultramarathon Inquiry.

Continuing regulation would ensure the ongoing recognition and management of public health risks applicable to events currently addressed under the Public Buildings Regulations. Authorised officers would remain responsible for administering the regulations, through the local government as the enforcement agency.

As the Public Health Act is risk-based and non-prescriptive, the proposed regulations would be overarching, with the majority of the detail contained in the guidelines. Authorised officers would assign conditions to the registration in consultation with the guidelines. It is envisioned that new legislation would take a progressive approach, focussed on public health and safety through planning rather than prescriptive design elements.

If a complaint or issue arose, authorised officers would have a number of regulatory tools available under the Public Health Act as described on page 21. The DOH would provide guidance documents for authorised officers on how to apply the general public health duty and regulation requirements.

Penalties would be significantly higher than those able to be imposed under local laws. Regulations under the Public Health Act could also provide for infringement notices to be issued for specified offences. It should be noted that existing event-related processes within the local government that do not relate to public health (such as reserve bookings, traffic management or waste management) could not be captured under the proposed regulations.

It is proposed that where events cross over local government boundaries (such as fun runs or marathons) that each local government manages the public health risks in their area, with the DOH available to assist in managing the event as a whole, if required.

Where a material public health risk is caused by an act or default of another local government (and agreement cannot be reached between the respective local governments), section 295 of the Public Health Act provides a mechanism to the Chief Health Officer to authorise the affected local government to address the risk. In these situations, DOH would liaise with the relevant local governments.

If **Option C** is adopted, a number of measures are proposed to form the regulations (detailed from page 27 onwards).

Option C: Provide new events regulations under the *Public Health Act 2016* with an updated guideline

Advantages

- recognition of public health risks associated with patronage of events
- public safety maintained at a consistently high standard
- the general public health duty and associated tools (such as improvement notices) can be used broadly to address issues of public health
- more clarity and improved consistency between local governments in the management of public health risks at events
- enforcement remains with authorised officers with existing expertise in this area
- local government may utilise cost recovery for registration and inspection
- captures events on both public and private land
- clearer compliance obligations for event organisers and
- updated guidelines would support local government in applying the regulations

Disadvantages

- will require familiarisation with new legislation, including provision of information and training to those impacted
- powers, offences and provisions under the Events Regulations may overlap with provisions under the new proposed Public Building Regulations and
- maintains the current level of regulatory burden

Question 5: Do you support the adoption of Option C: Provide new events regulations under the *Public Health Act 2016* with an updated guideline? Why or why not?

Question 6: Can you identify any further advantages or disadvantages of **Option C**?

7 Proposals for the development of a new regulation

The following key changes are proposed if the preferred **Option C** is adopted. The proposals are a non-exhaustive list of suggestions for what could be included in a new regulation, based on preliminary research and the identified public health risks.

Proposals would be heavily supported by a comprehensive, updated events guideline for authorised officers which would be the primary tool to determine appropriate standards at events, particularly where the regulations require a 'proportional' or 'adequate' approach.

The guidelines will be redeveloped in consultation with the Events Working Group and additional relevant stakeholders, including WA Police and first aid professionals.

Six proposals have been detailed:

Proposal 1: Registration of events with the local government

Proposal 2: Provisions for risk management **Proposal 3:** Provisions for temporary structures

Proposal 4: Provisions for first aid planningProposal 5: Provisions for exits and egressProposal 6: Provisions for equipment and facilities

Please note that offences, penalties and powers for authorised officers have not been discussed in this paper in full, as they are provided for by the Public Health Act. This includes powers of entry, inspection and seizure which are outlined in Part 16 and the provisions for registration (including cancellation) in Part 8. This will be discussed further if Option C is adopted.

7.1 Proposal 1: Registration of events with the local government

Proposal summary:

- Events to be prescribed as a public health risk activity that is registrable with the local government or Chief Health Officer under Part 8 of the Public Health Act
- Certificate of registration to contain applicant name, approved maximum capacity, type of event and operating date, time and location, as well as conditions prescribed by the authorised officer
- Local governments to continue approving events up to a density of 0.5m² per person, with Chief Health Officer to advise for higher densities.

There is an increased threat to public health at events if certain standards of safety and documentation are not met and maintained throughout their operation. A process of registration requires that certain standards (based on risk) are met.

Under the current Public Buildings Regulations, a certificate of approval is required to hold an event. As described above, applications are assessed by the authorised officer, receive conditional approval, and then after an inspection on the day receive a certificate of approval. The certificate of approval specifies the location, maximum occupancy and hours or dates of operation of the approved event.

Part 8 of the Public Health Act provides a framework for the registration of activities declared by the regulations to be public health risk activities. It is proposed that the granting of registration for an event would replace the certificate of approval process carried out under the Public Buildings Regulations, in order to adopt a modern approach which is consistent across local government areas.

It will be an offence to hold an unregistered event. Registration can also be suspended or cancelled on any of the grounds specified in section 71 of the Public Health Act, including for non-compliance with the conditions of registration.

Application and required documents

Any person who wishes to hold an event can apply for registration under Part 8 of the Public Health Act and have their application assessed by the relevant enforcement agency.

Applicants will be required to provide an application in the approved form. Other documents that may be required include:

- risk management plans
- emergency plans
- site plans
- first aid plans
- temporary structures information and
- any other required information for demonstrable safety purposes.

Review of application by enforcement agency

After reviewing an application for registration, the enforcement agency may grant conditional registration, seek further information from the applicant or refuse the application and set out the reasons for refusal.

A conditional registration letter gives the applicant permission to go ahead and develop the event in accordance with the documents they have submitted and the conditions assigned by the authorised officer. On the day, the authorised officer will inspect the event site to ensure it complies with the conditions, and issue the formal certificate of registration (although in some instances and particularly low risk instances, the certificate of registration can be issued in advance). To conduct a registerable activity without registration is an offence under the Public Health Act Part 8.

It is proposed that local governments continue to be able to approve events up to a maximum capacity of 0.5m² per person.

