

Health and Environment Committee inquiry into the Public Health and Other Legislation (COVID-19 Management) Amendment Bill 2022

Departmental response to issues raised in written submissions

The Health and Environment Committee has published 57 public submissions as part of its inquiry into the Public Health and Other Legislation (COVID-19 Management) Amendment Bill 2022 (Bill). A list of the submissions published on the Committee’s website on 20 September 2022 is provided in the table below.

Queensland Health’s response addresses the issues raised in the submissions. Due to the number of submissions received, the departmental response addresses the key themes and issues raised rather than responding to each individual submission.

As the Bill extends certain temporary legislative measures under the *Corrective Services Act 2006*, Queensland Corrective Services (QCS) has provided responses to submissions about aspects of the Bill that fall within the administrative responsibility of QCS.

Submissions	
1 - Name Withheld	30 - Name Withheld
2 - Carers Queensland Ltd	31 - Name Withheld
3 - Nerida Barrett	32 - Name Withheld
4 - Australian Dental Association Queensland Branch	33 - Name Withheld
5 - AMA Queensland (AMAQ)	34 - Queensland Peoples' Protest
6 - Youssef Youssef	35 - Bee Cassidy
7 - West Moreton Health	36 - Juliana Guinane
8 - Queensland Nurses and Midwives' Union (QNMU)	37 – Confidential
9 - Queensland Human Rights Commission (QHRC)	38 - Name Withheld
10 - The Pharmacy Guild of Australia, Queensland Branch	39 - Jayson Daldy
11 - Australian Retailers Association	40 - Name Withheld
12 - Office of the Health Ombudsman (OHO)	41 – Confidential
13 - Queensland Law Society (QLS)	42 - Prisoners' Legal Service
14 - Adriana Marsh	43 - The Royal Australian and New Zealand College of Psychiatrists Queensland Branch (RANZCP Qld)
15 - Jean Koek	44 - Australian College of Nurse Practitioners (ACNP)
16 - Jannisse Phillis	45 - Kerri-Ann Watson
17 - Mark Ruge	46 - Natalie Monos
18 - Name Withheld	47 – Queensland Council for Civil Liberties (QCCL)
19 - Sarah Ryan	48 - ADA Australia
20 - Name Withheld	49 - Garry Nichols
21 - Kym Woods	50 - Name Withheld
22 - Name Withheld	51 - Christine Keys
23 - Marilyn and Richard Kulpinski	52 - Amanda Elliott
24 - Name Withheld	53 - Rhonda Marriage
25 – Confidential	54 - Libby Ward
26 - Name Withheld	55 - Adrian Vasington
27 - Name Withheld	56 - Royal Australian College of General Practitioners (RACGP)
28 - Latisha Ryder	57 - Australian College of Nursing (ACN)
29 - Name Withheld	

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<p>2 – Carers Queensland</p> <p>4 – Australian Dental Association Queensland Branch</p> <p>5 – AMAQ</p> <p>8 – QNMU</p> <p>9 – QHRC</p> <p>10 – Pharmacy Guild of Australia</p> <p>11 – Australian Retailers Association</p> <p>12 – OHO</p> <p>13 – QLS</p> <p>43 – RANZP (Qld)</p> <p>44 – ACNP</p> <p>57– ACN</p>	<p>Support for the Bill</p> <p>Several stakeholders expressed strong support for the Bill. AMAQ endorsed the Bill's proposed step-down approach, including providing the Chief Health Officer with more targeted powers to issue public health directions about isolation and quarantine, mask-wearing and vaccination of workers in vulnerable and high-risk settings, which AMAQ considers necessary for the ongoing management of COVID-19 and the protection of vulnerable Queenslanders. The Australian Retail Association supported the Bill and agreed it is a proportionate policy response to assist Queenslanders in living and working with COVID-19 by allowing more targeted measures, with higher thresholds, to effectively manage the ongoing health risks to the community. The ACN welcomed all measures in the Bill to keep the evolving impacts of COVID-19 under control and acknowledged the comprehensive work undertaken to ensure the Bill complies with the <i>Human Rights Act 2019</i>.</p> <p>Many stakeholders expressed broad support for the Bill or did not raise any significant issues or concerns.</p> <p>Some stakeholders expressed support for specific aspects of the Bill and the proposed legislative framework for managing COVID-19. The Pharmacy Guild of Australia supported the proposal to manage COVID-19 as a notifiable condition, without requiring a public health emergency to be declared. QHRC supported the range of measures proposed in the Bill to enhance transparency of decision-making and ensure appropriate parliamentary scrutiny of human rights, while offering suggested improvements to these and other aspects.</p>	<p>Queensland Health notes the broad support for the Bill, including the proposed step-down approach and the inclusion of tailored measures and safeguards to manage COVID-19 as a notifiable condition until 31 October 2023.</p>
<p>1, 18, 20, 22, 24, 26, 27, 29-33, 38, 40, 50 – Names withheld</p> <p>3 – Nerida Barrett</p> <p>6 – Youssef Youssef</p> <p>8 – QNMU</p> <p>9 – QHRC</p> <p>14 – Adriana Marsh</p> <p>15 – Jean Koek</p> <p>16 – Jannisse Phillis</p> <p>17 – Mark Ruge</p> <p>19 – Sarah Ryan</p> <p>21 – Kym Woods</p> <p>28 – Latisha Ryder</p> <p>34 – Queensland Peoples' Protest</p>	<p>Opposition to or general concerns with the Bill</p> <p>Some stakeholders considered the powers that will be available to the Chief Health Officer under the Bill are too broad, while others expressed concern that the powers may not be broad enough.</p> <p>Some stakeholders from health, aged care and disability support sectors raised concerns about the extent to which the powers of the Chief Health Officer to make public health directions are proposed to be limited. QNMU raised concerns that the limited powers in the Bill may not be sufficient to respond to future pandemics or public health emergencies.</p> <p>Several stakeholders were opposed to any legislation that would continue to authorise the use of public health directions or other regulatory interventions to respond to manage the risks of COVID-19.</p> <p>QCCL noted that while the powers in the Bill are considerably narrower and therefore represent a considerable improvement from previous COVID-19 laws, they should not proceed for various reasons. For example, QCCL stated the Bill should not proceed because there are no criteria for when the COVID-19 powers would no longer be necessary, the emergency situation no longer exists and the powers in the Bill set a precedent of government overreach.</p>	<p>Queensland Health acknowledges stakeholders have strong views about the Government's legislative response to COVID-19. Queensland Health also acknowledges that other jurisdictions have taken different approaches to managing COVID-19. Ultimately, it is a matter for Parliament to determine the legislative approach that should be adopted to manage the ongoing risks of COVID-19 in Queensland.</p> <p>Queensland Health notes the Government's successful management of the COVID-19 pandemic has mitigated the impact of COVID-19 on our health system and the community, particularly in relation to the three waves of Omicron experienced in Queensland to date. The proposed legislative measures are those considered necessary to continue to mitigate these risks while supporting Queensland's ongoing transition to living with COVID-19.</p> <p>Comments about the temporary framework</p> <p>COVID-19 continues to be unpredictable. Given the COVID-19 environment is still in a state of constant change and there remain many unknowns in how the virus may impact the health system and community in the future, including the long-term and cumulative impacts of repeat COVID-19 infections, temporary amendments are considered most appropriate at this time. In contrast to enacting permanent legislation to respond to COVID-19 or future pandemics, enacting limited provisions for twelve months ensures Government is only legislating measures that are likely to be needed in the near future. This allows a more targeted approach, with a limited range of powers that are narrowly defined.</p>

