Law Compliance Report – February 2024

Welcome to the February 2024 edition of the Law Compliance Report.

In this issue we:

- set out some of the current Bills we are tracking throughout Australia;
- discuss recent legislative changes occurring in each of the States and Territories:
  - Commonwealth
  - Australian Capital Territory
  - New South Wales
  - Northern Territory
  - Queensland
  - South Australia
  - Tasmania
  - Victoria
  - Western Australia; and
- announce our Upcoming Comply Online® Webinars.

Click on the blue links above to go directly to the article.

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February 2024 Edition

Some of the legislative changes being tracked

Western Australia

Climate Change and Greenhouse Gas Emissions Reduction Bill 2021 (WA)

Electricity Industry Amendment (Alternative Electricity Services) Bill 2023 (WA)

Electricity Industry Amendment (Distributed Energy Resources) Bill 2023 (WA)

Retail Trading Hours Amendment Bill 2021 (WA)

Statutes (Repeals and Minor Amendments) Bill 2021 (WA)

Queensland

Agriculture and Fisheries and Other Legislation Amendment Bill 2023 (Qld)

Criminal Code and Other Legislation (Double Jeopardy Exception and Subsequent Appeals) Amendment Bill 2023 (Qld)

Criminal Law (Coercive Control and Affirmative Consent) and Other Legislation Amendment Bill 2023 (Qld)

Energy (Renewable Transformation and Jobs) Bill 2023 (Qld)

Forensic Science Queensland Bill 2023 (Qld)

Health and Other Legislation Amendment Bill (No. 2) 2023 (Qld)

Integrity and Other Legislation Amendment Bill 2023 (Qld)

Land and Other Legislation Amendment Bill (No. 2) 2023 (Qld)

Marine Rescue Queensland Bill 2023 (Qld)

Pharmacy Business Ownership Bill 2023 (Qld)

State Emergency Service Bill 2023 (Qld)

Summary Offences (Prevention of Knife Crime) and Other Legislation Amendment Bill 2023 (Qld)

Transport and Other Legislation Amendment Bill 2023 (Qld)

Work Health and Safety and Other Legislation Amendment Bill 2023 (Qld)

Commonwealth

Administrative Review Tribunal (Consequential and Transitional Provisions No. 1) Bill 2023 No. (Cth)

Administrative Review Tribunal (Consequential and Transitional Provisions No. 2) Bill 2024 (Cth)

Attorney-General's Portfolio Miscellaneous Measures Bill 2023 (Cth)

Childhood Gender Transition Prohibition Bill 2023 (Cth)

Commonwealth Electoral Amendment (Voter Protections in Political Advertising) Bill 2023 No. (Cth)

Crimes Legislation Amendment (Combatting Foreign Bribery) Bill 2023 No. (Cth)

Customs Amendment (Banning Goods Produced By Forced Labour) Bill 2022 No. (Cth)

Customs Amendment (Preventing Child Labour) Bill 2023 No. (Cth)

Defence Trade Controls Amendment Bill 2023 No. (Cth)

Digital ID Bill 2023 No. (Cth)

Environment Protection and Biodiversity Conservation Amendment (Climate Trigger) Bill 2022 [No. 2] (Cth)

Fair Work Amendment (Right to Disconnect) Bill No.2 2023 (Cth)

Fair Work Legislation Amendment (Closing Loopholes No. 2) Bill 2023 (Cth)

Lobbying (Improving Government Honesty and Trust) Bill 2023 (Cth)

National Redress Scheme for Institutional Child Sexual Abuse Amendment Bill 2023 (Cth)

National Vocational Education and Training Regulator Amendment (Strengthening Quality and Integrity in Vocational Education and Training No. 1) Bill 2024 (Cth)

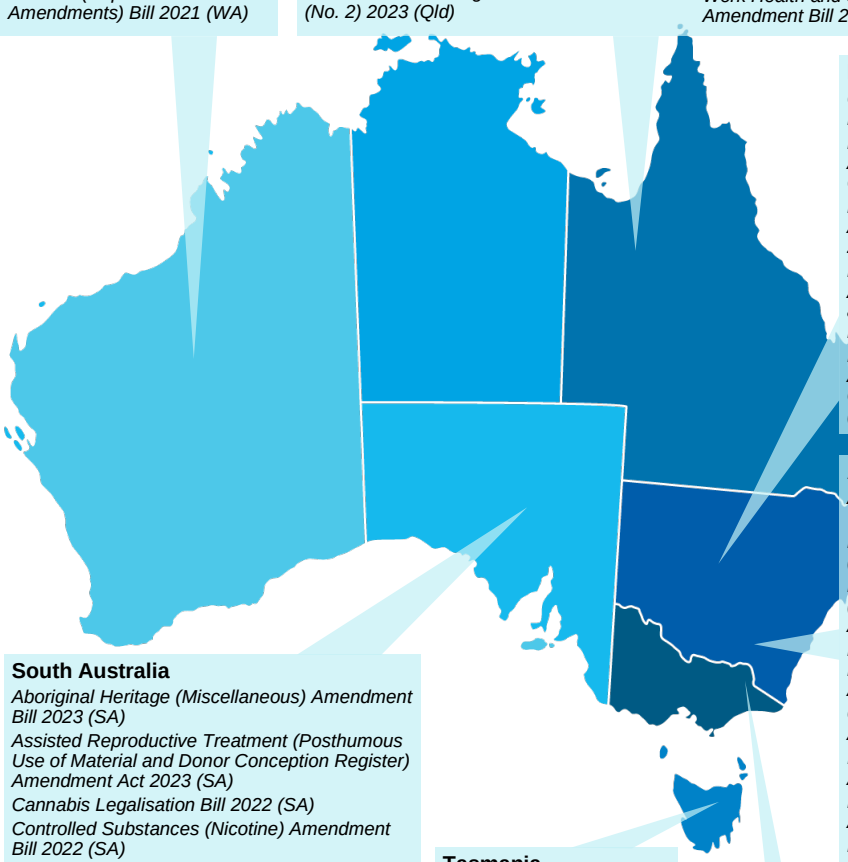
Treasury Laws Amendment (Better Targeted Superannuation Concessions and Other Measures) Bill 2023 No. (Cth)

Treasury Laws Amendment (Consumer Data Right) Bill 2022 (Cth)

Treasury Laws Amendment (Cost of Living—Medicare Levy) Bill 2024

Treasury Laws Amendment (Making Multinationals Pay Their Fair Share—Integrity and Transparency) Bill 2023 (Cth)

Treasury Laws Amendment (Tax Accountability and Fairness) Bill 2023 No. (Cth)



New South Wales

Conversion Practices Prohibition Bill 2023 (NSW)

Environmental Legislation Amendment (Hazardous Chemicals) Bill 2024 (NSW)

Equality Legislation Amendment (LGBTIQA+) Bill 2023 (NSW)

Minerals Legislation Amendment (Offshore Drilling and Associated Infrastructure Prohibition) Bill 2023 (NSW)

Residential Tenancies Amendment (Prohibiting No Grounds Evictions) Bill 2024 (NSW)

ACT

Assisted Reproductive Technology Bill 2023 (ACT)

Disability Inclusion Bill 2024 (ACT)