Certificate of registration

A certificate of registration must specify (section 68(6)) the site and activity for which the registration is granted and any conditions to which the registration is subject. It is proposed the certificate include:

- the name and address of the applicant
- the approved maximum capacity for the event
- the type of event, or a brief summary/description
- the approved operating date(s), time(s) and location and
- any conditions prescribed by the authorised officer.

A certificate of registration remains in force until the conclusion of the event(s), unless it is suspended or cancelled.

Increase in density

It is proposed that the Chief Health Officer would retain the ability to advise on events where organisers request an increase in density above the limit of 0.5m² per person.

In this instance, applicants would apply to the relevant local government enforcement agency, who would liaise with the Chief Health Officer. The Chief Health Officer would not assign a cost for this service.

Cost recovery

The Public Health Act provides that a local government may charge a fee for a registration application. In accordance with section 294 of the Public Health Act, this fee must be fixed and recovered under the *Local Government Act 1995* Part 6, Division 5, Subdivision 2.

This means that local government authorities may set a fee for services provided, including receiving an application, granting an approval, making an inspection or issuing a certificate on a cost recovery basis, with this fee scalable based on the determined level of risk of the event as an indicator of the complexity of the assessment.

Additional role of the DOH

The DOH would produce templates for approved forms, audit checklists, plans and certificates that may be used by local government.

As is current practice, the DOH would continue to maintain a central calendar of events. Local government would be required to provide information from their registers to the DOH for the central register, which is made available on the DOH website.

Question 9: Do you support the replacement of the certificate of approval process with the registration process? Please detail any positive and negative impacts on your or your organisation.

Question 10: Do you believe any further information should be provided on the certificate of registration?

7.2 Proposal 2: Provisions for risk management

Proposal summary:

- Risk management planning is to be proportional to risk level
- A draft risk management plan (RMP) (or scaled version) is to be provided at application, and a final version is to be provided prior to the commencement of the event
- Where a full RMP is required, it is to be developed to the ISO 31000 standard and must consider emergency management
- Evidence of public liability insurance is to be provided

Producing a RMP is an opportunity to identify potential problems before they occur, such that mitigation strategies can be identified and responses planned in advance. A plan should include risk identification, analysis, treatment and evaluation, amongst other information.

Under the current regulations, a RMP is required for all events expected to have more than 1,000 people in attendance, without consideration for other aspects of the event such as location, likelihood of alcohol or other drugs and type of event. The regulations do not specify the required content of the plan, but do require it to be developed in accordance with AS/NZS ISO 31000:2009. The plan must take all potential public health and safety hazards within the site into consideration.

Under the current regulations the organisers of the Kimberley Ultramarathon would not be required to produce a RMP despite it being held in a very remote area and being an endurance event, as only 41 competitors were registered. It is proposed that event organisers be required to develop risk management planning documentation that is proportional to the risk of the event.

Proportional requirements

Basing risk management requirements on level of risk rather than a capacity threshold is a more effective way to ensure requirements are scaled appropriately.

The proposed approach is intended to reduce the burden on lower risk events while ensuring that high risk events are appropriately planned for, by making requirements proportional to the risk.

The guidelines may include the following requirements:

- for high risk events, a full risk management plan in compliance with ISO 31000
- for medium risk events, a risk register and
- for low risk events, no formal requirement under the *Public Health Act 2016*.

The determination of the risk of the event is independent of the RMP process itself, and would be based on a risk matrix developed by the DOH (appendix 1) that will form part of the guidelines.

For applicants that are required to provide a full risk management plan, there may need to be consideration of both proactive management (such as crowd analysis) and reactive planning (such as emergency management and evacuation plans). More information on planning types will be provided on the guidelines.

Timing of RMP submission

Authorised officers have indicated that the submission of documents within a reasonable timeframe is a major barrier when assessing event applications. It is also recognised that the RMP is an evolving document, and in many cases is subject to change right up until the day that the event takes place.

It is proposed that applicants be required to provide a draft RMP as part of the application documentation. Authorised officers may comment on and request amendments to be made to an RMP. Conditional registration may then be granted on the understanding that the RMP may be subject to change.

It is proposed that a final RMP must be provided to the authorised officer prior to the issue of final approval for the event.

The DOH would seek to provide checklists and training to support authorised officers in assessing RMPs.

Development to standard

It is proposed that the DOH develop optional templates for each level of risk management planning.

It is proposed that RMPs continue to be developed in accordance with the current version of Australian/New Zealand Standard ISO 31000. Each event is unique and so the standard should be adapted as required. The onus will be on the event organiser to ensure that the plan is compliant with the current standards.

It is also proposed that as part of risk management planning, organisers must include emergency management.

Insurance

At present, if an event is held on local government-owned land, facilities teams usually require evidence of public liability insurance as a condition of hire. Most local governments also recommend public liability insurance be provided for events on private land. This is not currently required by the Public Buildings Regulations.

Public liability insurance protects both event patrons and the event organiser, and demonstrates to the enforcing authority that the organiser has the ability to compensate any victims of negligence.

The Department of Health is seeking comment on whether the new event regulations should require event organisers to provide evidence of insurance. This would need to support existing local government hire requirements and not require duplicate submissions.

Question 11: Do you believe that the requirement to provide adequate public liability insurance should be part of the proposed new regulations? Why or why not?

Question 12: Do you support the requirement to provide a RMP based on risk rather than capacity? Please detail any positive and negative impacts on you or your organisation.

Question 13: Do you support the requirement to provide a RMP at the application stage and provide a final version prior to approval? Alternatively, do you support a different timeline for the submission of documents? Please detail.

Question 14 (for authorised officers):

What type of additional assistance would you or your local government require in assessing RMPs? Please detail.

7.3 Proposal 3: Provisions for temporary structures

Proposal summary:

- Temporary structures are to be safely erected and maintained throughout the operation of the event
- The regulations should prescribe thresholds for the sign off of temporary structures
- All seating must be secured in such a way so as not to form a trip hazard or an obstacle to egress
- Where a temporary structure includes steps, goings and risers must be consistent throughout the flight and comply with Table 5.1.3 of the ABCB Standard for Temporary Structures.
- Any raised area of tiered seating or change in level which may present a hazard shall be provided with an enclosing wall or guard rail

The collapse or malfunction of temporary structures such as stages or grandstands has been associated with a number of injuries and deaths globally.