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<p>35 – Bee Cassidy 36 – Juliana Guinane 39 – Jayson Daldy 45 – Kerri-Ann Watson 46 – Natalie Monos 47 – QCCL 49 – Garry Nichols 52 – Amanda Elliott 53 – Rhonda Marriage 54 – Libby Ward 55 – Adrian Vasington</p>	<p>Some stakeholders, including QHRC, indicated support for permanent pandemic or COVID-19 powers. A number of submissions expressed support for a model based in whole or in part on permanent pandemic legislation adopted in Victoria under part 8A of the <i>Public Health and Wellbeing Act 2008</i> (Vic).</p> <p>A number of stakeholders supported the expiry of the emergency legislative framework but disagreed with the continuation of the public health measures in the Bill.</p>	<p>Scope of the public health measures</p> <p>The Bill replaces the current temporary emergency framework with more targeted and limited powers to manage COVID-19 as a notifiable condition under the <i>Public Health Act 2005</i> (Public Health Act) for the next twelve months. The Bill strikes a balance based on the best public health evidence available about COVID-19 by retaining powers most likely needed to respond to serious risks posed by COVID-19, while ensuring powers are proportionate and recognising the role of individuals in managing ongoing risks.</p> <p>The Bill limits the types of public health directions the Chief Health Officer may give to directions about masks, isolation of confirmed cases and quarantine of symptomatic close contacts, and vaccination of workers in high-risk settings. These targeted measures remain important to Queensland’s approach to managing the ongoing risks of COVID-19 and have proven effective at protecting vulnerable cohorts within the community while preserving health system capacity.</p> <p>In particular:</p> <ul style="list-style-type: none"> • Masks are a key protective measure to reduce the risk of people contracting and transmitting COVID-19, particularly in indoor spaces where physical distancing cannot be maintained. Mask requirements can be implemented more rapidly, with relatively less impact, than other more prescriptive measures used to respond to serious risks posed by COVID-19. • The proposed isolation and quarantine powers are consistent with Queensland’s current approach to managing diagnosed cases and close contacts based on national guidelines developed by the Communicable Diseases Network Australia. Limiting the duration for which persons can be required to isolate or quarantine to seven days will ensure that public health directions about these matters are narrowly tailored to managing ongoing risks to the community and do not unnecessarily infringe human rights. • Vaccination has proven to be an important factor in protecting the community, especially vulnerable cohorts, from the severity of COVID-19. Retaining the ability to require vaccination for workers in particular settings, such as aged care and disability accommodation, is proportionate to the ongoing risk posed by COVID-19, particularly to vulnerable cohorts. <p>It is acknowledged that some stakeholders would prefer the Chief Health Officer retain broader powers to respond to the ongoing risks to the community and health system. However, based on the current trajectory of COVID-19, these broader powers are unlikely to be needed. Instead, as Queensland continues to adapt to living with COVID-19, it is considered appropriate to adopt a more limited legislative framework than was necessary during the initial stages of the pandemic. In particular, the revised framework proposed to be inserted by the Bill focuses on managing the ongoing risks of COVID-19 and impacts on the community and health system rather than seeking to contain or suppress COVID-19 from circulating in the community.</p> <p>The revised scope of public health measures is also consistent with the current public health focus on managing COVID-19 and community behaviour. Individuals are taking more responsibility to self-manage COVID-19 as time goes on, with government only stepping in where necessary to preserve the health and safety of Queenslanders and the public health system.</p> <p>For example, the Bill does not include the ability for the Chief Health Officer to restrict access to vulnerable facilities. The ability for the Chief Health Officer to restrict access to facilities was an</p>

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		<p>extreme but necessary measure taken during the emergency phase of the COVID-19 pandemic when risks were severe, unpredictable and very difficult to manage. In the current environment, operators of facilities are much more experienced and better able to manage the risks of COVID-19.</p> <p>Stakeholders have correctly pointed out that the unpredictable nature of COVID-19 may mean that the pandemic could significantly worsen in the future, or a new threat could be identified. If this situation were to occur or if broader powers were required, Parliament may need to enact additional legislation. This is considered appropriate to ensure any additional measures required would be tailored to the particular threat and no broader than necessary to manage those particular situations. This also avoids hypothetical powers being enacted that may never be used and may be inappropriate to the threat if one arises.</p> <p>Queensland Health acknowledges that some stakeholders are concerned that individuals and organisations are not yet at a point where they can completely self-manage COVID-19 and therefore believe broader powers should be retained by the Chief Health Officer, in particular to restrict access to facilities that serve vulnerable cohorts. The Bill does retain limited powers for the Chief Health Officer to require visitors to vulnerable facilities to wear masks and to restrict access by symptomatic close contacts or people who have recently completed a period of isolation or quarantine. Queensland Health will also continue to support the aged care and disability sectors by providing up-to-date guidance and other assistance to allow them to effectively manage COVID-19.</p> <p>The limited powers proposed to be retained by the Bill are the measures considered most likely to be needed to manage the risks of COVID-19 for the next twelve months, based on the best public health evidence available. This is consistent with the targeted measures that are currently in place in Queensland including mask wearing in high-risk settings, isolation/quarantine and vaccination for workers in vulnerable or high-risk settings.</p> <p>The Chief Health Officer will not be able to close Queensland's borders, institute lockdowns or impose other restrictions on movement and gatherings. This is also consistent with the current public health response to COVID-19.</p> <p>The Bill provides an enabling framework. It does not require that any particular restrictions be imposed but enables a proportionate response tailored to the Queensland context. The framework will allow targeted public health measures to be introduced, adjusted and removed quickly according to the level of health risk in the Queensland community or to the public health system. The framework does not require powers to be exercised if the risk level is low.</p>
<p>8 – QNMU 9 – QHRC 13 – QLS 47 – QCCL 48 – ADA Australia 57 - ACN</p>	<p>Safeguards and limitations</p> <p>ACN agreed with the safeguards and limitations in the Bill, including the requirement for a justification statement for a public health direction, requirement for the Chief Health Officer to consider human rights impacts, requirement for the Chief Health Officer to revoke a public health direction if it is no longer necessary, and inability for the Chief Health Officer to delegate particular functions or powers.</p> <p>ADA Australia suggested that proposed sections 142E (Power to give public health direction) and 142F (Public health direction may include related requirements) of the Public Health Act need further review and that additional safeguards are needed to</p>	<p>The range of safeguards and limitations provided by the Bill recognises the impact public health measures may have on human rights and responds to stakeholder feedback on this Bill and previous COVID-19 legislation. The proposed safeguards and limitations include:</p> <ul style="list-style-type: none"> • When making public health directions, the Chief Health Officer is required to consider the impact on human rights. • The public health direction powers may only be exercised by the Chief Health Officer and cannot be delegated. • Before issuing a direction, the Chief Health Officer must have a reasonable belief that the direction is necessary to prevent or respond to a serious risk to the public health system or the community as a result of COVID-19 or is needed to give effect to a decision or agreement of National Cabinet