Domestic Violence Agencies (Information Sharing) Amendment Bill 2023 (ACT)

Environment Protection (Fossil Fuel Company Advertising) Amendment Bill 2024 (ACT)

Government Procurement Amendment Bill 2023 (ACT)

Integrity Commission Amendment Bill 2022 (No 2)

Modern Slavery Legislation Amendment Bill 2023

Parentage (Surrogacy) Amendment Bill 2023 (ACT)

Property Developers Bill 2023 (ACT)

Residential Tenancies Amendment Bill 2024 (ACT)

Voluntary Assisted Dying Bill 2023 (ACT)

Workplace Legislation Amendment Bill 2024 (ACT)

South Australia

Aboriginal Heritage (Miscellaneous) Amendment Bill 2023 (SA)

Assisted Reproductive Treatment (Posthumous Use of Material and Donor Conception Register) Amendment Act 2023 (SA)

Cannabis Legalisation Bill 2022 (SA)

Controlled Substances (Nicotine) Amendment Bill 2022 (SA)

Disability Inclusion (Review Recommendations) Amendment Bill 2023 (SA)

Environment Protection (Cigarette Butt Waste) Amendment Bill 2023 (SA)

Explosives Bill 2023 (SA)

Fair Trading (Lifespan of Electrical Products) Amendment Bill 2022 (SA)

Freedom of Information (Miscellaneous) Amendment Bill 2023 (SA)

Health Care (Ambulance Response Targets) Amendment Bill 2023 (SA)

Heritage Places (Adelaide Park Lands) Amendment Bill 2022 (SA)

Heritage Places (Protection of State Heritage Places) Amendment Bill 2023 (SA)

Planning, Development and Infrastructure (Gas Infrastructure) Amendment Bill 2022 (SA)

Public Finance and Audit (Auditor-General Access to Cabinet Submissions) Amendment Bill 2022 (SA)

Statutes Amendment (Animal Welfare Reforms) Bill 2022 (SA)

Statutes Amendment (National Energy Laws) (Wholesale Market Monitoring) Bill 2023 (SA)

Tasmania

Charities and Associations Law (Miscellaneous) Amendment Bill 2023 (Tas)

Industrial Hemp Amendment Bill 2023 (Tas)

Racing Regulation and Integrity (Consequential Amendments) Bill 2023 (Tas)

Residential Tenancy (Rental Market Reform) Amendment Bill 2021 (Tas)

Right to Information Amendment (Public Protected Areas) Bill 2021 (Tas)

Right to Information Amendment Bill 2021 (Tas)

State Litigator (Consequential Amendment) Bill 2023 (Tas)

Work Health Safety Amendment Bill 2023 (Tas)

Victoria

Children, Youth and Families Amendment (Home Stretch) Bill 2023 (Vic)

Children, Youth and Families Amendment (Raise the Age) Bill 2022 (Vic)

Drugs, Poisons and Controlled Substances Amendment (Pill Testing Pilot for Drug Harm Reduction) Bill 2023 (Vic)

Independent Broad-based Anti-corruption Commission Amendment (Ending Political Corruption) Bill 2023 (Vic)

Public Health and Wellbeing Amendment (Health Services Performance Transparency and Accountability) Bill 2023 (Vic)

Residential Tenancies Amendment (Rent Freeze and Caps) Bill 2023 (Vic)

State Electricity Commission Amendment Bill 2023 (Vic)

Workplace Injury Rehabilitation and Compensation Amendment (WorkCover Scheme Modernisation) Bill 2023 (Vic)

If you would like details of these new Bills please contact our team on ***1300 862 667***
or visit our website ***www.lawcompliance.com.au***

Commonwealth Update

Aged Care Legislation Amendment (Care Minutes Responsibilities) Principles 2023 (Cth)

On 12 September 2023, the *Aged Care Legislation Amendment (Care Minutes Responsibilities) Principles 2023* (Cth) (the **Amending Principles**) amended the *Quality of Care Principles 2014* (Cth) (the **Principles**).

New obligations for approved providers of residential care services regarding required amounts of care

The Amending Principles have introduced new obligations for approved providers of residential care services (**approved providers**) in relation to a quarter of a financial year for the provider that commences on or after 1 October 2023. These new obligations are the result of recommendations of the *Final Report of the Royal Commission into Aged Care Quality and Safety*, to ensure that approved providers of residential care, meet a minimum staff time quality and safety standard.

In relation to a quarter of a financial year **beginning on or after 1 October 2023**, approved providers are required to ensure that the average amount of direct care provided through their service by **direct care staff members** (being a staff member of an approved provider who is a registered nurse, enrolled nurse, nursing assistant or personal care worker), per counted care recipient per day is at least the required combined staff average amount of direct care per care recipient per day, in respect of the service for the quarter. The identification of the relevant daily amount is set out in the following table.

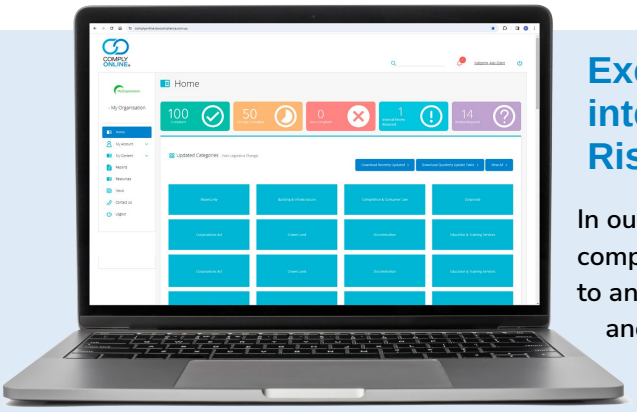
Daily amounts			
Item	**Column 1** **For a care recipient classified as …**	**Column 2** **the combined staff daily amount is … (minutes)**	**Column 3** **and the registered nurse daily amount is … (minutes)**
1	Class 1	317	57
2	Class 2	110	30
3	Class 3	143	32
4	Class 4	115	28
5	Class 5	157	39
6	Class 6	152	34
7	Class 7	186	36
8	Class 8	200	38
9	Class 9	202	46
10	Class 10	282	56
11	Class 11	274	41
12	Class 12	269	42
13	Class 13	317	57
14	Respite Class 1	120	31
15	Respite Class 2	165	36
16	Respite Class 3	273	48

In relation to a quarter of a financial year **beginning on or after 1 October 2023**, approved providers are also required to ensure that the average amount of direct care provided through the service by **registered nurse staff members** (being a staff member of an approved provider who is a registered nurse), per counted care recipient per day is at least the required registered nurse average amount of direct care per care recipient per day, in respect of the service for the quarter.

We note that the Department of Health and Aged Care have produced a useful guide about these new care minutes responsibilities applying from 1 October 2023, which are set out in section 4.4 of the guide. This guide can be accessed **here** on the Department's website.

Conclusion

Approved providers of residential care services should ensure relevant staff (including executive and clinical staff) are made aware of the new care minutes responsibilities discussed above, as applying to a quarter of a financial year **beginning on or after 1 October 2023**. Organisations should ensure that these new care minute responsibilities as outlined in full in the **NATIONAL – Aged Care – Quality of Care Principles** topic are adhered to.