It is generally recognised that the presence and use of temporary structures can pose a significant risk to public health and safety, particularly:

- if not constructed and erected by a competent person
- in the event of extreme weather conditions or
- in the instance of overcrowding or crowd panic which may lead to structural pressure and potential collapse.

Currently, temporary structures such as tents, marquees, tiered seating and

enclosures may be required to obtain a Public Building permit under the Health MP Act, a building permit, or be signed off by a structural engineer.

It is proposed that baseline thresholds and methods of approval for temporary structures are prescribed in regulation in order to bring consistency to the temporary structures process and certainty to event organisers.

Building Act 2011

The *Building Act 2011* (section 69) states that a permit is not required for buildings that will remain erected for less than one month, except for temporary buildings or incidental structures that members of the public normally use or are permitted access, which would generally include temporary structures at events.

However, the Building Commission has advised that where such buildings are subject to Health provisions and requirements, these processes are adequate and that issuing a building permit is unnecessary duplication.

Inconsistency of management

Currently, there are no prescribed requirements for temporary structures under Health legislation however each local government has developed their own processes for their approval.

Many local governments require the approval of temporary structures through the Form 1 application under the Health (MP) Act to "Construct, Extend or Alter a Public Building".

However, some require an assessment of Building Standards compliance by a building surveyor, or a Certificate of Building Compliance and a Form 2 application under the Health (MP) Act for a certificate of approval.

Many local governments require a statement from the installer that the structure has been installed as per the manufacturer's specifications or certification by a structural engineer. These requirements differ



markedly between local government areas.

Issues for consideration

A number of issues must be noted when considering a process for temporary structures:

- the growing use of inflatable structures and other emerging types of structures
- the certification of structures in regional areas where professionals of certain qualifications may not be present and
- management of temporary structures after they have been erected and approved, particularly in changing weather conditions.

General provision for safety of temporary structures

It is proposed that all temporary structures are required to be erected and maintained in a safe state throughout the course of the event, until they are dismantled.

The guidelines would provide detailed information on what kind of safety precautions may be necessary based on the risk level of the structure, and event organisers may be required to demonstrate how they meet certain safety requirements.

Prescribed temporary structures requirements

It is proposed that the following general sign-off thresholds are adopted in new regulations to give baseline consistency. They have been developed in consultation with industry and local government officers.

Sign off should state that the structures are suitable to be used for their intended purpose and their use would not adversely affect the safety and health of occupants or users. At all times the event manager retains responsibility for the safety of temporary structures, including if they become compromised.

Proposed requirements:

Structures up to 9m²: No sign off required.

Guidelines would outline best practice management, including wind and weighting considerations.

Structures between 9m² and 55m²: A

competent person/installer is required to sign off.

- It is proposed that if a structure in this range is deemed to be high risk, the authorised officer may require certification by a structural engineer. The DOH would provide direction on this in the guidelines.
- A competent person under the Model Work Health and Safety laws is defined as "a person who has acquired through training, qualification or experience the knowledge and skills to carry out the task". It is proposed that this definition is adopted, with further information to be provided in the guidelines.

Structures over 55m²: Sign off must be conducted by a structural engineer, or where one is not available (such as in regional areas), a building surveyor.

Multiple structures at a large event could be listed on a single sign off by a structural engineer, as is current practice.

Structures that are not in a publicly accessible area or are only for use by staff may be exempted from sign off requirements based on risk. Such structures are generally not of concern to the wider public, and event organisers must ensure compliance with relevant occupational health and safety legislation to protect staff.

Structures with seating, steps or changes in level

The Public Buildings Regulations use prescriptive provisions for seats, steps and landings to ensure smooth ingress, egress and passage of patrons throughout the structure and protect against falls.

Seating

It is proposed that all seats used for seating audiences must be secured in such a way so as not to form a trip hazard or obstacle to egress.

The guidelines will outline ways that this can be carried out, and will likely reflect the current requirements;

- where there is more than one row of seating, it must be fixed to the floor or fastened together in groups of four or more
- where seats are arranged in rows of 10-42 aisles must be provided on both sides of each row and
- rows cannot exceed 42 seats in length.

Steps

It is proposed that where a temporary structure includes steps, to prevent slips, trips and falls the goings and risers must be consistent throughout the flight and must comply with Table 5.1.3 from the ABCB Standard for Temporary Structures which sets the following riser and going dimensions:

Risers (R): between 115mm and 190mm

Goings (G): between 250mm and 355mm

Slope relationship (2R + G): between 550mm and 700mm.

Changes in level

It is also proposed that any change in level which may present a hazard shall be provided with an enclosing wall or guard rail, as per the current requirements. This assists with safe passage and protects patrons from falls.

Local governments should be able to vary this requirement where necessary, as at times the change in height serves a purpose (such as part of an obstacle course). Further requirements for ensuring safe structures will be detailed in the guidelines.

Guidelines

It is proposed that guidelines would heavily support the requirements for temporary structures and include guidance for:

- safe maintenance of structures throughout the event, including wind and weather precautions
- when high risk structures may be less than 55m²
- structures not prescribed under the regulations, including inflatable devices and
- seating, steps and landings and changes in level.

The guidelines would also include and refer to information in the Australian Buildings Codes Board (ABCB) Guidelines for Temporary Structures where appropriate.

Question 15: In regards to temporary structures, do you support the proposed requirements for:

- a) structures to be safely erected and maintained?
- b) prescribed thresholds?
- c) seating?
- d) steps?
- e) changes in level?

7.4 Proposal 4: Provisions for first aid planning

Proposal summary:

- Event organisers to provide consideration of first aid requirements
- Documentation to be proportional to the risk of the event

Events are inherently unpredictable. Even in a carefully controlled environment, their dynamic nature means that not all risks can be eliminated. There is always a possibility that patrons may be injured in unforeseen circumstances, and as the risk assessment has shown, the consequences can be dire.

