




Speech By
Leanne Linard

MEMBER FOR NUDGE

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PUBLIC HEALTH (INFECTION CONTROL) AMENDMENT BILL

 **Ms LINARD** (Nudgee—ALP) (4.38 pm): I rise to speak in support of the Public Health (Infection Control) Amendment Bill. The bill amends the Public Health Act 2005, which provides for a regulatory framework for controlling infection risks at healthcare facilities such as public hospitals and ambulance services, dental clinics, medical practitioners' private rooms, pathology and blood collection services and vaccine services which provide a declared health service—that is, a service intended to maintain, improve or restore a person's health and involves the performance of an invasive procedure or an activity that exposes the person or another person to blood or another bodily fluid.

The obligations contained in the act for healthcare facilities reflect general community expectations and the duty of care owed by such facilities. During the committee process, Queensland Health estimated that there are thousands of healthcare facilities to which the act applies in Queensland, including facilities operated by hospital and health services and approximately 600 dental practices.

Currently, in recognition 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 requires people involved in performing declared health services to take reasonable caution and care to minimise infection risks. Currently, the act requires the owner or operator of a healthcare facility defined under the act to implement an infection control management plan—a documented plan to prevent or minimise the risk of infection for persons receiving services, working at, or who may be at risk of infection at such a facility.

The bill before the House seeks to strengthen the existing infection control framework. The minister's introductory speech and the explanatory notes identify the genesis of the bill being a recent incident involving substandard infection control practices at a Brisbane dental clinic, which highlighted shortcomings in the existing infection control framework. During her briefing to the committee, the Chief Health Officer outlined that the incident involved a dental clinic that had re-used single-use items, including without sterilising those items; inadequately sterilised other items on which bacteria was found; inadequately trained staff; and the facility had an inadequate infection control management plan. A second incident at a dental clinic had been reported at the time the committee was briefed by the department. In both instances, the dental clinics were found to have substandard infection control practices, placing staff and patients at risk of coming into contact with infectious diseases such as hepatitis C and HIV.

The initial incident that gave rise to the bill led to the department seeking to and successfully making contact with the majority of the 5,000 patients who had attended that clinic since it opened in 2014 to alert them to the possible risk of infection. That would have involved a significant effort on the part of Queensland Health—and vitally so given the potential risk. As a health consumer, I found the extent of the department's response in this case reassuring and, today, I would like to acknowledge their efforts.

These incidents revealed shortcomings in the infection control framework, in particular, that the framework does not adequately empower Queensland Health to investigate complaints and other concerns about infection control practices in a timely and independent manner, potentially limiting the ability of Queensland Health to identify and subsequently take swift remedial action in the public interest. The current act also does not enable Queensland Health to enforce the framework, or to require healthcare facilities to remedy deficient practices.

The objective of this bill is to strengthen the infection control framework in Queensland to provide that mandatory training, competency and infection control standards may be prescribed by regulation and that an authorised person may enter premises to investigate infection risks without prior notice, which I think is a key public safety measure. The bill will allow that the department may direct the operator of a healthcare facility to take remedial action or cease performing a particular health service and that penalties may be imposed for noncompliance.

The majority of submitters to the committee inquiry process supported the general approach of the bill to strengthen Queensland's infection control framework. However, the Queensland Nurses and Midwives' Union, the Australian Dental Association of Queensland and the Australian Medical Association Queensland raised some reservations about the proposed amendments, which gave rise to the three recommendations contained in the committee's report. Firstly, the committee recommended that the bill be passed. Secondly, in response to questions raised by the Australian Dental Association Queensland and the Dental Hygienists Association of Australia, the committee recommended that, during this debate, the minister provide additional clarity about how the department will assure itself that a healthcare facility has complied with an improvement or directions notice and how it will notify a healthcare facility that the department is satisfied that the facility has complied with the notice. Finally, the committee recommended that the minister provide additional clarity in response to an issue raised by the Australian Dental Association of Queensland regarding the absence of a right of review in the bill to the Queensland Civil and Administrative Tribunal in respect to the issuing of notices.

I would like to thank the minister for his response to the committee's recommendation for additional clarity for submitters at the commencement of this debate. I certainly appreciate the additional information that was provided and the clarity. I thank the minister for his comments regarding the importance of not frustrating the department's ability to act decisively when an incident has occurred and it has issued a directions notice. In that regard, I note that the minister is coming back to this House to provide additional information today. This framework and this bill is about ensuring that the public interest is served and risks to public health are minimised. That process should not be frustrated.

I have no doubt that the majority of healthcare facilities are doing the right thing and complying with their existing infection control obligations. However, we know from recent reports that some are not. I understand that as many as one in six dental clinics that participated in a recent self-assessment process conducted by Queensland Health did not have a compliant infection control management plan in place. This finding, in addition to the recent incidents at two dental clinics, have revealed that infection control practices at some facilities are creating a real risk to patients and staff. This bill responds to this noncompliance. It does not impose new obligations on healthcare facilities; rather, it strengthens the power of Queensland Health to investigate breaches of existing obligations and enforces compliance where issues are identified.

The existing infection control framework relies on the staff and operators of healthcare facilities to appropriately manage infection risks at those facilities. The bill continues this approach. However, from time to time operators may require assistance and direction to fully comply with their infection control obligations. This bill creates a range of proportionate measures by which Queensland Health may provide this assistance and direction, such as via the issuing of an improvements or directions notice.

Queensland Health will continue to undertake its current compliance and enforcement activities under the strengthened framework, including undertaking compliance audits of randomly selected healthcare facilities, in particular, high-risk industry sectors; actively investigating complaints; and raising the awareness of healthcare facilities of their obligation under the infection control framework by engaging peak industry and professional registration bodies.

On behalf of the committee, I would like to thank those individuals and organisations who provided written submissions to assist the committee in its deliberations on the bill. I also thank Queensland Health for assisting the committee with its inquiry into the bill. I would like to thank my fellow committee members for their contributions and the committee secretariat for its support during the committee's examination of the bill. This bill will strengthen Queensland's infection control framework to better serve the public interest. I commend the bill to the House.