Exciting expansion of our ability to integrate with our clients' Governance, Risk and Compliance Systems

In our ongoing efforts to deliver unparalleled legislative compliance solutions and client service, we are excited to announce that our Legislative Compliance Registers and Self-Assessment Questions will soon be available through a range of leading Governance, Risk and Compliance (GRC) providers.

With an increasing number of our clients investing in integrated risk management platforms, we are regularly being asked to embed our content into existing systems. This expansion of our capability means more flexibility, enhanced accessibility and improved integration capabilities for your organisation. Whether you're looking to further streamline compliance processes or enhance your existing systems, the ability to integrate our content will provide significant versality and choice.

If you would like to understand more about integrating our content within your GRC environment, please don't hesitate to reach out to your Law Compliance Client Relationship Manager. We're more than happy to discuss your needs and how we can support your goals.

Keep an eye on our LinkedIn as we will make further announcements as they become available.

Australian Capital Territory Update

Work Health and Safety Amendment Regulation 2023 (No 1) (ACT)

On 27 November 2023, the *Work Health and Safety Amendment Regulation 2023* (No 1) (ACT) (the **Amending Regulation**) commenced and amended the *Work Health and Safety Regulation 2011* (ACT) (the **Regulation**). The Amending Regulation introduces a new duty to manage psychosocial risks in the workplace.

Psychosocial risks

The Amending Regulation inserts new regulations 55A to 55D into the Regulation to address psychosocial risks.

Regulation 55C introduces the duty for a person conducting a business or undertaking to manage psychosocial risks. Relevantly, regulation 55B defines **psychosocial risk** as a risk to the health or safety of a worker or other person arising from a psychosocial hazard, while regulation 55A defines a **psychosocial hazard** as a hazard that:

- arises from or relates to:
  - the design or management of work; or
  - a work environment; or
  - plant at a workplace; or
  - workplace interactions or behaviours; and
- may cause psychological harm (whether or not it may also cause physical harm).

More specifically, regulation 55D requires a person conducting a business or undertaking to implement control measures:

- to eliminate psychosocial risks so far as is reasonably practicable; and
- if it is not reasonably practicable to eliminate psychosocial risks – to minimise the risks so far as is reasonably practicable.

In determining the control measures to implement, a person must have regard to all relevant matters, including the following:

- the duration, frequency and severity of the exposure of workers and other persons to the psychosocial hazards;
- how the psychosocial hazards may interact or combine;
- the design of work, including job demands and tasks;
- the systems of work, including how work is managed, organised and supported;
- the design and layout, and environmental conditions of the workplace, including the provision of:
  - safe means of entering and exiting the workplace; and
  - facilities for the welfare of workers;
- the design and layout, and environmental conditions, of workers' accommodation;
- the plant, substances and structures at the workplace;
- workplace interactions or behaviours; and
- the information, training, instruction and supervision provided to workers.

Conclusion

The Regulation contains new obligations to manage psychosocial risks in the workplace. Organisations should review and update their policies, processes and systems to reflect the changes. All staff should be made aware of the changes.

More particularly, organisations should identify possible psychosocial hazards that could cause psychological harm to their workers and create new processes to reduce the impact or, if possible, eliminate these risks. The Law Compliance team have amended the topic **ACT – OH&S – General Duties** which sets out the new obligations in detail.

New South Wales Update

Voluntary Assisted Dying Act 2022 (NSW)

The *Voluntary Assisted Dying Act 2022* (NSW) commenced on 28 November 2023.

Background

After considered and prolonged debate, the New South Wales Parliament passed the *Voluntary Assisted Dying Act 2022* (NSW) (the **Act**) on 19 May 2022, with the Act coming into force on 28 November 2023.

The Act provides for access to voluntary assisted dying for adults with decision-making capacity who are suffering from an incurable disease or illness that is expected to cause deaths in six months or less (or 12 months in the case of a neurodegenerative disease), where the suffering cannot otherwise be alleviated in a way that is acceptable to the person. In practice, this means the person can gain access to a lethal dose of medication (called a **voluntary assisted dying substance** in the Act) that will cause death when ingested, or for a person to have such a substance administered to them by a medical practitioner upon request, where the person is unable to self-administer.

Persons exercising a power or performing a function or duty under the Act must have regard to a number of principles, including the equal value of all human life, the need to respect a person's autonomy, a person's right to receive appropriate information to make informed decisions about their care, the importance of a person receiving care that maximises quality of life and minimises suffering and the value of openly discussing death and dying and related individual preferences [section 4 of the Act].

The Act also provides an extensive regime of oversight by the Voluntary Assisted Dying Board (the **Board**). Insofar as registered health practitioners, including medical practitioners, are intended to participate in the voluntary assisted dying process, the Act provides for registered health practitioners to refuse to participate in any part of the process, where the practitioner has a conscientious objection to voluntary assisted dying.

This article provides:

- an overview of key elements of the voluntary assisted dying process under the Act; and
- some points for health service organisations and registered practitioners to considering in moving towards implementation, based on guidance from the New South Wales Ministry of Health (**NSW Health**).

Key Elements of the Voluntary Assisted Dying Process

Who is eligible to access voluntary assisted dying?

Individuals are eligible to access voluntary assisted dying [section 16 of the Act] if they:

- are an adult; and
- are an Australian citizen or a permanent resident of Australia, or at the time of making the first request, have been resident in Australia for at least 3 continuous years;
- at the time of making the first request, have been ordinarily resident in New South Wales for at least 12 months; and
- have been diagnosed with at least 1 disease, illness or medical condition that:
  - is advanced, progressive and will cause death; and
  - will, on the balance of probabilities, cause death for a disease, illness or medical condition that is neurodegenerative within a period of 12 months, or otherwise within a period of 6 months; and
  - is causing suffering to the person that cannot be relieved in a way the person considers tolerable; and

- have decision-making capacity in relation to voluntary assisted dying;
- are able to act voluntarily and not because of pressure or duress; and
- are enduring in their requesting for access to voluntary assisted dying .

Decision-making capacity is defined in section 6 of the Act.

Pressure or duress includes, abuse, coercion, intimidation, threats and undue influence.

Requirements for access to voluntary assisted dying

To access voluntary assisted dying, a person must make a clear and unambiguous request (the **first request**) during a medical consultation. However, a medical practitioner must refuse the first request if the practitioner is not qualified to act as a coordinating practitioner when the first request is made.

Coordinating practitioner, for a person, means a medical practitioner who accepts the person's first request, or a medical practitioner who accepts a transfer of the role of coordinating practitioner for the person under section 181 of the Act.

It is important to note that under section 10 of the Act, a health professional must not initiate a discussion regarding voluntary assisted dying with a person when providing health services. However, a medical practitioner may initiate the conversation if, at the time of the request, the medical practitioner informs the person about:

- the treatment options that would be considered standard care for the disease, illness, or medical condition in which the person is diagnosed; and
- the likely outcomes of the treatment options available to the person; and
- the palliative care and treatment options available to the person; and
- the likely outcome of the palliative care and treatment options.

