



Submission to Economics and Governance Committee

*Public Health and Other Legislation (Further Extension of
Expiring Provisions) Amendment Bill 2021*

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submission

Introduction

The Queensland Nurses and Midwives' Union (QNMU) thanks the Economics and Governance Committee for the opportunity to comment on the *Public Health and Other Legislation (Further Extension of Expiring Provisions) Amendment Bill 2021* (the 'Bill').

Nursing and midwifery is the largest occupational group in Queensland Health (QH) and one of the largest across the Queensland government. The QNMU is the principal health union in Queensland covering all classifications of workers that make up the nursing and midwifery workforce including registered nurses (RN), midwives, nurse practitioners (NP) enrolled nurses (EN) and assistants in nursing (AIN) who are employed in the public, private and not-for-profit health sectors including aged care.

Our 66,000 members work across a variety of settings from single person operations to large health and non-health institutions, and in a full range of classifications from entry level trainees to senior management. The vast majority of nurses in Queensland are members of the QNMU.

The QNMU stands by the concerns outlined in our previous submission and at our attendance at the parliamentary hearing in January 2021 regarding the extension of expiring provisions and the Queensland Government's ongoing commitment and response to the wellbeing, health and safety of Queenslanders in the face of the COVID-19 pandemic. As COVID-19 continues to claim the lives of hundreds of thousands of people overseas, this Bill is a timely reminder of how quickly the virus can spread and the devastation it can cause.

The QNMU is in support of the Bill however wishes to raise additional areas of concern regarding the handling of the COVID-19 pandemic response. They are intended to form part of the lessons learned from this pandemic as a means of safeguarding Queensland against future public health emergencies.

These concerns have been expressed to Queensland Health to form part of their submission to the Committee. However, the QNMU believes it is important to also directly address the Committee in our own words.

Decision-making regarding dedicated COVID-19 facilities

The QNMU appreciates that decision-making during a public health emergency is time critical and often may fall upon a single person or a small group of people. However, there are situations that would have benefitted immensely from having input from additional affected stakeholders and greater transparency into the decision-making process. For example, feedback received from QNMU members expressed significant distress and concern regarding the location of the Low Acuity COVID Care Service in

metropolitan areas, particularly the Royal Brisbane and Women's Hospital and other key hospitals throughout the state.

At the time the service was introduced, the QNMU expressed deep concern that should the virus be transmitted beyond the dedicated ward, the entire hospital could have been shut down (following the example of the Princess Alexandra Hospital in March 2021). The QNMU continues to question the rationale behind opening such a ward in the largest hospital in Queensland, where an outbreak would not only have a devastating impact on patients in ill health, but also the knock-on effects of its closure on patients and surrounding hospitals would place considerable strain on an already struggling acute healthcare system.

With emerging evidence suggesting that COVID-19 is transmittable via airborne methods (Hyde, et al., 2021; Tang, et al., 2021) and recent variants being more transmissible in general (Gallagher, 2021), it is apparent that the hotel quarantine model requires urgent review. In particular, its suitability with regard to best practice from an infection control perspective, as well as the mental health perspective, given that hotel rooms are not negative pressure rooms designed to contain a virus nor house occupants for extended periods of time without being able to leave the confines of the room. It would therefore be prudent to consider a dedicated COVID-19 quarantine and treatment facility external to existing hospitals, including the new construction of such a facility, which would have potential further activation and usage in future public health emergencies. Such a facility could also be used for local populations who test positive for COVID-19 and could negate the need to be admitted to expensive acute care facilities. These facilities should not just be accessible for returning travellers. The QNMU believes this facility should be of similar design to the Howards Springs facility in the Northern Territory. Regardless, any proposals regarding quarantine and/or treatment facilities must undergo consultation with relevant stakeholders, such as the local population.

Commonwealth and state government interface

The QNMU believes there is potential for a more efficient and effective interface between the Commonwealth and state governments regarding public health programs and responses, which is being highlighted in the current rollout of the COVID-19 vaccines. While the QNMU commends the state government's COVID-19 vaccine rollout in the public sector, we note that the vaccine rollout in the aged and disability sector has been less than desirable, being managed by the Commonwealth government. This is especially concerning considering the urgency with which we must act to protect the most vulnerable among us.

Given that the state government has the infrastructure, resources and apparatus to vaccinate the general population, the Commonwealth government might consider contracting opportunities whereby the state governments are funded to deliver the

entirety of the COVID-19 vaccination program. It would be especially beneficial to draw upon each state's understanding of their state's individual needs and challenges. Adequate funding for the provision of vaccination services by state governments must be in line with the funding allocated to private providers currently contracted to provide these services by the Commonwealth.

Nonetheless, one of the enduring lessons to be learnt from this pandemic is that more thought must be invested into how the Commonwealth and state governments interact to draw upon each level of governments' strengths and resources to collectively protect the public.

Standardised approaches to systems management

The QNMU considers that the COVID-19 pandemic has yet again emphasised the need for stronger centralised management from Queensland Health as the system manager of a decentralised public health system. The devolved governance model under which Queensland Health currently operates may not be appropriate for efficiently responding to unexpected events such as a pandemic, where rapid decision making and responses, clear guidelines and consistency in application of said guidelines are paramount to maintaining the safety of staff members and the public.

This situation was evident in the need for the QNMU's intervention requesting that the Queensland Industrial Relations Commission audit (and subsequently demonstrated) the significant variation in how Personal Protective Equipment (PPE) guidelines were applied by individual Hospital and Health Services (HHS). This variation in PPE guidelines had the potential to render the use of PPE less effective and consequently place staff's health and wellbeing at risk. Should HHSs fail to comply with and correctly apply guidelines as determined by Queensland Health, then there must be accountability measures at the board and chief executive level in order to encourage appropriate behaviour and good corporate citizenship.

Arguably stronger centralised oversight from Queensland Health as supported by the state government, would have the potential to reduce the risk of future deviances in compliance with guidelines from individual HHSs.

References

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