First aid can be described as "the immediate treatment or care given to someone suffering from an injury or illness" [22]. First aid readiness is critical in any situation where a person has been injured. The ability to provide immediate and effective first aid may reduce the severity of the injury or illness, and could even make the difference between life and death [23].

Data sets have been collected in Australia examining the first aid response associated with mass gatherings [24, 25]. A range of 0.48-170 per 10,000 event participants present to on-site first aid facilities and approximately 0.035-15 per 10,000 participants may present to hospitals during or following an event [26].

Most local governments already require some consideration of first aid or details of the number of first aid holders on hand for all events. However, this is not a legislative requirement, and current guidance on appropriate service levels is considered overdue for review.

In line with the recommendations of the Kimberley Ultramarathon Inquiry, it is proposed that event organisers are required to provide evidence of consideration of first aid requirements to the local government. In accordance with the principles of the Public Health Act, it is proposed that such documentation is required to be proportional to the risk level of the event.

Guidelines

The guidelines will be the key guidance document to indicate what should be determined as 'proportional to the risk level of the event'. As an indication, this may include:

- For low risk events, a simple checkbox form (or addition to existing forms) requiring consideration of first aid capacity.
- For medium risk events; a one page summary of first aid planning. The DOH will develop and provide a template for this document.
- For high risk events; a full first aid plan, usually developed by the third party first aid services provider. For the purposes of assessment the applicant may be required to provide a one page summary of first aid planning in accordance with the template.

The guidelines will provide updated first aid risk tools for use by authorised officers when assessing event registration applications, event organisers and third party first aid services providers.

The role of authorised officers

Authorised officers are not expected to be an authority on first aid planning or to interpret information in depth. It is proposed that they are required to compare the resources outlined in the first aid plan to the recommendations in the guidelines, and seek clarification or recommend additional resources.

The DOH will seek to provide checklists and training to support authorised officers in assessing first aid information.

Question 16: Do you support the proposed first aid requirements? Please detail the positive and negative impacts on you or your organisation.

7.5 Proposal 5: Provisions for exits and egress

Proposal summary:

- Sufficient exit capacity must be provided and maintained at all times during which the public has access to the event site, to allow for egress at an acceptable rate
- Exits, exit paths and paths of egress are required to be adequately signposted

Exits must be designed and maintained to ensure safe egress for patrons. They become especially critical in an emergency situation, where good planning can make the difference between life and death.

Exits may be:

- too few
- too narrow
- poorly sited
- poorly signposted
- used disproportionately
- opened into a crowded area or insufficient space or
- able to be locked or blocked.

All of these factors can reduce the effectiveness of egress and evacuation.

When considering exits it is important to note that egress and evacuation are made

up of three components: the access or path to the exit, the gate, door or opening itself, and the discharge area on the other side. As such, all aspects of the process should be considered when planning for egress.

General requirement for exits

It is proposed that the regulations require that sufficient exit capacity must be provided and maintained at all times during which the public has access to the event site, to allow for egress at an acceptable rate.

As per the current requirements, this would include:

- all exits, paths to an exit and areas abutting an exit to remain unobstructed and unlocked while the public have access to the venue
- all events accommodating more than 50 people to have more than one exit and
- all exits are to open in the direction of egress or open space.

Authorised officers are already applying these requirements to events. The guidelines would provide further advice including on acceptable rates of egress.

Signage of exits and exit paths

It is proposed that exits, exit paths and paths of egress are required to be adequately signposted. This assists with efficient egress and becomes vitally important in an emergency situation.

The guidelines would provide further guidance on what authorised officers could consider adequate signage. In addition, the event risk assessment would include consideration of all possible hazards associated with exits, exit paths, signage and lighting. **Question 17:** Do you support the proposed exit requirements? Please detail the positive and negative impacts on you or your organisation.

7.6 Proposal 6: Provisions for equipment and facilities

Proposal summary:

- All equipment, fittings, appliances etc. are required to be maintained in good working order and fit sanitary condition
- Adequate fire protection equipment must be provided in good working order and serviced in accordance with AS 1851 Routine service of fire protection systems and equipment
- All electrical work must not be hazardous, and must comply with the *Electricity (Licensing) Regulations* 1991
- Adequate general and safety lighting must be provided, and emergency lighting capable of giving sufficient light for people to leave safely
- Adequate sanitary facilities (including facilities for people with disability) must be provided.

7.6.1 General maintenance

The Public Buildings Regulations currently require that all materials, fittings, seating, appliances and other things installed or used in a public building are maintained in a proper state of repair and in fit sanitary condition.

While this clause was designed for buildings, it is necessary for event organisers to continue to be held to a similar standard at events and inside temporary structures. Equipment and facilities should function correctly and be of a sanitary condition so as not to pose a public health risk.

It is proposed that all equipment, fittings appliances, seating etc. be required to be maintained in good working order and fit sanitary condition.

7.6.2 Fire preparedness

Disasters such as the Hartford Circus fire, resulting in 168 deaths and over 700 injuries, and the Dabwali fire which killed more than 400 when a synthetic tent caught alight, demonstrate that fire safety is not just an issue for permanent buildings.

In WA the fire protection requirements of the National Construction Code are not applicable to temporary structures. The *Occupational Safety and Health Regulations 1996* may apply in part, however this is focussed on employees and not on patrons.

Authorised officers currently consider the risk of fire (particularly in relation to food stalls) however it is recognised that they are not fire safety experts and are not expected to be.

It is proposed that event organisers be required to provide adequate firefighting equipment, in good working order and serviced in accordance with the requirements of AS 1851 Routine service of fire protection systems and equipment. Part 14 of the guidelines outlines what firefighting appliances should be provided – these requirements will be subject to expert review and updated accordingly.

Flammability is also a key consideration in terms of temporary structures (particularly marquees and tents) and this will be covered in the guidelines, to be enforced under the general requirement for safety of temporary structures.