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	<p>prevent inappropriate or disproportionate impacts on the rights of persons residing in institutional facilities.</p> <p>QNMU highlighted that the mechanisms for promoting transparency and scrutiny of directions must not impede the ability to quickly respond to future outbreaks of COVID-19.</p> <p>QLS stated that decisions about exemptions under a public health direction should be reviewable, and that directions should expire 60 days after taking effect.</p> <p>QHRC, while generally supportive of the proposed safeguards and limitations in the Bill, proposed the following to further protect human rights:</p> <ul style="list-style-type: none"> • Requiring public health directions to be tabled within five days of being given, instead of 21 days as proposed. QHRC considers that allowing five days to table a direction would be a more appropriate timeframe to allow time for the parliamentary committee to report on the direction and Parliament to consider disallowing the direction. • Including a mechanism for persons subject to quarantine or isolation to seek an independent review of their situation, as is provided under legislation in Victoria, and to ensure humane treatment of persons required to quarantine or isolate in hotel or other state-operated facilities. At a minimum, QHRC suggests that timely review measures should be available for persons in government-operated quarantine or isolation. QHRC also suggests consideration be given to providing a right of review to persons subject to worker vaccination requirements under a public health direction. • Establishing an automatic statutory exemption for persons to obtain medical treatment to preserve their quality of life. QHRC notes that public health directions have routinely included exceptions for these situations but considers that an automatic exemption would provide more meaningful protection for persons who may be disproportionately affected by restrictions on movement, such as persons with a disability who need to access care or support. <p>QCCL supported that the detention of persons should be the subject of review, with an appeal mechanism to a Magistrates Court. QCCL noted its support for Victoria's pandemic legislation, which includes a right of appeal to an independent review officer however noted QCCL's preference for appeals to be considered by a Magistrate.</p> <p>While QCCL welcomed the requirement of the Chief Health Officer to publish a justification statement, including human rights considerations, QCCL requested clarification as whether directions issued by the Chief Health Officer are reviewable under section 58 of the Human Rights Act.</p>	<p>or advice or recommendation of a COVID-19 advisory body, such as the Australian Health Protection Principal Committee (AHPPC).</p> <ul style="list-style-type: none"> • The Chief Health Officer must publish a justification statement containing a summary of the rationale for each public health direction and an assessment of the direction's compatibility with human rights. • A public health direction must be tabled in Parliament within 21 calendar days after it is notified on the Queensland Health website or in the gazette and is subject to referral to a Parliamentary Committee and disallowance. • If at any time the Chief Health Officer is satisfied that a direction is no longer necessary to prevent or respond to a serious risk to the public health system or community, or the direction is no longer needed to give effect to a decision or agreement of National Cabinet or advice or recommendation of a COVID-19 advisory body, the direction must be revoked. • Directions to isolate or quarantine can only apply to persons who have tested positive to COVID-19 or are a symptomatic close contact, and only for periods of up to seven days. • Vaccination-related requirements included in a direction must be limited to workers in particular settings. Personal visitors and family members visiting residents of aged care facilities will not be required to be vaccinated to enter the facility. • Directions must state the period during which they apply and that non-compliance with the direction is an offence. • A direction will expire 90 days after it takes effect. • A person will be given an opportunity to voluntarily comply with a direction before an authorised person can enforce a public health direction. • A person who fails to comply with a direction does not commit an offence if they have a reasonable excuse for not complying. • Directions may include exceptions and safeguards to minimise adverse impacts on human rights and other interests. For example, a person who is required to isolate maybe permitted to leave isolation to obtain medical supplies. <p>Queensland Health considers that the protections set out above place significant constraints on the exercise of temporary public health powers, provide meaningful opportunities for public and parliamentary scrutiny of public health directions, and minimise potential limitations on human rights. These combined safeguards and limitations achieve an appropriate balance between the need to protect individual rights and liberties and the need to ensure that government can continue to protect the health system and community from serious risks of COVID-19 and implement nationally agreed public health measures. These protections are also proportionate to the exercise of these targeted powers outside of an emergency response.</p> <p>Specific proposals in the submissions about the inclusion of additional or different safeguards or limitations in the Bill are addressed below.</p> <p>Timeframe for tabling of public health directions</p> <p>The proposed timeframe for tabling a public health direction ensures sufficient time to comply with formal requirements for tabling statutory instruments in the Legislative Assembly and will ensure that</p>

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		<p>public health directions do not prematurely cease to have effect in the event of any delays during the tabling process. The proposed timeframe of 21 calendar days is considerably shorter than the 14 parliamentary sitting days by which most other types of legislative instruments must be tabled. Although directions must be tabled within 21 calendar days, it is expected they will be tabled earlier when practicable. In addition, separate from the tabling requirements, directions must be published before they can take effect, and their supporting justification statement must be published within five days of the direction being given. The effect of these publication requirements is that Parliament will be able to begin its consideration of public health directions before these documents are formally tabled.</p> <p>Timeframe for expiry of public health directions</p> <p>Providing for public health directions to automatically expire after 90 days (instead of a shorter timeframe such as 60 days) will provide greater certainty for the community. The Chief Health Officer is required to revoke a public health direction immediately if at any time the basis for giving the direction no longer exists.</p> <p>Application of Human Rights Act</p> <p>The Bill applies the full suite of safeguards that apply to subordinate legislation under the Human Rights Act to the making of public health directions. This elevates the consideration of human rights and increases the transparency and accountability of public health directions.</p> <p>To improve transparency in relation to human rights considerations, the Bill states the Chief Health Officer must publish a statement justifying each direction. The justification statement will set out the reasons for making the direction. It must also include the Chief Health Officer's assessment of whether the direction is compatible with human rights recognised under the Human Rights Act. This information will better inform the public about the factors considered when determining the appropriate measures to respond to COVID-19.</p> <p>The amendments also expose public health directions to parliamentary scrutiny, including disallowance and review through the Parliamentary Committee process.</p> <p>As the Bill does not disapply any provision of the Human Rights Act, section 58 will apply to decisions of an administrative nature in implementing public health directions.</p> <p>Review rights</p> <p>The Bill does not include a specific process for individuals to seek review of decisions made under a public health direction. However, in administering the legislative provisions, the Chief Health Officer and Queensland Health must comply with relevant legal requirements, including requirements of natural justice and procedural fairness. Also, the Bill does not prevent a person from seeking review under the <i>Judicial Review Act 1991</i>.</p> <p>In contrast to legislation adopted in other jurisdictions, the Bill does not provide broad powers to detain persons and provides that a person may only be required to quarantine or isolate for periods of up to seven days. Based on Queensland's current approach to isolation and quarantine, which is based on national recommendations, it is unlikely that individuals will be required to quarantine or isolate in government-operated premises as occurred during earlier stages of the pandemic. In this context, it is considered that providing additional statutory review mechanisms or conferring extraordinary</p>