First assessment

Section 25 of the Act provides that a coordinating practitioner for a patient must assess whether the patient is eligible for access to voluntary assisted dying. In doing so, the coordinating practitioner must:

- refer the patient to a medical practitioner, psychiatrist, or other registered health practitioner (whichever is applicable) with appropriate skills and training if the coordinating practitioner is unable to determine whether the patient:
  - is eligible for voluntary assisted dying because of the patient's disease, illness, or medical condition; or
  - has decision-making capacity regarding voluntary assisted dying; or
- is acting voluntarily, or whether the patient is acting because of pressure or duress [section 26 of the Act]; and
- inform the patient who meets all the eligibility criteria about certain matters [section 28 of the Act]; and
- assess the patient as being eligible or ineligible for access to voluntary assisted dying [section 29 of the Act]; and
- inform the patient as soon as possible after the first assessment has been completed [section 30 of the Act]; and
- within 5 business days, complete the approved form (the **first assessment report form**) which includes the details in section 30(4) of the Act [section 30 of the Act].

Afte completing the first assessment report form the coordinating practitioner must give a copy of the form to the Board and to the patient as soon as practicable [section 30 of the Act].

If a patient is deemed eligible for voluntary assisted dying, the coordinating practitioner must refer the patient to another medical practitioner for a consulting assessment [section 31 of the Act].

Consulting assessment

Division 4 of Part 3 of the Act outlines the requirements that must be met by a medical practitioner who receives a referral for a consulting assessment. Before making the consulting assessment, the medical practitioner is required to record certain information in the patient's medical records, including information regarding the medical practitioner's decision to accept or refuse the referral [section 33 of the Act]. Following that, the medical practitioner must submit an approved form (the **consultation referral form**) to the Board [section 34 of the Act]. If the medical practitioner accepts the referral, the medical practitioner becomes the consulting practitioner. The consulting practitioner must assess whether the patient is eligible for voluntary assisted dying (the **consulting assessment**) independently of the coordinating practitioner [section 36 of the Act].

The consulting assessment is similar to the first assessment. The consultant practitioner must satisfy the requirements set out in sections 37 to 41 of the Act, identical to those in sections 26 to 30 of the Act when conducting the first assessment.

A patient who has been assessed as eligible by the patient's coordinating practitioner and consulting practitioner for voluntary assisted dying may make a written declaration requesting access to voluntary assisted dying. After making the declaration, the coordinating practitioner must record the date the patient made the declaration and the date the declaration was received by the coordinating practitioner. The coordinating practitioner must provide the written declaration to the Board within 5 business days after receiving it from the patient [section 41 of the Act].

Final request and final review

Division 6 of Part 3 of the Act provides that a patient who has made a written declaration must make a final request for voluntary assisted dying that is clear and unambiguous. Once made, the coordinating practitioner must record the final request and submit the approved form (the **final request form**) [section 50]. The coordinating practitioner must give a copy of the form to the Board within 5 business days after receiving the final request by the patient [section 51 of the Act]. Following that, the coordinating practitioner must conduct, complete and submit an approved form (the **final review form**) certifying that the patient has full capacity to make decisions, that the patient is acting voluntarily and not acting under duress or pressure, and that the patient has made an enduring request to access voluntary assisted dying [section 52 of the Act]. Similar to the final request form, the coordinating practitioner must submit the final review form to the Board within 5 business days after completing the final review form [section 52 of the Act].

Administration of voluntary assisted dying substance

Division 2 of Part 4 of the Act allows the patient to decide to self-administer a voluntary assisted dying substance (a **self-administration decision**) or by an administering practitioner (a **practitioner administration decision**) [see section 57 of the Act]. The decision must be clear and unambiguous. The patient's coordinating practitioner must record the decision in the patient's medical record and submit a copy of the approved form (the **administration decision form**) to the Board within 5 business days after the patient makes an administration decision [see section 57 of the Act].

After making the administration decision, the coordinating practitioner is authorised to prescribe a sufficient dose of a voluntary assisted dying substance (a **prescribed substance**) to the patient for self-administration [section 59 of the Act]. The coordinating practitioner must within 5 business days, complete the approved form for the prescription of the voluntary assisted dying substance (the **prescription form**) and submit a copy of the form to the Board [section 61 of the Act]. If the patient's administering practitioner administers the prescribed substance to the patient, the administering practitioner must, in addition to having to complete the prescription form, produce a certification in the approved form (the **practitioner administration form**) and submit the form within 5 business days to the Board after administering the

prescribed substance to the patient [section 62 of the Act].

Administering practitioner, for a patient, means the coordinating practitioner for the person, or a person to whom the role of administering practitioner is transferred under section 64(2) of the Act.

Prescribing and administering of substance

Division 5 of Part 4 of the Act sets out the requirements regarding the prescription, supply and disposal of voluntary assisted dying substances, and requirements to inform patients or others of certain matters.

Information to be given before prescribing a voluntary assisted dying substance

Before prescribing a voluntary assisted dying substance for a patient, the patient's coordinating practitioner must:

- if a patient has made a self-administration decision, inform the patient in writing, the information contained in section 73(2) of the Act; or
- if a patient has made a practitioner administering decision, inform the patient in writing, the information contained in section 73(3) of the Act.

Section 74 of the Act then sets out the requirements of the coordinating practitioner who prescribes the voluntary assisted dying substance to include a statement that clearly indicates the prescription is for voluntary assisting dying and certifies that the request and assessment process has been completed.

Obligations on authorised suppliers

In addition to the obligations of the coordinating practitioner in prescribing a voluntary assisted dying substance, an authorised supplier must authenticate the prescription for a voluntary assisted dying substance and satisfy the obligations set out under section 75 of the Act. Before supplying the prescribed substances to a patient, a patient's contact person or an agent of a patient (the recipient), the authorised supplier must inform the patient in writing of the information contained in section 76 of the Act. After supplying the prescribed substance, the authorised supplier is required to complete the approved form (the authorised supply form) and submit a copy of the form to the Board within 5 business days.

Contact person, for a patient, means the person appointed by the patient under section 66(1) of the Act.

Disposal of prescribed substances by administering practitioner

If the patient who has made a practitioner administration decision decides to revoke the decision, the administering practitioner must dispose of the prescribed substance as soon as practicable. The administering practitioner must complete the approved form (the **practitioner disposal form**) and submit a copy of the form to the Board within 5 business days [section 83 of the Act].

Notification of death

Division 6 of Part 4 of the Act requires the coordinating practitioner and administering practitioner to notify the Board, in the approved form, of a patient's death after becoming aware the patient has died, regardless of whether the patient had self-administered or had been administered a voluntary assisted dying substance in accordance with the Act. Furthermore, the medical practitioner must indicate the following on the death certificate:

- that the medical practitioner knows or has reasonably grounds to believe the patient self-administered, or was administered a voluntary assisted dying substance in accordance with the Act,
- the disease, illness or medical condition that the person was diagnosed with, which made the person eligible for voluntary assisted dying.

Cause of death certificate, for a person, means a notice of the death of the person and of the cause of the person's death under the *Births, Deaths and Marriages Registration Act 1995* (NSW), section 39(1).