7.6.3 Electrical safety

Under regulation 10 of the Public Buildings Regulations, event organisers are required to provide certification of electrical work with a Form 5. This form must be signed off by a licensed electrical contractor or electrical worker and certifies that electrical work is compliant with the Public Buildings Regulations, the *Building Regulations 2012* (Building Regulations) and the *Electrical (Licensing) Regulations 1991.*

Since 1992 the provisions concerning electrical work have been significantly amended and are now considered to be adequately covered under the *Electricity (Licensing) Regulations 1991.* Regulation 49 of the *Electricity (Licensing) Regulations 1991* mandates compliance with the WA Electrical Requirements (WAER). The WAER comprehensively covers safety for electrical installations and section 3.6.10 also specifically states that temporary supplies for short term events shall comply with the Wiring Rules and AS/NZS 3002.

It is proposed that all electrical work must not be hazardous and must comply with the *Electricity (Licensing) Regulations 1991*.

Authorised officers are not considered to be adequately trained or qualified to assess electrical installations, however under this proposal they would be able to request changes if wiring could be hazardous (e.g. if it is exposed to the public). If there is a suspected public health risk from an electrical installation at an event, officers should contact the appropriate agency for further information (Building and Energy).

7.6.4 Lighting

Poor illumination may contribute to slips, trips and falls, particularly around stairs and uneven ground surfaces or changes in level. In a tightly packed crowd, a trip or fall has the potential to escalate into a progressive crowd crush, causing injury or even death.

It is proposed that all parts of the venue to which people have access (including external egress pathways) should be provided with adequate general and safety lighting, and emergency lighting capable of giving sufficient light for people to leave safely, as determined by the risk assessment. This requirement is adapted from the Purple Guide to Health, Safety and Welfare at Music and Other Events [27]

The guidelines would include further advice on:

- recommended standards for emergency lighting
- emergency lighting being doublesourced, or separately soured from normal lighting
- average lux levels for exit doorways, gates, corridors, stairways and exit paths and
- requirements for safety lighting.

7.6.5 Sanitary facilities

The provision of appropriate numbers and types of sanitary facilities at events (including hand washing stations) serves not only to ensure the comfort and enjoyment of patrons, but also to reduce the public health risks associated with inadequate sanitation. Well-planned provision of sanitary facilities can also reduce queuing and associated unrest and public urination.

The Public Buildings Regulations require that events be provided with sanitary facilities in accordance with the Building Regulations (may include temporary toilets and/or toilets situated in a permanent building). Authorised officers have the ability to vary these requirements and predominantly prescribe toilet numbers in accordance with the event guidelines.

The number of toilets appropriate for an event should take into account a range of factors including:

- duration
- type of event
- availability of alcohol
- weather and
- demographic (e.g. children, people with disability).

In preliminary consultation, authorised officers and industry representatives raised concerns with the recommendations in the existing guidelines, particularly that facilities are required for capacity 'groups' rather than based on a per person ratio.

It is proposed that the regulations require adequate sanitary facilities (including for attendants with disability) to be provided for all events and that the guidelines for this are amended in consultation with stakeholders.

Toilets would also be required to be maintained in a safe and healthy condition throughout the event as per the general maintenance clause.

Question 18: Do you support the proposed requirements for:

- a) general maintenance?
- b) fire preparedness?
- c) electrical safety?
- d) lighting?
- e) sanitary facilities?

Please detail the positive and negative impacts on you or your organisation.

8 How will the proposed changes affect me?

The intent of this discussion paper is to outline and seek feedback on proposed options for managing public health risks at events. The results of this consultation will inform the development of the reforms and as such this section cannot catalogue effects in detail.

The following section describes potential impacts of adopting the preferred option C. It is intended only to give a broad overview of possible impacts, which will be discussed in further detail once proposals are finalised.

8.1 Event organisers

The majority of the responsibilities of event organisers will not change, including seeking out, completing and paying a fee for registration and any other required approvals, developing plans, and ensuring that plans are adequately communicated and adhered to throughout the course of the event. Whatever option is adopted, event organisers retain ultimate liability and responsibility for the health and safety of patrons at their events.

Event organisers will benefit from red tape reduction through the requirement for planning documents (such as risk and first aid plans) to be proportional.

In accordance with the recognition that electrical safety is adequately covered under Building and Energy legislation, electrical certification and provision of a Form 5 will no longer be required. This will also reduce red tape, although event organisers will still be required to ensure they are compliant with the *Electricity (Licensing) Regulations 1991*.

While it is not possible to bring consistency to all areas of event approvals (such as

those outside the scope of public health) it is believed that the proposed measures would bring certainty to many aspects, in particular the prescribed requirements for temporary structures, and templates for risk management plans, risk registers and first aid plans.

The updated guidelines will also support event organisers in understanding what authorised officers may require of them and assist in proactive planning.

8.2 Event patrons

It is expected that there would be minimal impact upon event patrons.

The purpose of the regulations is to protect the health and safety of patrons. Patrons could expect to have confidence that event risks have been adequately identified and controlled, and that adequate plans are in place and resources provided if an emergency were to occur.

There is the potential for reduced or increased costs (such as ticketing or food and beverage costs) as event organisers may pass on savings or costs associated with changes in regulatory requirements.

8.3 Local government

Local government as the enforcement authority are likely to be the most heavily impacted stakeholders, however it is believed that many of the proposed changes will mirror what is already in place at present.

Local governments may also face changes as the organisers of many events.

Optional reporting indicated a desire among authorised officers to have a separate set of regulations for events. It is expected that authorised officers would benefit from the proposed changes through reduced red tape and additional support in the form of a robust guideline and templates.

The majority of the responsibilities of authorised officers would remain the same, including:

- processing applications, recommending changes and liaising with the applicant to give conditional registration
- assigning maximum capacity based on density, exit and facilities calculations and
- conducting a final inspection and issuing a certificate of registration.

Expected changes may include:

- increased flexibility and expectation to apply conditions based on risk
- heavier reliance on the guidelines
- introduction of requirements for first aid and public liability insurance
- officers no longer required to obtain a Form 5 for electrical compliance.

Opportunities for cost recovery would reflect the current model and allow local governments to continue to charge for services provided. These costs would be separate from public buildings and more accurately reflect the true cost of service.

Local governments may need to amend their local laws to ensure consistency with any new regulatory requirements. It is unclear how existing event approval processes outside of the realm of the Public Buildings Regulations would be impacted, and it is expected that this would vary between local governments.