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		<p>jurisdiction on Magistrates Courts to review individual isolation or quarantine arrangements is not reasonably necessary to protect human rights and is not justified in light of the administrative burden and costs this would impose for government agencies and the courts.</p> <p>As noted above, the Bill includes a range of safeguards and procedural protections to ensure that the power to issue public health directions is used appropriately and in a manner that does not unnecessarily or arbitrarily infringe individual rights.</p> <p>In addition, it is expected that where appropriate, public health directions under the new framework will continue to provide exceptions as part of the direction. For example, exceptions may provide that a direction does not apply to specific categories of individuals or in particular places or circumstances. This recognises there are situations where the requirements of the public health directions would not be suitable. For example, a direction may allow a person to leave isolation in the event of an emergency or not require a person to wear a mask in particular circumstances such as if the person has a medical condition or disability.</p> <p>The Bill also makes clear a person who fails to comply with a direction does not commit an offence if they have a reasonable excuse for not complying. If a person is issued with a penalty infringement notice or prosecuted for breaching a public health direction, they may challenge the charge in court.</p> <p>Other comments about safeguards and limitations</p> <p>The suggestion that the Bill provide automatic exemptions from public health directions in certain circumstances is addressed under the theme <i>Exceptions and exemptions from requirements under a public health direction</i>.</p>
<p>1, 18, 20, 22, 24, 26, 27, 29-33, 38, 40, 50 – Name Withheld</p> <p>23 – Marilyn and Richard Kulpinski</p> <p>34 – Queensland Peoples' Protest</p> <p>35 – Bee Cassidy</p> <p>39 – Jayson Daldy</p> <p>47 – QCCL</p> <p>55 – Adrian Vasington</p> <p>57 – ACN</p>	<p>Compatibility with human rights</p> <p>Some submissions from individuals expressed the view that the public health measures in the Bill impose limitations on human rights that are unjustified or that should be subject to additional statutory and administrative safeguards.</p> <p>Many of the individual submissions that raised human rights concerns did not engage with the statement of compatibility for the Bill or offer any analysis as to whether any potential interference with human rights is reasonably necessary to protect the health, safety and welfare of the community during an ongoing pandemic. Most of the submissions simply state that the measures in the Bill have limited and will continue to limit human rights.</p> <p>ACN acknowledged the comprehensive and painstaking work undertaken to ensure the Bill complies with the Human Rights Act and supported the requirement for the Chief Health Officer to consider human rights impacts when making public health directions. ACN discussed the rights of older people to have good health and that carers have the right to continued good health and to maintain the ability to perform their role safely. ACN considered mandating vaccines for those visitors and family members supports those rights.</p>	<p>Queensland Health considers the Bill is compatible with human rights for the reasons set out in the Statement of Compatibility with Human Rights.¹ The State has a fundamental obligation to ensure the right to life of its citizens. Protecting public health is a legitimate objective which is sufficiently explained in the Statement of Compatibility with Human Rights. While there have been instances where other human rights, such as the right to freedom of movement, have had to be restricted, these restrictions have been necessary to save lives and to protect the health and safety of Queenslanders during an unprecedented global pandemic.</p> <p>Queensland Health takes seriously its obligations under the Human Rights Act and is committed to ensuring that the exercise of emergency powers does not limit human rights more than is necessary to achieve the legitimate purposes of the Bill. Queensland Health gives careful consideration to ensuring potential limitations on human rights are justified during the development of all COVID-19 legislation, including primary legislation, subordinate legislation, statutory instruments and public health directions issued under the Public Health Act.</p> <p>The focus of the Bill is on ensuring only the most critical measures needed to respond to COVID-19 are available.</p> <p>The Bill aims to promote human rights to the greatest extent possible while still meeting the Government's ultimate responsibility to protect the health and safety of its citizens.</p>

¹ Public Health and Other Legislation (COVID-19 Management) Amendment Bill 2022, Statement of Compatibility, available at [Public Health and Other Legislation \(COVID-19 Management\) Amendment Bill 2022 — Human Rights Statement of Compatibility - Queensland Legislation - Queensland Government](#)

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	<p>QCCL raised the following points about the impact the measures in the Bill may have on human rights:</p> <ul style="list-style-type: none"> isolation and quarantine requirements are no longer necessary as people are now aware they must stay home when sick; mask requirements violate the fundamental right to communicate, particularly given the limited evidence that masks reduce infection; mandatory vaccinations must include a conscientious objection provision in order to respect bodily integrity; and there is no justification for vaccinate mandates given it has limited impact on transmissibility. 	<p>The Bill embeds a range of safeguards to ensure that potential adverse impacts on human rights are no greater than necessary to manage the ongoing health risks of COVID-19, as explained above under the theme <i>Safeguards and limitations</i>.</p>
<p>13 – QLS 14 – Adriana Marsh 16 – Jannisse Phillis 17 – Mark Ruge 19 – Sarah Ryan 20, 24, 26, 29, 31, 38 – Name Withheld 21 – Kym Woods 23 – Marilyn and Richard Kulpinski 28 – Latisha Ryder 45 – Kerri-Ann Watson 46 – Natalie Monos 47 – QCCL 48 – ADA Australia 52 – Amanda Elliott 53 – Rhonda Marriage 54 – Libby Ward</p>	<p>The Chief Health Officer’s decision-making processes (including determination of ‘serious risk’ to public health system or community)</p> <p>Several individuals and organisations stated that the Chief Health Officer is an unelected official and/or a person with no medical training, and therefore should not be empowered to decide whether public health directions are required.</p> <p>QLS noted the Bill does not contain a definition of ‘serious risk.’ QLS considers it important that as much information as possible be provided to the public to justify decisions and directions and would welcome further information about how the Chief Health Officer will determine when COVID-19 poses a serious risk to the public health system or community. QLS stated that once a decision is made, the rationale for the decision should be published.</p> <p>ADA Australia supports the power of the Chief Health Officer to continue to make public health directions but considers that more clarity is required in relation to the operation of section 142E (relating to isolation and quarantine periods), and possible requirements directed towards operators of institutional settings under section 142F (Public health direction may include related requirements) of the Bill.</p>	<p>The Chief Health Officer is a statutory appointment and accountable in existing government structures. Consistent with the requirement under section 52 of the <i>Hospital and Health Boards Act 2011</i>, the Chief Health Officer is a medical practitioner.² The Chief Health Officer reports to the Director-General of Queensland Health and the Minister for Health and Ambulance Services. Therefore, the decision-maker is still within the existing structures of and accountable to the Queensland Government. The Bill also provides that the Chief Health Officer cannot delegate the power to make public health directions.</p> <p>The Chief Health Officer is considered best placed to assess the public health impacts of COVID-19 and to determine whether a public health direction is needed, including the nature and specific details of any such direction. The uncertain nature of the pandemic and the unpredictability of emerging variants requires the Chief Health Officer to draw upon the breadth of experience locally, nationally, and internationally, and to consider factors that may change over time, when assessing the seriousness of a particular risk of COVID-19. This requires relative weight to be given to epidemiological information, the capacity of the hospital and health system, the latest evidence about the course of the virus, available treatments, and community behaviour. The Chief Health Officer is best placed to make these decisions in an environment where the data is continually changing, and new information is constantly coming to light.</p> <p>For similar reasons, ‘serious risk’ is not defined in the Bill as requested by some stakeholders. There is no simple formula that determines what constitutes a serious risk and when protective measures are needed. Assessing the risk posed to the community and the health system requires a continual assessment of epidemiological data, the likely efficacy of existing protective measures, community behaviour and public health system impacts. This assessment is appropriately committed to the expert judgment of the Chief Health Officer, acting on the most up-to-date evidence and public health advice.</p> <p>For example, in determining whether measures are needed to respond to a serious risk to the public health system, the Chief Health Officer could take into consideration factors such as the number of hospital beds occupied by COVID-19 patients, ICU numbers and staff furlough numbers to determine if the threshold of ‘serious risk’ is met.</p>

