



Speech By  
**Hon. Cameron Dick**


**MEMBER FOR WOODRIDGE**

---

Record of Proceedings, 21 March 2017

## **PUBLIC HEALTH (INFECTION CONTROL) AMENDMENT BILL**

### **Introduction**

 **Hon. CR DICK** (Woodridge—ALP) (Minister for Health and Minister for Ambulance Services) (12.38 pm): I present a bill for an act to amend the Public Health Act 2005 for particular purposes. I table the bill and the explanatory notes. I nominate the Health, Communities, Disability Services and Domestic and Family Violence Prevention Committee to consider the bill.

*Tabled paper:* Public Health (Infection Control) Amendment Bill [\[453\]](#).

*Tabled paper:* Public Health (Infection Control) Amendment Bill, explanatory notes [\[454\]](#).

A recent incident involving substandard infection control practices at a Brisbane dental clinic has revealed a need to strengthen the infection control framework for healthcare facilities under the Public Health Act. A healthcare facility is any place where a health service which involves an invasive procedure is performed. These are procedures which might expose a person to blood or other bodily fluids and are known as declared health services under the act. The healthcare facilities can include mobile and temporary premises as well as associated support services. Public hospitals, dental clinics, acupuncture facilities, blood banks, midwifery services, retrieval services and places where vaccinations are provided are all examples of healthcare facilities.

Because of the inherent risk of patients and staff at these facilities coming into contact with infectious bloodborne diseases such as hepatitis and HIV, the act already requires people involved in performing declared health services to take reasonable precautions and care to minimise infection risks. The act also requires the operators of healthcare facilities to develop, implement and regularly review detailed plans showing how infection risks at those facilities are minimised. These plans are known under the act as infection control management plans. However, the act does not empower Queensland Health to properly monitor infection control practices at healthcare facilities, investigate complaints about substandard practices, enforce compliance with the statutory framework or take proportionate steps to require noncompliant practices to be rectified.

An investigation into a Brisbane dental clinic revealed a pattern of substandard infection control practices in breach of the act, including inadequate staff training and sterilisation procedures. However, the only compliance and enforcement option available to Queensland Health in this circumstance was to seek the cooperation of the Brisbane City Council to issue a public health order, temporarily closing the clinic until appropriate remedial measures had been implemented. For this reason the bill makes several key amendments to the Public Health Act to strengthen the statutory infection control framework. These amendments will minimise the chance of infection risks arising by supporting healthcare facilities to improve their infection control practices and will enable timely, proportionate action to be taken to reduce and remove risks which have arisen. This involves amending the framework to enable more comprehensive guidance to be provided to healthcare facilities about how to minimise infection risks.

The bill strengthens the regulation-making head of power in the act under which the training, competence and practice standards which healthcare facilities must attain will be prescribed. The bill also enhances Queensland Health's ability to monitor compliance with the framework and investigate possible breaches. Authorised persons will be empowered to direct the operator of a facility to provide or amend their infection control management plan, supported by penalties for noncompliance. Authorised persons will also be able to enter healthcare facilities without notice, if necessary, to control an imminent infection risk. Entry will still be subject to the existing limitations under the act and a warrant from a magistrate will still be required to seize evidence or take intrusive steps to address a risk once inside a facility.

Finally, the bill strengthens the power of Queensland Health to enforce compliance with the infection control framework. Where deficient practices capable of being remedied are identified through complaints or compliance activities, the bill empowers authorised persons to issue an improvement notice. An improvement notice requires the operator of the facility to take appropriate remedial action. In more serious situations where the practices at a facility put staff or patients at actual risk of harm, the bill empowers the chief executive to take the more drastic step of issuing a directions notice. A directions notice requires a facility to temporarily cease providing particular declared health services while appropriate remedial action is undertaken. In recognition of the serious impact a directions notice could have on the otherwise lawful business of an affected healthcare facility, the bill limits delegation of this power to senior executives of the department only. Further, the chief executive will need to obtain a court order to extend the effect of a notice beyond 60 days.

The bill creates a range of penalties for breach of their existing statutory obligations by operators of healthcare facilities and others involved in the provision of declared health services. For example, failure to take reasonable precautions and care to prevent infection risks is now an offence punishable by a maximum penalty of \$121,900 for individuals. The bill also provides it is a serious offence for the operator of a healthcare facility to breach an improvement notice issued by an authorised person or a directions notice issued by the chief executive unless the operator has a reasonable excuse. Given the deliberate nature of the offence of breaching a directions notice and the fact this offence involves continuing to provide a declared health service despite knowing of the particular infection risks it is causing, breaching a directions notice carries a high maximum penalty of \$365,700 for individuals.

The bill provides a proportionate, targeted and urgent response to an unacceptable risk of patients and staff of healthcare facilities being exposed to infectious bloodborne diseases. This involves strengthening the infection control framework, enhancing the ability of Queensland Health to monitor and investigate the infection control practices of healthcare facilities and enforce compliance where deficient practices are identified. Importantly, a key focus of this bill is on minimising emergent infection risks, not just responding to incidents after they have occurred. That is why the bill provides for authorised persons to require operators of healthcare facilities to amend deficient infection control management plans or to remedy defects in their infection control practices. Prescribing training, competency and practice standards under the act will further support this intent by supporting owners and operators of healthcare facilities to understand their statutory obligations. I commend the bill to the House.

### **First Reading**

**Hon. CR DICK** (Woodridge—ALP) (Minister for Health and Minister for Ambulance Services) (12.46 pm): I move—

That the bill be now read a first time.

Question put—That the bill be now read a first time.

Motion agreed to.

Bill read a first time.

### **Referral to the Health, Communities, Disability Services and Domestic and Family Violence Prevention Committee**

**Mr DEPUTY SPEAKER** (Mr Crawford): Order! In accordance with standing order 131, the bill is now referred to the Health, Communities, Disability Services and Domestic and Family Violence Prevention Committee.