What is 'adequate' or 'proportional'?

Authorised officers will be increasingly expected to apply risk-based judgements to determine the conditions to which the registration should be subject. This reflects the general trend toward risk assessment in environmental health legislation.

The guidelines will be the primary document to assist authorised officers in determining an 'adequate' or 'proportional' requirement. It should be noted that authorised officers are already referring to the existing guideline and making these judgements when approving events.

What regulatory powers will authorised officers have to deal with issues?

There is no intention to remove the existing powers for events. Powers have been outlined under the Public Health Act including the ability to cancel a registration, issue an improvement notice, and to specify infringeable activities. Determining appropriate infringement offences will be done at a later stage of the process.

8.4 State government

It is anticipated that the proposed changes would have a minor impact on state government.

The Department of Health would continue to regulate events on Rottnest Island and in Kings Park.

As the system manager, the DOH would be required to provide advice on implementation, and allocate resources to developing and maintaining approved forms, the guidelines and any other required templates. The DOH would also continue to provide advice to authorised officers on request, and assist in liaising between authorised officers and event organisers.

Question 19: Do you believe there would be any additional impact on any stakeholder group that are not listed in section 8 of the paper, or that you have not detailed in your previous answers?

Question 20: Are there any other issues that you believe should be captured under regulation in addition to those outlined in the proposals?

Question 21: Do you have any further suggestions on ways to improve the consistency of event regulation across local government areas, or any other comments?

9 Appendix 1 – Proposed risk matrix

The proposed matrix will not be part of the regulations but will be included in the guidelines and used as a guide to determine the risk level of each event. This will have an effect on the management requirements. Your comments about the matrix, particularly using your own examples, are encouraged.

| Risk factor | Value | Applied weighting | | |
|--|-------|-------------------|--|--|
| Event nature – for events with multiple natures, please apply only the highest value | | | | |
| Politician / dignitary visit | 1 | | | |
| Classical / folk / theatrical performance | 1 | | | |
| Athletics / sport (spectator event) | 1 | | | |
| Fetes / fundraisers | 1 | | | |
| Parades / carnivals / circuses | 2 | | | |
| Fireworks displays | 2 | | | |
| Children's event – fair, playground, carnival etc. | 2 | | | |
| Food and wine shows / expos | 3 | | | |
| Concerts – unlicensed or family concert (where alcohol consumption is likely to be low) | 3 | | | |
| Agricultural show / horse racing / greyhound racing | 3 | | | |
| Marathons / triathlons / fun runs | 5 | | | |
| Aviation displays | 5 | | | |
| Motor sports and displays | 5 | | | |
| Concerts – licensed, alcohol/drugs possible or likely, animated crowd | 7 | | | |
| Marine / waterway events | 7 | | | |
| Music festivals, large celebrations, licensed parties / raves | 7 | | | |
| Electronic dance music (EDM) festival | 10 | | | |
| Obstacle course / extreme sporting event | 12 | Score | | |
| | Г | | | |
| | | | | |

| Venue | | |
|--|---|-------|
| Outdoor, defined boundaries | 3 | |
| Indoor (marquee) | 5 | |
| Outdoor, widespread, street festival, cross country etc. | 7 | Score |
| | | |

| Expected numbers (at any one time) | | |
|------------------------------------|----|-------|
| <500 | 1 | |
| 500 – 1,000 | 2 | |
| 1,000 – 3,000 | 3 | |
| 3,000 – 5,000 | 5 | |
| 5,000 – 10,000 | 8 | |
| 10,000 – 20,000 | 12 | |
| 20,000 + | 17 | Score |
| | | |

| Risk factor | Value | Applied weighting |
|--|-------|-------------------|
| | | |
| Audience | | |
| All seated | 1 | |
| Mixed | 2 | |
| Standing/active/participating | 5 | Score |
| | | |
| | | |
| Audience profile | | |
| All ages, family groups | 1 | |
| Predominantly adults (18 – 70) (calm, orderly, compliant) | 2 | |
| Predominantly young people (15-30) (animated, excitable) | 5 | |
| Predominantly elderly | 5 | |
| Conflict / rival factions / protesters / non-compliant crowd | 10 | Score |
| | | |
| | | |
| Time from hospital* | | |
| *Does not include a nursing post or first aid post | | |
| < 10 minutes | 1 | |
| 11 – 45 minutes | 4 | |
| 46 – 90 minutes | 8 | |

46 – 90 minutes 91+ minutes

Score:

14

Score

RISK RATING:

| Risk rating | Score |
|-------------|---------|
| Low risk | 0 - 20 |
| Medium risk | 21 - 28 |
| High risk | 29+ |

NB: Tertiary hospitals that cater to WA regional areas are only available in Perth and Darwin. If an event is remote and serious casualties are possible (e.g. motocross, ultramarathons, obstacle courses or other high risk sport), the event is immediately considered high risk.

> **Question 22:** Do you support the inclusion of the matrix in Appendix 1 in the guidelines to assist with assessing events? Please detail the positive and negative impacts on you or your organisation.

10 Appendix 2 – Regulatory tools under the Public Health Act 2016

Once fully implemented, the *Public Health Act 2016* has a number of mechanisms to deal with public health risk management and offences under the Act. These include:

- General public health duty
- Infringement notices
- Improvement notices and enforcement orders
- Prosecution; and
- Registration and licensing.

General public health duty

The general public health duty requires that a person must take all reasonable and practicable steps to prevent or minimise any harm to public health that might foreseeably result from anything done or omitted to be done by the person.

Where the general duty is to be applied, there must be some clear *harm* (or foreseeable harm) to public health. In cases where matters are a nuisance or amenity problem but no health effect can be proven, such as unsightly yards, neighbourhood disputes and inconveniences, the general duty will <u>not</u> apply.

Non-compliance with the general duty is not an offence in itself, but may lead to the application of improvement notices and enforcement orders under Part 14 of the Public Health Act. Guidelines may be used to clarify the application of the general public health duty and provide guidance as to the measures that may constitute compliance or non-compliance with the general duty.