² [Chief Health Officer | Queensland Health](#)

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		<p>Alternatively, a new variant may pose a serious risk to the community or public health system. If a new variant was to emerge with high immune escape and/or high mortality rate, or severe reactions, it may be necessary to impose public health directions to protect the Queensland community.</p> <p>To ensure appropriate scrutiny and oversight of the Chief Health Officer's power to make public health directions, the Bill inserts requirements for a direction and its justification statement to be tabled in Parliament and reviewed by a relevant parliamentary committee. Directions can also be disallowed by Parliament.</p> <p>Similar to how directions are currently made under the emergency framework, it is expected directions made under the Bill would include sufficient details about the applicability of a direction, including for example further detail about the requirements of facility operators to maintain a record of workers' vaccination statuses.</p>
<p>2 – Carers Queensland 22 – Name Withheld 23 - Marilyn and Richard Kulpinski 57 – ACN</p>	<p>Impact and application of public health directions</p> <p>Some stakeholders raised concerns that some terms used in the Bill have not been defined, allowing the Chief Health Officer to determine the meaning of phrases in the public health directions.</p> <p>Carers Queensland welcomed the exclusion of carers who have a familial or personal relationship from the definition of <i>worker</i> in the Bill.</p> <p>ACN noted concerns about the lack of organisation-wide consistency regarding mask-wearing in correctional facilities, where nurses and health care staff were mandated to wear masks, while wardens and other staff at the facility were not. The ACN requested that this inconsistency should be considered when implementing any further legislation.</p> <p>Other issues raised in relation to the impact of public health directions included whether hospital and health system processes could be better managed so that the COVID-19 response does not detract from other necessary hospital and health services, and whether the impact of public health restrictions outweighs the benefits of their continuation.</p>	<p>Queensland Health acknowledges that public health directions and other public health measures can have a significant impact on individuals and businesses. Queensland Health always seeks to strike the right balance between those impacts and the need to protect public health.</p> <p>The Bill includes a range of safeguards in the Public Health Act to mitigate the impact of public health measures including that the Chief Health Officer must revoke a public health direction as soon as it no longer meets the criteria for being exercised.</p> <p>Queensland Health considers that the content of particular public health directions is outside the scope of the Bill. However, the following information is provided to assist the Committee.</p> <p>The Bill provides the scope of the Chief Health Officer power to issue public health directions required for the next twelve months to respond to COVID-19. While the Bill sets the limits of the direction-making power, it allows for the operational details about how a direction is to be implemented to be described in the direction itself. This is similar to current practice and has worked well to ensure public health measures can be rapidly and proportionately adapted to the changing nature of the health advice to manage the risks of COVID-19.</p> <p>In relation to Carers Queensland's submission about the definition of <i>worker</i>, the explanatory notes clarify that the definition of <i>worker</i> in the Bill does not include a carer who has a familial or personal relationship with a person but does include formal paid carer arrangements.</p> <p>It is important to note the Bill does not extend certain extraordinary measures, previously exercised during the COVID-19 pandemic, such as instituting lockdowns, restricting borders or imposing restrictions on movement and gatherings of individuals or businesses. The powers that will be retained have been defined narrowly to limit the impact of public health measures to the greatest extent possible, while retaining only the critical measures necessary to manage serious risks of COVID-19.</p>
<p>3 – Nerida Barrett 12, 26, 27, 29-32, 40 – Name Withheld 34 - Queensland Peoples' Protest 46 – Natalie Monos</p>	<p>Comments on the health risk justification for continuing COVID-19 measures</p> <p>A number of submissions raised concerns that the risks of COVID-19 are low, non-existent or not supported by sufficient evidence to justify the temporary COVID-19 public health measures in Queensland.</p> <p>Common themes that were raised in submissions included:</p>	<p>In-depth consideration about the risks of COVID-19 is a matter for health experts and is beyond the scope of the Bill.</p> <p>However, as stated in the explanatory notes accompanying the Bill, the risks of COVID-19 remain a concern in Queensland.</p>