Residential facilities or health care establishments

Part 5 of the Act provides that residential facilities or health care establishments may decide to provide services related to voluntary assisted dying at the facility or establishment. Where the relevant entity that owns or occupies the residential facility provides these services, the relevant entity must comply with sections 90-107 of the Act.

Health care establishment means a private health facility within the meaning of the *Private Health Facilities Act 2007* (NSW) or a public hospital within the meaning of the *Health Services Act 1997* (NSW).

Relevant entity means an entity, other than an individual, that provides a relevant service.

Offences

Part 7 of the Act creates several general offences relating to prescribing a voluntary assisted dying substance by an authorised supplier, and offences relating to the disposal of a voluntary assisted dying substance by a contact person. Part 7 of the Act also creates offences regarding recording, using, and disclosing of certain information.

In addition, Schedule 1A of the Act makes consequential amendments to the *Crimes Act 1900* (NSW) to create offences relating to the unauthorised administration of prescribed substances. The offences include:

- inducing another person to request or access a voluntary assisted dying substance; and
- inducing self-administration of a prescribed substance on another person by dishonesty, pressure or duress; and
- advertising a Schedule 4 poison or a Schedule 8 poison as a voluntary assisted dying substance.

Schedule 4 poison has the same meaning as a Schedule 4 substance in the *Poisons and Therapeutic Goods Act 1966* (NSW), section 8.

Schedule 8 poison has the same meaning as a Schedule 8 substance in the *Poisons and Therapeutic Goods Act 1966* (NSW), section 8.

Conclusion

The voluntary assisted dying process provides regulated and transparent access for patients with decision-making capacity to die peacefully and painlessly at a time of their own choosing when they are nearing death, and where their suffering cannot be alleviated in a manner that is acceptable to them. It also provides a framework for appropriately qualified medical practitioners to provide care in accordance with the patient's wishes, in a way that is compatible with the practitioner's professional obligations.

Where a registered health practitioner holds a conscientious objection to patients choosing the time and manner of their own death, or to a medical practitioner participating in this in any manner, the voluntary assisted dying process ensures that the practitioner is not required to participate or facilitate the patient making and enacting such a choice.

NSW Health provides a number of different resources, including a Clinical Practice Handbook, to assist healthcare organisations in understanding and implementing the voluntary assisted dying process.

Those resources can be accessed through the NSW Health website, available at:

https://www.health.nsw.gov.au/voluntary-assisted-dying/Pages/default.aspx

The new voluntary assisted dying process is outlined in full in the **NSW – Voluntary Assisted Dying** topic.

Northern Territory Update

Independent Commissioner Against Corruption Amendment Bill 2023 (NT)

On 24 October 2023, the *Independent Commissioner Against Corruption Amendment Bill 2023* (NT) (the **Bill**) passed the Northern Territory Parliament and will amend the *Independent Commissioner Against Corruption Act 2017* (NT) (the **Act**) when it commences the day after it receives Assent. The Bill inserts a range of new offences into the Act, which aim to protect the identity of protected persons and correspond to new and existing powers of the Independent Commissioner Against Corruption (**ICAC**). The Bill also makes amendments to the key definitions of 'protected communication' and 'corrupt conduct' and replaces and amends some existing offences.

New offence: Identity of protected person to be kept confidential

Section 146A of the Act contains a new offence which is designed to protect the identity of protected persons. A person will commit an offence if they obtain information about the identity of a **protected person** and the person intentionally engages in conduct that results in the disclosure of the information and the person is reckless as to that result. The maximum penalty for this offence is 400 penalty units (currently, **$70,400**) or 2 years imprisonment. Section 146A(3) sets out several defences for this offence, such as, for example:

- where the person is an independent entity, or an officer or employee of an independent entity, and the information is identifying information but the person has given consideration to the principles mentioned in section 91 of the Act and disclosure is reasonably necessary to perform the functions of the independent entity; or
- where the disclosure is only to the extent necessary to ensure the matters to which the information relates are properly investigated.

There is no change to the existing definition of **protected person** which generally means a person who takes or has taken protected action.

Replaced section 145: Offence to disclose certain information – official functions under the Act

The offence in section 145 of the Act will be replaced by the Bill. The new section provides that a person commits an offence if the person obtains information in the course of performing a function connected with the administration of or the exercising of a power under the Act and the person intentionally engages in conduct which results in the disclosure of information and the disclosure is not:

- for a purpose connected with the administration of the Act, including a legal proceeding arising out of the operation of the Act or a referral; or
- to a person who is otherwise entitled to the information; and
- the person is reckless as to that result. The maximum penalty for this offence is 400 penalty units (currently, **$70,400**) or 2 years imprisonment.

Section 145(3) of the Act sets out several defences for this offence, such as, for example:

- where the person has knowledge of the information independently from obtaining it in the course of performing functions connected with the administration of the Act; or
- where the person is an independent entity, or an officer or employee of an independent entity, and the information is not identifying information or the information is identifying information but the person has given consideration to the principles

mentioned in section 91 of the Act and the disclosure is reasonably necessary to perform the functions of the independent entity.

In addition, the existing offence in section 146 of the Act, for an unauthorised disclosure of information in other circumstances, has also been amended to provide several defences for this offence, including, for example the two examples set out above in relation to the new section 145.

Other new offences for failing to comply with ICAC

The Bill also gives new powers to ICAC and there are new corresponding offences for failing to comply with both new and existing powers of ICAC under the Act. These include the offence in:

- section 147A for intentionally failing to comply with a requirement under section 24A, being ICAC's new power to require a public body or public officer to answer specified questions or provide specified information or items in their control;
- section 148 for intentionally failing to comply with a requirement under section 32, being ICAC's existing power to require a person to answer specified questions or provide specified information or produced specified items;
- section 149 for intentionally failing to comply with a requirement under section 34, being ICAC's amended existing power to require a person to attend for examination; and
- section 151A for failing to comply with a requirement under section 139A, being the new power of an Inspector (appointed under section 134 of the Act) to require ICAC or any member of ICAC staff to attend on an Inspector for questioning or to produce documents.

The maximum penalty for these offences is 100 penalty units (currently, **$17,600**) or 12 months imprisonment or both.

Amendments to key definitions 'corrupt conduct' and 'protected communication'

The Bill has made amendments to the key definition of **protected communication** in section 93 of the Act. Importantly, the changes will clarify that:

- information is included within the definition, if it relates to a contravention of the *Public Sector Employment and Management Act 1993* (NT) and is provided by an individual to the Commissioner as defined in section 3(1) of that Act;
- information is a protected communication irrespective of whether a protected communication is being investigated by ICAC or is referred to another entity for investigation; and
- despite anything to the contrary, information is not a protected communication unless:
  - the person making the report indicates the information being provided is a protected communication or in the case of a person mentioned in section 93(1)(b) of the Act – the information is being provided to the person in the person's capacity as a nominated recipient; or
  - the recipient otherwise determines that the information is a protected communication.

The meaning of **corrupt conduct** is defined in section 10 of the Act which contains several clarifications about what is included in corrupt conduct. For example, corrupt conduct currently includes conduct engaged in by a person that could impair public confidence in public administration and that involves intentionally or recklessly providing false or misleading information in relation to an application for a licence, permit or other authority under legislation designed to:

- promote or protect health and safety, public health, the environment or the amenity of an area; or
- facilitate the management and commercial exploitation of resources.

