

Public Health and Other Legislation (COVID-19 Management) Amendment Bill 2022

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Submission to Health and Environment Committee

Public Health and Other Legislation (COVID-19 Management) Amendment Bill 2022

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submission

Introduction

The Queensland Nurses and Midwives' Union (QNMU) thanks the Health and Environment Committee (the Committee) for the opportunity to comment on the *Public Health and Other Legislation (COVID-19 Management) Amendment Bill 2022* (the bill). We also extend our thanks to the Queensland Government for the opportunity in July 2022 to consult on the proposed changes to the Chief Health Officer's powers to give public health directions.

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 (RM), 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 over 67,000 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 is supportive of the bill and will provide general comments regarding the provisions inserted by the bill and will use the headings provided in the Explanatory Notes for the bill to structure our submission.

General comment

The QNMU commends the Queensland government for their effective health response to the COVID-19 pandemic and take the opportunity to acknowledge the critical and integral role that nurses, and midwives have played in responding to this health crisis.

This bill signals a shift in response strategies in the government's handling of COVID-19 from dealing with the acute phase of the virus to a longer-term approach which sees us living alongside the virus. In going beyond just responding to the pandemic, the government's plans must be rooted in transparency, accountability, integrity, good governance and be founded on research and evidence (OECD, 2020). Equally, it must not thwart the government's ability to respond and implement measures in responding rapidly, efficiently, and effectively to future COVID-19 variants and other pandemics.

The QNMU is also supportive of the government planning for the longer-term impacts of COVID-19, in particular 'long COVID' or post-COVID condition, not only for an individual but the impact on the healthcare system and workforce. This is necessary given more and more people will become infected with COVID-19, thereby increasing the disease burden and the initiatives governments must take in ensuring a health care system that is sustainable and can meet demand. We suggest that the full effects of the post-COVID condition are yet to be felt and the management and treatment for this condition will greatly impact the recovery from COVID-19.

Part of this planning for the management of post-COVID condition should be to include the post-COVID condition in the 'Schedule 1 Notifiable conditions' list in the *Public Health Regulation 2018 (Qld)*. Secondly, QNMU is seeking that the Queensland government lobby the Australian government to amend the *National Health Security Act 2007* to allow the Communicable Diseases Network of Australia (CDNA) National Notifiable Diseases Surveillance System's Notifiable Diseases List to be amended to include post-COVID-19 condition with case definition. The guidelines should then be endorsed by the Australian Health Protection Principal Committee to include mandatory public reporting. This will provide the legislative framework to allow for future national statistical analysis of the long-term impacts of COVID-19 disease on the population to target future research and public health responses.

Public health directions

The QNMU is supportive of the bill amending the *Public Health Act 2005* (Public Health Act) to provide the Chief Health Officer (CHO) the ability to continue to issue public health directions around isolation and quarantine and masks and vaccination of workers that are outside of a declared public health emergency.

Matters that cannot be the subject of public health directions

The QNMU has concerns around restricting the powers of the CHO, specifically in relation to the CHO being able to lead a public health response for future COVID-19 variants or other diseases. We believe there is a balance needed in limiting the scope of public health directions with the need to be able to respond quickly to future public health emergencies. If directions such as closing the borders to other states and territories, quarantine for arrivals, lockdowns, vaccinations for the general public and restricting access to vulnerable facilities are no longer in the CHO's remit, this may limit the CHO's ability to anticipate and manage new crises, such as other pandemics.

Threshold test for making public health directions

No comment.

Transparency and scrutiny of public health directions and human rights

We note the provision of a direction must be tabled in Parliament within 21 calendar days of being made and the direction will be subject to disallowance by Parliament. The QNMU has some concerns that this may see Parliament disallow a public health direction but believes that if this is to happen it would set a dangerous precedent. We would support a caveat being placed around this proposal in the form of a notation in the bill.

The QNMU also wishes to highlight that in stipulating that a public health direction is to be tabled within 21 days, this timeframe must not impede a quick response in public health measures being implemented. These mechanisms for promoting transparency and scrutiny of public health directions and human rights must be coupled with maintaining a readiness to respond to any further outbreaks of COVID-19 and other pandemics.

Enforcement and offence provisions

No comment.

Compensation for loss or damage from the exercise of temporary COVID-19 powers

The QNMU recognises that the targeted nature of the bill will negate the need for individuals to seek compensation for loss or damage due to the public health directives. However, we submit that the post-COVID condition may prompt further discussions related to compensation for loss or damage related to this condition.

Extension of COVID-19 provisions in the Corrective Services Act

The QNMU is supportive of the bill extending the temporary amendments made to the *Corrective Services Act 2006* (Corrective Services Act) in mitigating the risk of COVID-19

spreading in corrective facilities. We ask that consideration be given to ensuring emergency provisions not only encompass all corrective facilities, but can be applied to an individual corrective facility, if required.

Consideration must also be given to the practicalities associated with the amendment that enables a declaration of emergency be made for up to 90 days in corrective facilities. This would be ineffectual if there is no surge workforce (corrective facility nurses and the corrective facilities general workforce) to cover these days. Specifically for nurses we believe that a reserve nursing workforce for prisons are needed as during a prison lockdown, clinics are effectively ended, and nurses must assess and treat prisoner patients individually in their cells on a one-to-one basis, supporting the need for more nursing staff. An extended lockdown under the proposed amendments would have a devastating impact on prisoner health unless additional nursing staff are engaged within that corrective facility.

References

OECD. (2020). *The COVID-19 crisis: A catalyst for government transformation?* Retrieved from <https://www.oecd.org/coronavirus/policy-responses/the-covid-19-crisis-a-catalyst-for-government-transformation-1d0c0788/>