Submissions	Issue	Response
51 – Christine Keys 56 – RACGP 57 – ACN	<ul style="list-style-type: none"> the original emergency powers were based on the risks of the delta/alpha variants. Given the risk of Omicron are significantly lower, the legislative measures are no longer justified; case numbers and modelling has been overinflated; the peak of the COVID-19 waves have no passed; and Queenslanders now have natural immunity. <p>ACN acknowledged that the temporary public health emergency will expire on 31 October 2022 but supported the Bill on the basis that COVID-19 will remain in the community for the foreseeable future, and continue to disrupt the community, workforce, and the overall well-being of the Australian population.</p> <p>RACGP noted the community will continue to endure further waves of COVID-19.</p>	<p>Ongoing waves of COVID-19 are expected to occur. While it is anticipated that these waves will be less severe, as more people are infected with COVID-19 or receive up-to-date vaccination, they still have the potential to place a significant burden on the community and health system.</p> <p>In 2022, there has been a sustained number of COVID-19 inpatients in Queensland’s hospitals, hovering around a baseline of 200 inpatients. While this is manageable within the health system, it can quickly increase during waves of infection and put significant pressure on staff, the broader health system and the community.</p> <p>Another significant risk is the emergence of new strains of COVID-19 that have the potential to be more severe, transmissible or able to evade vaccine-acquired or natural immunity. There is no way to predict if or when such variants may emerge, but experience has shown that COVID-19 rapidly mutates, which suggests this is a real risk.</p> <p>The Bill provides targeted and proportionate responses to avoid uncontrollable spread of COVID-19 and provide the necessary mechanisms to manage impacts. It must be emphasised that the risks of COVID-19 and the pandemic are not over; some powers remain necessary to enable a continued response for the next twelve months.</p>
6 – Youssef Youssef 20, 32 – Names withheld 34 – Queensland Peoples’ Protest 55 – Adrian Vasington 57 – ACN	<p>Vaccination</p> <p>Several submissions objected against the efficacy and safety of the COVID-19 vaccinations currently available. Concerns raised about COVID-19 vaccination include that:</p> <ul style="list-style-type: none"> there has been a lack of recognition about natural immunity; there has been a lack of informed consent by Queenslanders prior to the uptake of COVID-19 vaccines; and there has been no evidentiary basis that the COVID-19 vaccine has slowed Omicron. <p>ACN expressed concerns over lifting the vaccine mandate for health care workers and trusts the Chief Health Officer will continue to use their discretion in enforcing vaccination where applicable (supporting mandated vaccinations for those working in all health care settings, whether state or privately owned). ACN welcomed continued vaccination for those working in residential aged care and disability facilities.</p>	<p>While the efficacy and safety of the COVID-19 vaccinations is a matter that is outside the scope of the Bill, the following information is provided for assistance.</p> <p>COVID-19 vaccines are a proven, safe and effective means of reducing severity of disease with COVID-19 and transmission. In Australia, there is a rigorous vaccine efficacy and safety approval process undertaken by the Therapeutic Goods Administration to approve the use of COVID-19 vaccines. Queensland only administers COVID-19 vaccines approved the Therapeutic Goods Administration.</p>
9 – QHRC 13 – QLS	<p>Exceptions and exemptions from requirements under a public health direction</p> <p>QLS considered that a process should remain by which a person may be granted an exemption from a requirement under a public health direction and urged Queensland Health to provide information about the application and decision process. QLS also suggested that decisions should be reviewable, and that decisions about exemptions should be made in a timely manner that reflects the nature of the exemption required (for example, an exemption from a requirement to isolate for a period seven days).</p>	<p>The proposed power to give public health directions retains the flexibility to provide exceptions that apply in stated circumstances or to provide a process for individuals to seek an exemption from the requirements of a direction based on their individual circumstances. Whether a direction includes exceptions or exemptions will depend on the purpose and specific requirements of the direction. These considerations will need to be addressed in the justification statement for the direction, which will provide transparency and accountability regarding the criteria and rationale for exceptions or exemptions, as well as an assessment of the human rights impacts.</p>

Submissions	Issue	Response
	<p>QHRC suggested that the Bill provide an automatic statutory exemption for persons to obtain medical treatment to preserve their quality of life. QHRC notes that public health directions have routinely included exceptions for these situations but considers that an automatic exemption would provide more meaningful protection for persons who may be disproportionately affected by restrictions on movement, such as persons with a disability who need to access care or support.</p>	<p>Where a public health direction provides a process for individuals to seek an exemption from one or more requirements, applications will be assessed on a case-by-case basis and will need to demonstrate that the conditions for an exemption have been met. As has occurred under the current emergency legislative framework, the Chief Health Officer or their delegate will continue to consider applications for exemptions on their individual merits and will endeavour to process exemption requests as quickly as possible subject to legal and operational requirements. Given the relatively stable risks of COVID-19 currently and the fact that fewer directions are in place, fewer exemption applications are expected. This means exemption applications can be processed faster than during the peak period of COVID-19. Time-sensitive situations will continue to be prioritised.</p>
<p>7 – West Moreton Health 9 – QHRC</p>	<p>Implementation and operational issues</p> <p>QHRC suggested the Government implement mechanisms to provide a clear process for persons to demonstrate that they are excepted or exempted from a public health direction, such as the ability to display or provide proof that they meet relevant criteria via a self-administered questionnaire or through an online portal.</p> <p>QHRC also suggested the power of authorised persons to enter, seize and use force is a significant power that should only be exercised to respond to serious public health risks rather than the proposed threshold of ‘reasonable suspicion’.</p> <p>West Moreton Health noted the enforcement provisions in the Bill may be difficult to enforce without ongoing support from the Queensland Police Service.</p>	<p>If the Bill is passed, the exact implementation arrangements will depend on the directions in place on 31 October 2022 and the current risks of COVID-19 at that time. Queensland Health will ensure appropriate public messaging and proactive communication with impacted stakeholders to support implementation of the Bill.</p> <p>In relation to enforcement of directions under the Bill, the Bill includes the minimum powers necessary to ensure compliance with public health directions. The enforcement provisions are similar to existing enforcement powers in chapter 9 of the Public Health Act, with some modifications tailored to the new temporary COVID-19 powers in the Bill.</p> <p>The power to enforce compliance with a public health direction is also appropriately limited. Regarding entry to places without a warrant, the authorised person must reasonably suspect a person is, or may be, contravening a public health direction at the place. This test is a common threshold used across the Queensland statute book and ensures compliance mechanisms are available to detect, prevent and/or cease breaches of public health directions. It provides appropriate scope for authorised persons to investigate possible breaches that could otherwise cause significant public health risk to the community and public health system if left undetected.</p> <p>Authorised person powers do not extend to dwellings or a part of a place where a person is undergoing a health procedure or consulting with a health practitioner, where there is a greater expectation of privacy. Also, an authorised person must, if reasonably practicable, inform the occupier of the place of a proposed entry and advise them the authorised person is legally permitted to enter the place. Persons must be given an opportunity to voluntarily comply with a public health direction before an authorised person may enforce the direction. There are also existing safeguards in chapter 9 of the Public Health Act applicable to authorised officers.</p> <p>Monitoring and enforcement activities for public health directions made under the new temporary powers will be carried out by authorised persons under the Public Health Act, including Queensland Health officers deployed in public health units throughout the state. This workforce has experience enforcing public health directions and is well positioned to engage in targeted monitoring and enforcement activities in the current environment. At this stage of the pandemic, the community is generally aware of the need to comply with public health directions and to take reasonable precautions to limit the preventable spread of COVID-19. With only limited restrictions in place, enforcement of public health directions is expected to be primarily reactive, with authorised persons responding to breaches that are particularly serious or that could place the health system or the community at serious risk. If the Bill is passed, authorised officers will be provided with sufficient training to support implementation of the new enforcement provisions in the Bill.</p>