The Bill makes changes to broaden this clarification by instead providing that corrupt conduct includes conduct engaged in by a person that could impair public confidence in public administration and that involves intentionally or recklessly providing false or misleading information in relation to an application for a licence, permit or other authority under an Act. Otherwise, the meaning of corrupt conduct within section 10 of the Act remains unchanged.

The Bill makes a range of other amendments – please click **here** to access the full Bill.

Queensland Update

Waste Reduction and Recycling Regulation 2023 (Qld)

On 25 August 2023, relevant parts of the *Waste Reduction and Recycling Regulation 2023* (Qld) (the **WRR Regulation**) commenced, with the remaining Parts 5 and 6 of the Regulation commencing on 1 September 2023. Following a sunset review, the WRR Regulation was introduced to replace the *Waste Reduction and Recycling Regulation 2011* (Qld) that was due to expire. The objective of the WRR Regulation is to continue to provide a regulatory mechanism for the implementation of the *Waste Regulation and Recycling Act 2011* (Qld) (the **Act**).

By way of overview, the WRR Regulation expands the ban on the supply of single-use plastic shopping bags and other single-use plastic items. These changes are discussed below.

Banned supply of plastic shopping bags

Section 99D of the Act provides that a retailer must not give a banned plastic shopping bag to a person to use to carry goods the retailer sells from the retailer's premises.

Relevantly, section 99B of the Act defines a **banned plastic shopping bag** to be a carry bag with handles:

- made, in whole or in part, of plastic (whether or not the plastic is degradable) that has a thickness of less than:
  - the thickness prescribed by regulation; or
  - if a thickness has not been prescribed by regulation -35 microns; or
- prescribed by regulation to be a banned plastic shopping bag.

Of note, regulation 28 of the WRR Regulation has now expanded the definition of a **banned plastic shopping bag** by prescribing a carry bag if:

- the carry bag is made, in whole or part, of plastic film (whether or not the plastic is degradable) that has a thickness of 35 microns or more; and
- for a carry bag made of non-compostable plastic—the carry bag contains less than 80% recycled plastic content; and
- the carry bag is not of a size and durability that would allow it to be used to carry 10kg of goods at least 125 times, as tested by a standardised test related to the reusability, durability and endurance of the carry bag.

Banned single-use plastic items

Section 99GD of the Act provides that a person who conducts a business or undertaking must not, in the course of conducting the business or undertaking, sell a banned single-use plastic item to another person. This restriction does not however apply to the sale of a banned single-use plastic item by or to a person who conducts an exempt business or undertaking, or if the person selling the item reasonably believes the sale is a step in a supply chain for the supply of the item to a person who conducts an exempt business or undertaking.

An **exempt business or undertaking** means:

- a community corrections office under the *Corrective Services Act 2006* (Qld); or
- a corrective services facility under the *Corrective Services Act 2006* (Qld); or
- a healthcare business or undertaking; or
- a school; or
- a business or undertaking, prescribed by regulation for this definition, that involves the sale or supply of banned single-use plastic items for use by persons with a disability or healthcare needs.

A **healthcare business or undertaking** means any of the following businesses or undertakings (however called):

- a clinic or facility that provides care to persons with a disability or healthcare needs;
- a dental clinic;
- a hospital;
- a medical clinic;
- a medical supply business or undertaking;
- a pharmacy;
- a business or undertaking that is substantially similar to a business or undertaking mentioned in any of the points above.

Section 99GC(1)(a) prescribes items such as plates, straws, stirrers, etc. to be banned single-use plastic items, while section 99GC(1)(b) of the Act provides that the WRR Regulation may prescribe additional single-use plastic items to be a **banned single-use plastic item**. In this regard, regulation 29 of the WRR Regulation now prescribes that each of the following is also a **banned single-use plastic item**:

- a banned cotton bud;
- a banned rinsable product;
- loose-fill packaging material made, in whole or part, of expanded polystyrene (EPS).

A **banned cotton bud** means a cotton bud with a plastic stem, other than a cotton bud that is used or intended to be used for testing carried out for forensic, medical, scientific or law enforcement purposes.

A **banned rinsable product** means:

- a cosmetic, or product for personal care, that:
  - contains plastic microbeads; and
  - is intended to be rinsed or washed off immediately or shortly after use; or
- a product for general cleaning that:
  - contains plastic microbeads; and
  - is intended to be used in a way that will result in the product being rinsed or washed down a drain.

Conclusion

Organisations that supply plastic shopping bags and single-use plastic items should ensure compliance with the new provisions introduced by the WRR Regulation (as discussed above) and as outlined in the **QLD – Plastics** topic.

For more information please contact our team on **1300 862 667**
or visit our website **www.lawcompliance.com.au**

South Australia Update

The Work Health and Safety (Psychosocial Risks) Amendment Regulations 2023 (SA)

The *Work Health and Safety (Psychosocial Risks) Amendment Regulations* 2023 (SA) (the **Amending Regulations**) commenced on 25 December 2023 and amended the *Work Health and Safety Regulations 2012* (SA) (the **Regulations**) by introducing requirements on persons conducting a business or undertaking (**PCBU**) in respect of psychosocial risks.

Psychosocial risks

The Amending Regulations introduced new Division 11 of Chapter 3 of Part 2 of the Regulations. In particular, this new Division includes provision 55C requires a PCBU to manage psychosocial risks in accordance with existing Chapter 3 Part 1 of the Regulations.

Among other things, Chapter 3 Part 1 of the Regulations sets out an organisation's duty to identify hazards, manage risks to health and safety and how control measures must be implemented, maintained and reviewed.

Organisations required to implement control measures to manage psychosocial risks must have regard to all the relevant matters set out under new regulation 55D in determining which control measures to implement. The relevant matters are as follows:

- the duration, frequency and severity of the exposure of workers and other persons to the psychosocial hazards;
- how the psychosocial hazards may interact or combine;
- the design of work, including job demands and tasks;
- the systems of work, including how work is managed, organised and supported;
- the design and layout, and environmental conditions, of the workplace, including the provision of:
  - a safe means of entering and exiting the workplace; and
  - facilities for the welfare of workers;
- the design and layout, and environmental conditions, of workers' accommodation;
- the plant, substances and structures at the workplace;
- workplace interactions or behaviours; and
- the information, training, instruction and supervision provided to workers.

A **control measure**, in relation to a risk to health and safety, means a measure to eliminate or minimise the risk.

A **psychosocial risk** is a risk to the health or safety of a worker or other person arising from a psychosocial hazard.

A **psychosocial hazard** is a hazard that:

- arises from, or relates to:
  - the design or management of work; or
  - a work environment; or
  - plant at a workplace; or
  - workplace interactions or behaviours; and
- may cause psychological harm (whether or not it may also cause physical harm).

SafeWork SA has released **guidance** on the changes made by the Amending Regulation, including a psychological health safety checklist designed to help PCBUs meet their obligations.

Conclusion

Organisations need to review their existing duties in Chapter 3 Part 1 of the Regulations in light of the new requirements to manage psychosocial risks (detailed throughout). If organisations implement control measures to manage psychosocial risks, they must first review the relevant matters set out under new regulation 55D.

