




Speech By
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Record of Proceedings, 23 May 2017

PUBLIC HEALTH (INFECTION CONTROL) AMENDMENT BILL

 **Ms DONALDSON** (Bundaberg—ALP) (4.56 pm): I rise to contribute to the Public Health (Infection Control) Amendment Bill 2017. Firstly, I congratulate the minister on the bill, my committee colleagues, as well as the secretariat and all who made submissions to the inquiry. Although this is not one of those large and exciting bills that attracts a lot of attention, this is still a bill that is incredibly important to all Queenslanders as we go about our daily lives.

This bill reflects community expectations and the duty of care that is owed to people by health facilities. It is also important to ensure that while complying with their existing infection control obligations, the bill should not lead to additional cost for the majority of healthcare facilities that are complying with their existing infection control obligations.

This bill refers to declared health services. For the purposes of this bill, a declared health service is one which involves invasive procedures or the release of blood or other bodily fluids. The operators of these healthcare facilities are required to show how the risks are to be minimised through a detailed infection control management plan. These plans are meant to be regularly reviewed. As I previously mentioned, the majority of healthcare facilities are doing the right thing and do comply with their infection control obligations that currently exist. Sadly, however, we also know that some facilities are not complying with their obligations and therefore are not complying with the law.

It should be of concern to all Queenslanders that as many as one out of every six dental clinics that participated in a Queensland Health self-assessment process did not have compliant infection control management plans. I think that number should be a huge concern to everybody who has been or has a family member who has been to a dentist. One out of six is astounding. As I previously mentioned, the majority of healthcare facilities are doing the right thing and do comply with infection control obligations that exist. However, it is concerning, as previous speakers have mentioned, that two dental clinics have revealed practices that are creating real risk to both staff and their patients. It is this noncompliance to which this bill responds.

This means that only facilities that are breaching the current obligations and possibly placing patients and employees at risk of exposure to infectious bloodborne disease are the ones that are most likely to have additional costs incurred. Those costs are likely to be incurred in the areas of training, development, other documentation or some procedural changes. I am sure that everybody would agree that that is fair when we are talking about people's ongoing health and safety in this very important area. As I stated at the outset of my speech, healthcare facilities that are complying should not incur any additional costs.

The bill creates a number of ways in which inspectors from Queensland Health can support and guide some facilities to improve their infection control practices and their documentation. Under the bill, inspectors could issue a facility with an improvement notice. This gives inspectors powers to require that operators make amendments to their infection management plans if they identify that those plans have any deficiencies. Inspectors will have those two new discretionary powers, allowing facilities to become compliant without having to be prosecuted.

The bill also provides an additional head of power to the Public Health Act to make a regulation that prescribes the standards of training and qualifications that healthcare facility staff must meet. The regulations will be made under the new and existing heads of power to help healthcare facilities discharge those obligations. These additional powers are backed up by a range of offences. The penalties that have been mentioned by previous speakers will reflect the existing penalties for breaches and will have a similar purpose of protecting staff and members of the public from public health risks arising from unsafe practices.

I think everyone would agree that it is comforting for Queenslanders who visit a healthcare facility for themselves or for a member of their family to know they are safe and that there are procedures in place to ensure there is a minimum risk of infection and that, if those procedures are found to be inadequate, inspectors have additional discretionary powers to ensure compliance if appropriate or to apply penalties if required. I too would like to thank the minister for his response to the committee's questions and for following up on the issues that were identified. I commend the bill to the House.