Submissions	Issue	Response
<p>8 – QNMU 34 – Queensland Peoples' Protest 46 – Natalie Monos 47 – QCCL 57 - ACN</p>	<p>No compensation for loss or damage suffered as a result of COVID-19 measures</p> <p>Some stakeholders including QCCL and Queensland People's Protest objected to section 142R (No entitlement to compensation) of the Bill which removes the ability for a person to seek compensation for loss or damage suffered as a result of the COVID-19 measures.</p> <p>Other stakeholders like QNMU and ACN recognised that the targeted nature of the Bill will negate the need for individuals to seek compensation for loss or damages due to the public health directions.</p>	<p>The Bill preserves the bar to compensation to the extent that a person suffers loss or damage as a result of the exercise of the new temporary powers in the Bill. This provision is justified on the basis that, during an ongoing and unpredictable pandemic, the State of Queensland should not be potentially liable for uncapped compensation claims arising from the exercise of powers that are necessary to protect public health and the capacity of the health system.</p> <p>It is anticipated that the targeted nature of the Bill, in conjunction with the safeguards included, will reduce the potential costs of compliance for individuals and minimise the potential for loss or damage resulting from the exercise of temporary COVID-19 powers.</p> <p>In addition, Government has invested significantly in supporting individuals, businesses and organisations who have been financially disadvantaged as a result of the public health response to COVID-19.</p> <p>For example, on 19 September 2022, the Australian Government committed to funding an extra \$1.44 billion towards the COVID-19 response to assist with healthcare and aged care. The funding contributions to be extended until December 2023 include, but are not limited to:</p> <ul style="list-style-type: none"> • \$760 million to support the hospital system; • \$840 million for aged care for measures like rapid antigen tests, PCR tests and resourcing the extra staff required for aged care services; • \$48 million to extend free GP-led specialist respiratory clinics and telehealth conferences; \$42 million in community campaigns; and • continuation of funding for disability services and First Nations health services for products like personal protective equipment and rapid antigen tests.
<p>1, 50 – Name Withheld 3 – Nerida Barrett 6 – Youssef Youssef 8 – QNMU 10 – Pharmacy Guild of Australia 11 – Australian Retail Association 14 – Adriana Marsh 36 – Julianna Guinane 56 - RACGP</p>	<p>Other issues raised</p> <p>A number of other issues were raised in submissions including:</p> <ul style="list-style-type: none"> • Emergency responses from ambulances and emergency departments could be managed better to avoid people being in hospitals for longer than medically required. • The continuation of the emergency powers is unacceptable and unjustified. • The Government's response to COVID-19 has been an overreach of power. • RACGP requested the Health and Environment Committee consider whether the Public Health Act should include provision for clear and timely messaging from the Queensland Government to general practices, so general practitioners can make determinations in their practices regarding mask wearing and staff vaccinations. • QNMU noted its support for longer term planning for the impacts of COVID-19, particularly in relation to the impact of 'long COVID' or post-COVID condition. • COVID-19 legislation should undergo a Royal Commission. • The Pharmacy Guild of Australia sought confirmation that a legislative process is underway to ensure the provisions that enable emergency orders to be made under 	<p>These comments are beyond the scope of the Bill as they relate to administrative or operational details, potential program improvements, requirements in specific public health directions or opportunities for future legislative or administrative reform.</p> <p>Queensland Health notes the issue raised by the Pharmacy Guild of Australia is under consideration and will be the subject of separate consultation in due course.</p> <p>In relation to consultation undertaken on the Bill, a consultation paper was distributed to a range of stakeholders including representatives from the health, aged care, disability, tourism, business, union and legal sectors. Queensland Health also provided briefings to some stakeholders to receive verbal feedback and to facilitate more informed written feedback. All stakeholder feedback received was carefully considered in finalising the Bill. Several stakeholders, including Carers Queensland and QNMU, commended Queensland Health on the consultation process for the Bill suggesting it was inclusive and transparent.</p>

Submissions	Issue	Response
	<p>the <i>Medicines and Poisons Act 2019</i> are being progressed permanently and prior to the end of the declared public health emergency.</p> <ul style="list-style-type: none"> The Australian Retail Association proposed guiding principles to respond to future responses to COVID-19 including a nationally consistent approach, fit-for-purpose measures based on evidence and early consultation with sectors. <p>Some stakeholders sought further clarity on the consultation process undertaken during the development of the Bill and queried what stakeholders were consulted.</p>	
Amendments to <i>Corrective Services Act 2006</i>		
<p>9 – QHRC 13 – QLS 42 – PLS</p>	<p>Transparency and oversight</p> <p>QHRC suggests that the Bill should require Queensland Corrective Services (QCS) to publish all emergency directions or declarations.</p> <p>QLS believe that the measures implemented should be made publicly available and the rationale for each measure published in the absence of the requirement for a public health declaration.</p> <p>PLS is concerned about the lack of limitations and external oversight of the temporary provisions and their broad, discretionary powers.</p>	<p>QCS is committed to ensuring the least restrictive approach is implemented in responding to COVID-19 across the custodial environment.</p> <p>There are many legislative and operational safeguards in place to ensure only measures that are necessary will continue to be used by QCS to continue responding to COVID-19 in corrective services facilities.</p> <p>To make a declaration under section 268 of the <i>Corrective Services Act</i> the Commissioner of QCS must reasonably believe a situation exists at a corrective services facility that threatens or is likely to threaten the security or good order of the facility or safety of a prisoner or another person in the facility to make a declaration.</p> <p>Only the Commissioner of QCS can make a declaration, and only after the Minister's approval to do so.</p> <p>All declarations and directions made have, and will continue to be, published to ensure transparency over the steps that QCS is taking to respond to COVID-19 in the correctional environment.</p> <p>Further, QCS makes its Pandemic Response Planning tools and information about the level of restrictions being applied in each custodial centre available on its website for stakeholders and the public to access.</p> <p>With regard to the specific restrictions put in place under a declaration, QCS reviews its risk assessment if there is a significant change in the COVID-19 risk, to consider if there is a need for changes to be made to controls.</p> <p>Reviews have resulted in stepping down of restrictions as has been recently demonstrated by the removal of vaccination requirements for visitors to a corrective services facility.</p> <p>Reviews involve consultation with staff, Together Queensland Union and Queensland Health.</p> <p>Lastly, the Human Rights Act applies to a decision of the QCS Commissioner to make a declaration and any directions made under a declaration. This is an important safeguard ensuring each decision to impose a restriction is compatible with human rights.</p>
<p>9 – QHRC</p>	<p>Decision-maker</p>	<p>Noted. As the Minister responsible for the correctional system, it is appropriate that the Minister retains oversight of these emergency declarations.</p>