Infringement notices

An infringement notice is a written notice that a person has allegedly committed a specified offence which requires the payment of a fine within a specified time or the election to have the matter heard in court. Infringement notices provide a cost effective and efficient method of dealing with some offences.

The Public Health Act is silent on the ability to issue infringement notices. However, as it is a prescribed Act under the *Criminal Procedures Act 2004*, it enables the making of regulations that prescribe offences for which an infringement notice can be issued.

Infringement notices can only be issued where prescribed by a regulation.

Improvement notices and enforcement orders

An improvement notice is an order that either requires or prohibits a person from taking specified action. There may be a specified period in which the person has to comply with the improvement notice. While an authorised officer may extend the period given to take action, once that period has elapsed an authorised officer may:

- Issue a notice of compliance if the officer is satisfied, after carrying out an appropriate assessment that the improvement notice has been complied with.
- Issue a notice that sets out the reasons why the officer is not satisfied that the improvement notice has been complied with; and
- Report the non-compliance to the enforcement agency with a recommendation to issue an enforcement order.

An enforcement order is an order that either requires or prohibits a person from taking specified action. A prohibition with respect to specified action may be limited, absolute or conditional.

An enforcement order can be issued by an enforcement agency if it reasonably believes that an improvement notice has not been complied with, or if the issue of the order is necessary to prevent or mitigate a serious public health risk. An enforcement agency may issue an enforcement order in respect of non-compliance with an improvement notice irrespective of whether the improvement notice was issued by a person who was an authorised officer of that or another enforcement agency.

Prosecution

In accordance with Part 18, section 280 of the Public Health Act, an enforcement agency may commence proceedings for an offence under the Act or its regulations. A prosecution is separate from action under Part 14 relating to improvement notices and enforcement orders. So prosecution can be commenced irrespective of any action being undertaken under that part.

Registration and licensing

Part 8 of the Public Health Act provides a framework for the registration and/or licensing of activities declared by the regulations to be public health risk activities. The regulations will prescribe who the appropriate enforcement agency is for each registrable and/or licensable activity. This may be the local government, the Chief Health Officer or both. Regulations may prescribe offences in relation to an activity and provide modified penalties for which an infringement notice may be issued.

11 Appendix 3 – Risk assessment methodology

Please note: Appendix 3 is relevant only to the internal risk assessment on pages 12-14 of this document. The following tools are not intended for use by authorised officers or applicants and there is no suggestion that these tools should be used to determine the risk level of an event.

A number of risk assessment tools need to be used to determine the risk level for each identified public health risk. These tools include a health consequences table (table 2), a risk likelihood table (table 3), and a risk qualitative matrix (table 4).

These risk assessment tools are from AS/NZS ISO 31000:2009 Risk Management – Principles and guidelines [28] and the Health Risk Assessment (Scoping) Guidelines [29].

The DOH has five public health risk levels (table 1), each requiring a varying degree of DOH involvement in their management.

| Risk Level | DOH management requirements |
|-----------------------------|---|
| Very Low Public Health Risk | No further assessment required |
| | Some mitigation/management may be required – no |
| Low Public Health Risk | detailed assessment of health hazards required but |
| | addressed with routine controls |
| Moderate/Medium Public | Substantial mitigation/management required – |
| Health Risk | assessment required of health hazards |
| High Public Health Risk | Not an acceptable risk. The DOH needs to be involved in |
| | the management of high public health risks. |

Table 1 Definition of risk levels

| Risk Level | DOH management requirements |
|----------------------------|--|
| | Major mitigation/management (including offsets) may be |
| | required – assessment required of health hazards |
| Extreme Public Health Risk | Potentially unacceptable: modification of proposal |
| | required |

Table 2 Health consequences table adapted from 2011 Health Risk Assessment (Scoping) Guidelines, DOH

| Category | Acute health consequences (per hazard or outbreak) | Chronic health consequences (per project lifecycle) | |
|-------------------------------|---|---|--|
| 1 Catastrophic | >1 fatality OR >5 permanent disabilities OR Non-permanent injuries requiring hospitalisation for 5 – 10 % of populations at risk OR Acute health effect requiring hospitalisation for 5 – 10 % of populations at risk | Chronic health effect requiring medical treatment for 10 – 15 % of population at risk | |
| 2 Massive | 1 fatality OR 2 – 5 permanent disabilities OR Non-permanent injuries requiring hospitalisation for 2 - 5 % of populations at risk OR Acute health effect requiring hospitalisation for 2 – 5 % of populations at risk | Chronic health effect requiring medical treatment for 5 - 10 % of population at risk | |
| 3 Major | No fatality AND 1 permanent disability OR Non-permanent injuries requiring hospitalisation for 1 – 2 % of populations at risk OR Acute health effect requiring hospitalisation for 1 - 2 % of populations at risk OR Evacuation is necessary | Chronic health effect requiring medical treatment for 2 - 5 % of population at risk | |
| 4 Moderate/ Significant | No fatality AND No permanent disability AND Non-permanent injuries requiring hospitalisation for 1 – 2 % of populations at risk OR Acute health effect requiring hospitalisation for 1 – 2 % of populations at risk AND No evacuation | Chronic health effect requiring medical treatment for 1 - 2 % of population at risk | |
| 5 Minor | No fatality AND No permanent disability AND Non-permanent injuries requiring hospitalisation for 1 – 5 persons OR No Acute health effect requiring hospitalisation AND No evacuation | Chronic health effect requiring medical treatment for 0 - 1 % of population at risk | |

| Category | Acute health consequences (per hazard or outbreak) | Chronic health consequences (per project lifecycle) | |
|----------------------------|--|--|--|
| 6 Negligible/ Slight | No fatality AND No permanent disability AND No Non-permanent injuries requiring hospitalisation AND No Acute health effect requiring hospitalisation AND No evacuation | No chronic health effect requiring medical treatment | |