These changes can be viewed in full in the **SA – OH&S – General Duties** topic.

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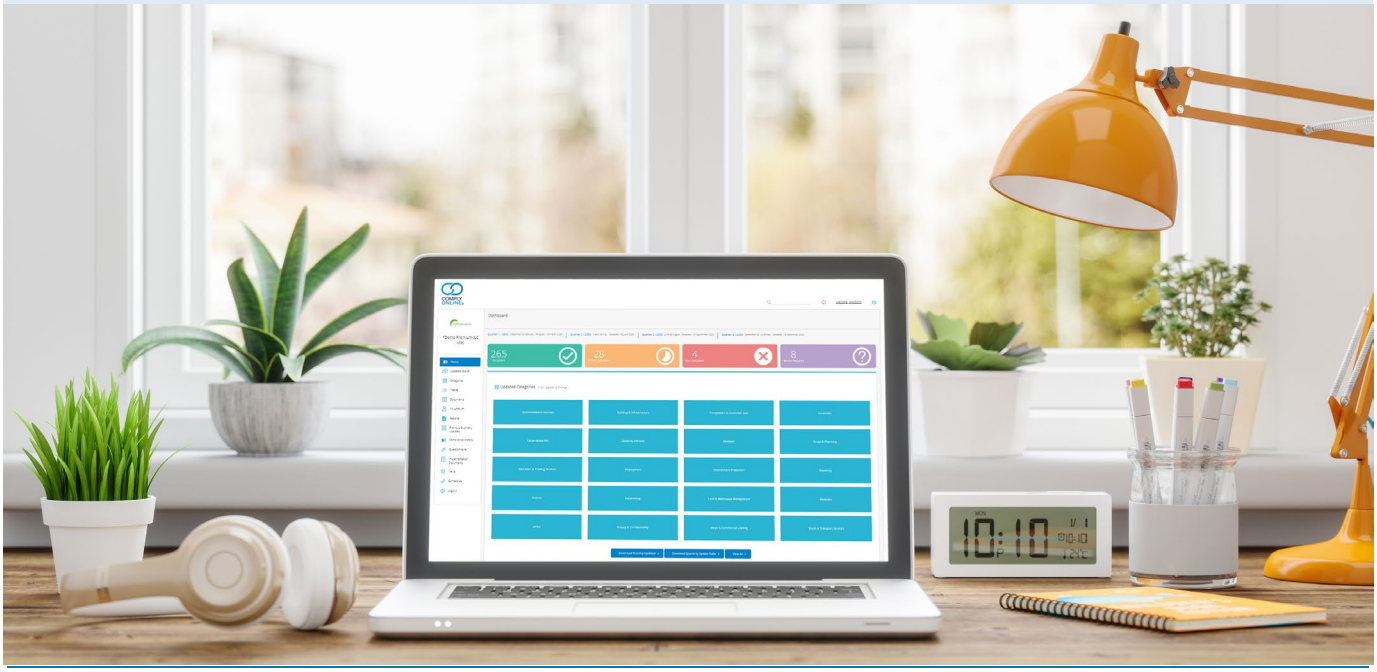

Tasmania Update

Mental Health Amendment Act 2023 (Tas)

The *Mental Health Amendment Act 2023* (Tas) (the **Amendment Act**) principally amends the *Mental Health Act 2013* (Tas) (the **Act**) and commenced on 25 September 2023, with the exception of sections 57(a), 57(b), 57(d) and 58(b) which will commence on a day or days to be proclaimed. The Amendment Act also makes important amendments to other Tasmanian legislation in response to the *Mental Health Act 2013*: Review of the Act's Operation Outcomes Report published in June 2020. Only the amendments made to the Act are outlined in this training brochure.

Mental health service delivery principles

In accordance with section 15(1) of the Act, all persons exercising responsibilities under the Act must have regard to the mental health service delivery principles (the **principles**), which are set out in Schedule 1 of the Act, when exercising those responsibilities. New section 15(2) of the Act has been inserted to clarify that, despite section 15(1), a person exercising responsibilities under the Act:

- is not required to make a distinct note, or a formal or informal record, of the principles taken into account when exercising the responsibilities; and
- may place one principle above another when exercising the responsibilities, if the person considers it reasonable to do so in the circumstances.

Schedule 1 of the Act has also been amended to include the introduction of the following new principles:

- to ensure that persons receiving mental health services have their medical and other health needs, including any alcohol and other addiction problems, recognised and responded to;
- to ensure that the best interests of children and young persons are recognised and promoted as a primary consideration, including receiving services separately from adults, whenever possible;
- to ensure that the needs, wellbeing and safety of children, and other dependants, of persons receiving mental health services are recognised and protected;
- to ensure that staff working in mental health services have access to the support, supervision and appropriate training, including cultural diversity training, required to maintain quality, safety and a highly skilled workforce;
- to provide a mental health service that:
  - is easily accessible and safe; and
  - provides persons with mental illness with timely treatment, care and support that is high quality and based on contemporary best-practice principles; and
  - promotes recovery in the least restrictive manner that is consistent with the needs of persons with mental illness; and
- to ensure that people who require mental health care and treatment have timely referrals, and access to specialist mental health services, when appropriate.

Rights of patients

New section 15A has been inserted into the Act which set out the rights of patients. Importantly, staff within an organisation should be aware that each person receiving an assessment or treatment under the Act has the following rights:

- the right to receive the assessment or treatment under the Act in accordance with the mental health service delivery principles;
- the right to have any restriction on, or interference with, the person's dignity, rights and freedoms to be limited as much as possible when taking into

account the person's health and safety and the safety of others;

- the right to promote, and make prominent, the person's decision-making capacity, and to respect the person's wishes, to the maximum extent possible when taking into account the person's health and safety and the safety of others;
- the right to be given clear, accurate and timely information about:
  - the person's rights as a patient; and
  - the person's diagnosis and treatment.

In addition to the above rights, a forensic patient or an involuntary patient also has the following rights while admitted to an approved facility:

- the right to be detained in a manner that is appropriate in respect of the patient's assessment, treatment or care requirements;
- the right to be given clear and timely information about the rules and conditions governing the patient's conduct in the relevant approved facility, including any relevant context in respect of a change in those rules or conditions while the patient is at the relevant approved facility;
- the right to have access to current information about local, national and world events;
- the right to ask for a leave of absence from the relevant approved facility;
- the right to seek legal advice and have contact with, including the right to correspond privately with, Official Visitors and the patient's representatives and support persons;
- the right to be provided with general health care;
- the right not to be unreasonably deprived of any necessary physical or communication aids;
- the right to wear suitable clothing of the patient's own, if appropriate, in the relevant approved facility or to be provided with basic clean clothing that is appropriate to the climate and the patient's size;
- the right to be provided with:
  - food that is adequate to maintain the health and wellbeing of the patient; and
  - a diet that has reasonable variation; and
  - special dietary food, if the Chief Psychiatrist is satisfied that it is necessary for medical reasons, the patient's religious beliefs or the patient's dietary practices;
- the right to adequate toilet and sanitary arrangements;
- the right to adequate light and ventilation;
- the right:
  - to practise a religion or custom in accordance with the patient's religious or cultural beliefs; and
  - if consistent with the management and security requirements of the relevant approved facility:
    - to join with other patients in practising the religion or custom; and
    - to possess such articles as are reasonably necessary for the practice of the religion or custom;
- the right to ask for, and receive, such reasonable help from the staff of the relevant approved facility so as to enable the patient to enjoy the rights specified in this section of the Act.