Submissions	Issue	Response
	QHRC would prefer the temporary extensions under an emergency declaration to be enlivened by the Premier instead of the Minister.	
9 – QHRC 42 – QLS	<p>Scope of emergency declaration</p> <p>QHRC and QLS raised concerns about the scope of the emergency declaration powers in the Corrective Services Act extended by the Bill including:</p> <ul style="list-style-type: none"> • why the powers should be extended to work camps and the Helana Jones Centre, • whether the powers should be narrowed to only be permitted to respond to the COVID-19 pandemic, and • the need to allow measures to be implemented to a corrective services facility on a case-by-case basis that considers the circumstances at the facility instead of implementing a blanket approach. 	<p>QCS notes that the Bill extends the scope of the Corrective Services Act emergency powers as currently modified with one change. The change is to replace the limitation on use of the powers while COVID-19 is a declared public health emergency, to limit its use to where COVID-19 is a controlled notifiable condition.</p> <p>The Bill also continues to allow a declaration to apply to any corrective services facility, not just prisons. This has ensured throughout the pandemic that QCS is fully equipped to manage COVID-19 at all facilities, including work camps and the Helana Jones Centre as needed.</p> <p>QCS notes that flexibility already exists for declarations and directions to apply to specific or all corrective services facilities. The Bill would continue this flexibility which allows approaches at centres to be tailored to the specific circumstances.</p>
9 – QHRC 13 – QLS 42 – PLS	<p>Access to visits and services</p> <p>QHRC suggests that the amendments include provisions to clarify that key oversight agencies may visit a facility if it is subject to an emergency declaration or direction.</p> <p>QLS does not support the continued power to restrict access to corrective services facilities. QLS notes that the temporary provisions should not impede prisoner access to legal representation and health care and should allow prisoners to continue programs so they can meet parole eligibility dates.</p> <p>PLS have concerns that the length of the emergency declaration may unduly impact prisoner access to legal, health and mental health services and the implications should this occur.</p>	<p>QCS has enabled prisoner privileges, continued programs, facilitated access to legal representatives and permitted access for other visitors, including official visitors where possible throughout the COVID-19 public health emergency.</p> <p>QCS acknowledges the role that visits play in reintegration and maintaining family connections for prisoners and has worked hard to facilitate access to visits throughout the pandemic. This has included lifting visitor restrictions and providing alternative visit options including virtual visits where possible.</p> <p>While the Bill extends the potential for measures to be put in place, the decisions themselves remain subject to a range of safeguards. Directions and declarations will only be put in place where absolutely necessary to protect staff and prisoners, with due regard to human rights in making these decisions.</p> <p>QCS will continue to facilitate access as appropriate including the provision of alternative contact such as virtual visits where possible to minimise disruptions.</p>
42 – PLS	<p>Impact on prisoners' wellbeing</p> <p>PLS has been concerned about the use of medical segregation in prisons throughout the pandemic due to the length of time prisoners have been locked down in their cell with limited or no association with other prisoners. PLS has heard prisoner reports of lock down resulting in a lack of access to exercise, fresh air, phone calls and placed further limitations on prisoners' access to legal and health services.</p>	<p>QCS notes that isolation of prisoners due to COVID-19 is done only on the basis of advice from Queensland Health. These actions must also comply with QCS' obligations under the Human Rights Act.</p> <p>QCS' policies for managing isolated prisoners provide that prisoners must, to the greatest extent possible, have access to confidential medical services and treatment, access to psychologists/counsellors to support their mental health, engagement with activities officers to provide activities while isolated, access to telephone calls and/or videoconferencing and access to legal representatives and internal complaint mechanisms.</p>
13 – QLS 42 – PLS	<p>Length of emergency declaration</p> <p>QLS recommends that any declaration under section 268 of the CSA be restricted to a period of 30 days, instead of 90 days. They also recommend that the declaration should expire after 30 days lapse or revoked once no longer needed.</p> <p>PLS' central objection to the Bill is the length of the emergency declarations being 90 days, instead of three, and believe further justification is required. PLS submits that</p>	<p>The ability for the Commissioner of QCS to make a declaration of emergency under the Corrective Services Act for a period of up to 90 days has proven to be an effective and necessary amendment and aligns with the Chief Health Officer's power to make directions proposed under the Bill.</p> <p>Continuation of the maximum 90-day timeframe provides for an overarching declaration to be made, with flexibility for directions to be changed under the declaration in response to the presenting risk.</p>

Submissions	Issue	Response
	<p>further justification is required and that existing risk mitigation measures are sufficient to manage the risk.</p>	<p>Given the nature of the correctional environment, a COVID-19 outbreak in a custodial setting presents significant risk to QCS' capacity to ensure the safe and humane containment and rehabilitation of prisoners. The current timeframe for the declaration has allowed QCS time to implement controls necessary to ensure the safety of staff and prisoners during a COVID-19 outbreak.</p> <p>A sufficient timeframe for the declaration of emergency is also necessary in the event of an outbreak of COVID-19 within a corrective services facility resulting in an elevated pandemic response. This would necessarily take time to implement controls to mitigate risk, prior to consideration being given to reducing the response to a standard or baseline pandemic response.</p> <p>There is also significant risk to the safety and security of a corrective services facility in circumstances where QCS may experience a loss of staff due to COVID-19 infection or isolation requirements from a community-based outbreak of COVID-19.</p> <p>QCS is committed to ensuring the least restrictive approach is implemented in responding to COVID-19 across the custodial environment.</p> <p>However, the health, safety and well-being of staff, prisoners and the broader community are important considerations. The timeframe proposed for the declaration of emergency is considered appropriate to respond to the level of risk that COVID-19 presents within the correctional environment and the ability to ensure that appropriate mitigation strategies are able to be implemented.</p>
42 – PLS	<p>Less restrictive measures</p> <p>PLS submits that existing measures in relation to visitor screening, mask wearing and vaccination requirements are a more appropriate and less restrictive way to manage COVID-19 concerns. PLS believes that the temporary extensions are inconsistent with the legislative aim of the Bill and with the Human Rights Act.</p>	<p>QCS has recently undertaken a further comprehensive assessment of the risk of COVID-19 in corrective services facilities following the revocation of several public health directions, including the Corrective Services Facility Personal Visitor Entry Direction, on 30 June 2022. This assessment is reviewed regularly including extensive consultation with staff and Queensland Health.</p> <p>As part of these reviews, QCS has been stepping down restrictions that were previously relied on, such as in-person visit restrictions, or requiring all visitors to be vaccinated against COVID-19 to enter a facility.</p> <p>However, given the nature of the correctional environment a baseline level of controls is still required while there continues to be community transmission of COVID-19 that provides the flexibility to increase controls alongside escalating risk.</p> <p>The extension of the temporary legislative provisions in the Corrective Services Act will enable this flexibility and will ensure that QCS can continue to rapidly respond to protect vulnerable prisoners and its workforce.</p> <p>The Human Rights Act applies to a decision of the QCS Commissioner to make a declaration and any directions made under a declaration. This is another important safeguard ensuring each decision to impose a restriction is compatible with human rights.</p>