Table 3 Risk likelihood table adopted from 2011 Health Risk Assessment (Scoping) Guidelines, DOH

| Likelihood | Expected or Actual Frequency | % Chance of chronic health effect during life of project | |
|------------------------|---------------------------------|--|--|
| Almost Certain | More than once a year | Over 90% | |
| Likely | Once in 1 to 3 years | 61 – 90% | |
| Possible/ Occasionally | Once in 3 – 5 years | 31 – 60% | |
| Unlikely | Once in 5 – 10 years | 6 - 30% | |
| Rare/Remote | Once in more than 10 years | Up to 5% | |

Table 4 Risk matrix (qualitative)

| | | | Consequences | | | |
|-------------------|-----------------------|----------|--------------|---------|---------|--------------|
| Likelihood | Slight/ Negligible | Minor | Moderate | Major | Massive | Catastrophic |
| Almost certain | Low | Medium | High | Extreme | Extreme | Extreme |
| Likely | Low | Low | Medium | High | Extreme | Extreme |
| Possible | Very Low | Low | Low | Medium | High | Extreme |
| Unlikely | Very Low | Very Low | Low | Low | Medium | High |
| Rare/ Remote | Very Low | Very Low | Very Low | Low | Low | Medium |

Appendix 4 - Question list

The following is a master list of all questions contained in this discussion paper. You are encouraged to respond to these questions through the online survey, which can be accessed using the link on page 6 of this document.

Question 1: Do you support the adoption of Option A: Repeal without replacement? Why or why not?

Question 2: Can you identify any further advantages or disadvantages of Option A?

Question 3: Do you support the adoption of Option B: Retain status quo? Why or why not?

Question 4: Can you identify any further advantages or disadvantages of Option B?

Question 5: Do you support the adoption of Option C: Provide new events regulations under the *Public Health Act 2016* with an updated guideline? Why or why not?

Question 6: Can you identify any further advantages or disadvantages of Option C?

Question 7: Do you have any suggestions for alternative options that have not been considered? Please explain your ideas by providing examples of complaints, case studies, data or other evidence.

Question 8: Can you identify any potential gaps or overlaps between the proposed public buildings regulations and the proposed events regulations? Do you have any suggestions for ways of preventing these?

Question 9: Do you support the replacement of the certificate of approval process with the registration process? Please detail any positive and negative impacts on your or your organisation.

Question 10: Do you believe any further information should be provided on the certificate of registration?

Question 11: Do you believe that the requirement to provide adequate public liability insurance should be part of the proposed new regulations? Why or why not?

Question 12: Do you support the requirement to provide a RMP based on risk rather than capacity? Please detail any positive and negative impacts on you or your organisation.

Question 13: Do you support the requirement to provide a RMP at the application stage and provide a final version prior to approval? Alternatively, do you support a different timeline for the submission of documents? Please detail.

Question 14 (for authorised officers): What type of additional assistance would you or your local government require in assessing RMPs? Please detail.

Question 15: In regards to temporary structures, do you support the proposed requirements for:

- a) structures to be safely erected and maintained?
- b) prescribed thresholds?
- c) seating?
- d) steps?
- e) changes in level?

Please detail any positive and negative impacts on you or your organisation.

Question 16: Do you support the proposed first aid requirements? Please detail the positive and negative impacts on you or your organisation.

Question 17: Do you support the proposed exit requirements? Please detail the positive and negative

Question 18: Do you support the proposed requirements for:

- a) General maintenance?
- b) Fire preparedness?
- c) Electrical safety?
- d) Lighting?
- e) Sanitary facilities?

Please detail the positive and negative impacts on you or your organisation.

Question 19: Do you believe there would be any additional impact on any stakeholder group that are not listed in section 8 of the paper, or that you have not detailed in your previous answers?

Question 20: Are there any other issues that you believe should be captured under regulation in addition to those outlined in the proposals?

Question 21: Do you have any further suggestions on ways to improve the consistency of event regulation across local government areas, or any other comments?

Question 22: Do you support the inclusion of the matrix in Appendix 1 in the guidelines to assist with assessing events? Please detail the positive and negative impacts on you or your organisation.

12 Appendix 5 – Proposal list

The following is a master list of all proposals contained in this discussion paper.

Proposal 1: Registration of events with the local government

- Events to be prescribed as a public health risk activity that is registrable with the local government or Chief Health Officer under Part 8 of the Public Health Act
- Certificate of registration to contain applicant name, approved maximum capacity, type of event and operating date, time and location, as well as conditions prescribed by the authorised officer
- Local governments to continue approving events up to a density of 0.5m² per person, with Chief Health Officer to advise above this.

Proposal 2: Provisions for risk management

- Risk management planning is to be proportional to risk level
- A draft RMP (or scaled version) is to be provided at application, and a final version is to be provided prior to the commencement of the event
- Where a full RMP is required, it is to be developed to the ISO 31000 standard and must consider emergency management
- Evidence of public liability insurance is to be provided

Proposal 3: Provisions for temporary structures

- Temporary structures are to be safely erected and maintained throughout the operation of the event
- The regulations should prescribe thresholds for the sign off of temporary structures
- All seating must be secured in such a way so as not to form a trip hazard or an obstacle to egress
- Where a temporary structure includes steps, goings and risers must be consistent throughout the flight and comply with Table 5.1.3 of the ABCB Standard for Temporary Structures.

• Any raised area of tiered seating or change in level which may present a hazard shall be provided with an enclosing wall or guard rail

Proposal 4: Provisions for first aid planning

- Event organisers to provide consideration of first aid requirements
- Documentation to be proportional to the risk of the event

Proposal 5: Provisions for exits and egress

- Sufficient exit capacity must be provided and maintained at all times during which the public has access to the event site, to allow for egress at an acceptable rate
- Exits, exit paths and paths of egress are required to be adequately signposted

Proposal 6: Provisions for equipment and facilities

- All equipment, fittings, appliances etc. are required to be maintained in good working order and fit sanitary condition
- Adequate fire protection equipment must be provided in good working order and serviced in accordance with AS 1851 Routine service of fire protection systems and equipment
- All electrical work must not be hazardous, and must comply with the *Electricity (Licensing)* Regulations 1991
- Adequate general and safety lighting must be provided, and emergency lighting capable of giving sufficient light for people to leave safely
- Adequate sanitary facilities (including facilities for people with disability) must be provided.

14 References

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