Authorised persons under the Act

Mental health officers

Under the amended section 20 of the Act, mental health officers (**MHO**s) and police officers responsible for a person who is temporarily detained for assessment are obliged to release that person in the following circumstances:

- if before, or during, the authorised detaining period:
  - informed consent is given to assess or treat the person; or
  - an assessment order or treatment order is made in respect of the person; or
  - the MHO or police officer reasonably forms the belief that the person no longer meets the criteria for being temporarily detained, as specified in section 17(1) of the Act; or
- if the authorised detaining period expires and none of the things referred to in the above dot point have occurred.

Authorised detaining period, in relation to a person being temporarily detained for assessment, means the 4-hour period that commences when:

- the person is transported to, or temporarily detained at, an approved assessment centre pursuant to section 18 of the Act; and
- a member of staff, who is responsible for the triaging of patients at the centre, is made aware:
  - of the detained person's arrival at the centre; or
  - that the person has been temporarily detained at the centre.

Medical practitioners

Section 55 of the Act has been amended in relation to urgent circumstances treatment (namely, treatment without informed consent or Tribunal authorisation). Under amended section 55(2) of the Act, an approved medical practitioner may only authorise urgent circumstances treatment in respect of a patient if the approved medical practitioner is satisfied, as a result of an assessment of the patient, that:

- the treatment is necessary for the patient's health or safety or the safety of other persons; and
- waiting for the treatment to be authorised by the Tribunal (or by a member thereof on an interim basis) would compromise the outcomes of the treatment, as specified in section 6(1) of the Act, for the patient or the effectiveness of the treatment, for the patient, in meeting the outcomes of treatment as specified in section 6(1) of the Act.

Informed consent for children

Section 9 of the Act has been amended to clarify the provisions relating to the withdrawal of consent on behalf of children and young people under the Act. Specifically, new sections 9(3), 9(4) and 9(5) of the Act have been inserted which provide that:

- informed consent for the assessment or treatment of a child who lacks decision-making capacity:
  - may be withdrawn, at any time, by:
    - the parent who gave the informed consent; or
    - if the parent who gave the informed consent is unable to withdraw the consent or has ceased to be a parent of the child, another parent of the child; and
  - if practicable to do so, is to be withdrawn, in accordance with the above point, before the assessment is made or the treatment is provided; and
- nothing in the Act is to be taken to prevent the withdrawal, under the above dot point, of consent to an assessment or a treatment before the assessment is made or the treatment is provided; and
- if a parent of a child withdraws consent under the first dot point to the assessment or treatment of the child, relevant staff should be aware that:
  - informed consent is not to be taken to have been given to the assessment or treatment of the child if the consent is withdrawn before the assessment or the treatment of the child; and
  - if the informed consent is withdrawn during an assessment or treatment, the assessment or treatment is to be stopped as soon as it is medically safe to do so; and
  - nothing in the Act prevents another parent of the child from providing informed consent, in accordance with the Act, for the same assessment or treatment of the child.

Conclusion

Organisations should review and update their policies, processes and systems to reflect the amendments outlined above, particularly in relation to the updated principles and new rights of patients contained within the Act. All relevant staff should be made aware of these changes and organisations may wish to provide relevant staff with training in relation to the key changes to ensure compliance with the new obligations.

These are set out in more detail in the **TAS – Mental Health** and **TAS – Mental Health (Approved Facilities)** topics, as well as the newly created **TAS – Mental Health (Mental Health Officers)** topic.

Victoria Update

Gender Equality Amendment Regulations 2023 (Vic)

On 30 September 2023, the *Gender Equality Amendment Regulations 2023* (Vic) commenced, amending the *Gender Equality Regulations 2020* (Vic) (the **Regulations**) to prescribe the method and format for progress reports.

Progress reports – format and progress audit method

In accordance with section 19 of the *Gender Equality Act 2020* (Vic), **defined entities** (being certain types of organisations that have 50 or more employees (including public service entities, public bodies and universities) are required to submit a progress report containing the details outlined by that section.

Relevantly, the progress report must demonstrate the defined entity's progress within the relevant period in relation to the **workplace gender equality indicators**. The **workplace gender equality indicators** are set out in the Act and include, among other things, the gender composition of all levels of the workforce, recruitment and promotion practices within the workplace and sexual harassment in the workplace.

Under the new Regulation 5C, the organisation must use the progress audit method to demonstrate progress against the indicators.

Under the progress audit method, the organisation must:

- collect information relating to the workplace gender equality indicators;
- compare that information with information from the immediately preceding workplace gender audit relating to the workplace gender equality indicators; and
- include in the progress report, in the format (if any) approved by the Public Sector Gender Equality Commissioner:
  - the information referred to in the first point above; and
  - the results of the comparison referred to in the 2nd point above.

Conclusion

Organisations should ensure that there is a process in place to undertake progress reports in accordance with the progress audit method. In addition, organisations should ensure that their reports are in the prescribed format (if any). These changes are outlined in full in the **VIC – Gender Equality** topic.

Western Australia Update

Children and Community Services Amendment Act 2021 (WA)

On 1 November 2023, the *Children and Community Services Amendment Act 2021* (WA) (the **Amending Act**) amended the *Children and Community Services Act 2004* (WA) (the **Act**).

New classes of specified people added to the obligation to report sexual abuse of children

Organisations that have specified persons that work with children would have been aware of the obligation to report sexual abuse of children to prescribed authorities under the Act. The Amending Act has inserted the following **new classes** of specified persons:

- Assessors;
- Department officers;
- Early childhood workers;
- Out-of-home care workers;
- Psychologists;
- School counsellors; and
- Youth justice workers.

If the specified persons have reasonable grounds to believe that a child under the age of 18 has either been subject to sexual abuse, or is subject to continuing sexual abuse, the specified persons are required to report the sexual abuse to a prescribed authority as soon as possible.

A failure to comply with the above obligation carries a penalty of $6,000.

Conclusion

Organisations that have employees who are now classified as specified persons under the Amending Act should ensure that there are policies and procedures in place to comply with the reporting obligations under the Act. In addition, organisations should ensure that their employees who are affected by the Amending Act are aware of their reporting obligations when working with children.

The amendment can be viewed in full in the updated **WA – Minors** topic.

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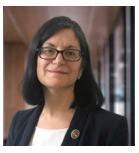

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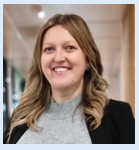

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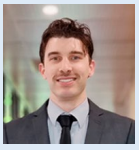

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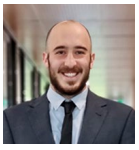

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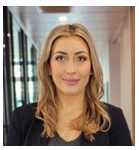

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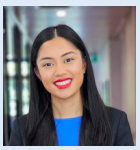

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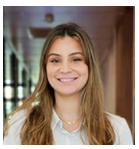

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