




Speech By
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MEMBER FOR IPSWICH

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PUBLIC HEALTH (INFECTION CONTROL) AMENDMENT BILL

 **Ms HOWARD** (Ipswich—ALP) (5.41 pm): I rise to speak in support of the Public Health (Infection Control) Amendment Bill 2017. Today's bill proposes to amend the Public Health Act 2005 and is designed to strengthen the statutory infection control framework for healthcare facilities, or HCFs. HCFs are important parts of any community, and I know that the vast majority of them take compliance, especially infection control, extremely seriously.

When an HFC provides invasive procedures like the release of blood or other bodily fluids, they become a declared health service. These are our hospitals, medical and dental practices, acupuncture clinics, ambulance services, blood banks and other valued services. Whether performing complex surgery on those closest to us, providing check-ups, or simply making sure that we are operating at the best level possible, healthcare facilities are some of the most valued providers in our community. What happens when our healthcare facilities are not up to scratch? What happens when these providers are not taking every necessary step to ensure that patients are receiving the finest level of care with no added risk to their health?

To most of us here, the idea that some of the most trusted professionals and practitioners in our state could think about performing at a subpar level is not something that we can comprehend. Queensland Health recently conducted a self-assessment process for dental clinics, and we learned that as many as one in six dental clinics did not have a compliant Infection Control Management Plan in place. We all know of the two dental clinics which revealed that their current infection control processes posed a genuine risk to patients and staff. At the time the Chief Health Officer, Dr Jeannette Young, said that one of the dental clinics would be closed until it could satisfy Queensland Health that the proper infection control standards were being met. While the risk of transmission of viruses such as hepatitis C or HIV was very small, it does not absolve the practice from its responsibility of not placing patients at potential risk. It is never acceptable that there is even the slightest risk of a client, staff or patient contracting a preventable disease due to the mismanagement of staff.

I think I would speak for many when I say that it is concerning to learn that people could be careless with the health and safety of Queenslanders. The Palaszczuk government—in particular our Minister for Health, Cameron Dick—is committed to providing the best quality health care to all Queenslanders, and I commend them for it. Our strong focus is to ensure that all Queenslanders are provided with a common assurance regarding their health care: they will never be left in the dark and they will never be put at preventable risk. While the framework requires HCFs to take reasonable care to minimise infection risks, there is no guidance provided to our healthcare facilities regarding the substantive standards which are expected to be met in satisfying this obligation.

The framework also does not adequately support compliance monitoring and investigations. For patients and Queenslanders in general this means that there is no area under the framework for direct power to compel HCFs to disclose information about their infection control practices. This creates a situation where, even in the event that an HCF does fail in its obligations to the infection control framework, there is no specific power to order healthcare facilities to take particular remedial action, as

exemplified in our recent dental clinic episode. By agreement and with the Brisbane City Council as a co-regulator, Queensland Health was able to use a public health order under chapter 2 of the Primary Health Act to close the dental clinic until specified remedial action was taken. This emphasises the fact that our current framework is far better at controlling a public health risk once it has occurred rather than its prevention. To assist with regard to this aspect of the bill the Minister for Health has proposed a number of enhancements to the infection control framework under chapter 4 of the original Public Health Act. These enhancements are emblematic of the steps the government is taking to ensure that health is always on the agenda and never relegated to the B side.

The first aspect of the amendment will be to ensure that there is better guidance provided to the operators and staff of HCFs to minimise infection risks. While this may appear minor at first, this aspect will be incredibly valuable to ensure that all of our HCFs are knowledgeable about our expectations regarding infection control. It will no longer be the case that they can plead ignorance regarding the framework, thus raising Queenslanders' confidence in our HCFs.

Another important addition will be that the department will receive copies of the HCFs' Infection Control Management Plans, ICMPs, or be able to amend an ICMP where necessary. Finally, the bill will impose penalties for noncompliance on HCFs as well as empower Queensland Health to direct the operator of an HCF to take particular remedial action or to cease performing a particular health service where the service involved poses a risk to public health from poor infection control practices. This is a particularly powerful aspect of this legislation, as it will provide another incentive for HCFs to ensure that they are compliant and will not attempt to cut corners which may endanger the lives of Queenslanders.

As a government, particularly one that places such a high level of importance on health, I am proud that we are taking steps and not just being a reactionary force. Today the Palaszczuk government has risen to the challenge and met the expectations that our people have placed on us. We have delivered an amendment bill that will address the prevention of preventable risk. I commend the bill to the House.