




Speech By  
**Stephen Bennett**

**MEMBER FOR BURNETT**

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

 **Mr BENNETT** (Burnett—LNP) (5.47 pm): I rise to make a contribution to the Public Health (Infection Control) Amendment Bill 2017. It has been said that the shadow minister proposes an amendment that provides the right of appeal or review to the Queensland Civil and Administrative Tribunal where Queensland Health has issued notices under the new provisions.

The origins of the bill have been widely canvassed tonight. The bill became necessary because Queensland Health, in conjunction with Brisbane City Council, had to close a Brisbane dental clinic due to poor sterilisation practices. It has been reported that there were inadequate infection control practices at the clinic. There was no suggestion or indication that any infectious or transmissible diseases have been contracted by a person, but standards were not met.

The first part of the proposed bill will make changes to enable guidance to be provided to operators and staff of healthcare facilities to minimise infection risks. The bill also provides that appropriate adjustments will be made to the regulation-making head of power in the act, supported by amendments to the Public Health Regulation 2005, to allow for the mandatory training, competency and infection control standards to be prescribed by regulation. As stated in the explanatory notes—

The Bill will enhance the ability of the department to monitor compliance by the operators and staff of HCFs with their infection control obligations and, where necessary, investigate possible breaches. Heads of power will be inserted into the framework to allow Queensland Health to require the operator of an HCF to produce a copy of their ICMP or to amend an ICMP. Authorised persons will be empowered to enter premises to investigate infection risks without prior notice.

The third part of the bill will increase the power of Queensland Health to enforce compliance by the operators and staff of HCFs with the infection control framework and to prosecute breaches. The bill imposes penalties for noncompliance and enables Queensland Health to direct the operators of a healthcare facility to take corrective action or to cease performing particular health services where that service involves a risk to public health from poor infection control practices.

The committee recommended that the bill be passed but at the same time recommended that the minister clarify how the department will assure itself that a healthcare facility has complied with an improvement or directions notice and is therefore able to provide health services to patients in a safe manner. It also recommended that the minister clarify how the department will notify a healthcare facility in a timely manner. I note that those explanations were made during the minister's second reading speech.

Non-government members put in a statement of reservations reinforcing some of the concerns of the submitters but also raised the issue of workload for the 145 authorised officers to effectively enforce the new regime to a level that would justify the changes. It is not clear they will be able to manage, given that the number of healthcare facilities would number in the thousands.

I will now provide some stakeholder feedback on the bill. The Australian Lawyers Alliance raised questions in relation to clause 9, discussing the power of an authorised person giving notice to amend an infection control management plan, and suggested changes be considered. The Australian Dental

Association Queensland stated in relation to the achievement of policy objectives for mandatory training, competency and infection control standards that will be prescribed by an as-yet-unseen regulation that it was not convinced and that it remains to be seen what these provisions are. The ADAQ was concerned about the resourcing of the appropriately qualified persons for these tasks.

An issue that needs to be addressed is that if there is going to be a power exercised by a senior person in Queensland Health then there needs to be a right of appeal to have that decision reviewed because of the catastrophic effect of a directions notice, which can result in the closure of a practice. Presently, the Public Health Act 2005 does not have any right of review beyond application to the Supreme Court, which is expensive for affected registrants and can be time consuming.

I take the opportunity afforded by this debate related to healthcare facilities to remind the House that people in the northern parts of my electorate, particularly those living in Agnes Water, continue to face disadvantage with access to public dental services. As a visit to the nearest oral health clinic in Bundaberg involves a lengthy round trip—it is beyond many of our older residents—dental health outcomes are poorer here than in the big cities. Under the LNP, people in Agnes Water had access to dental vouchers for treatment by private dentists, to get off the waiting list for dental care. This scheme has been discontinued, and people in the north of my electorate struggle to get the care they need. They urgently need the reintroduction of the dental voucher scheme for emergency and general public dental care.

The last update from Minister Dick was in December 2015, when he committed that the 'provision of public outreach services and a voucher program will be considered for future planning for the oral health service'. This was a welcome announcement; however, to date there has been no action despite many follow-up letters and appeals from those in my electorate who are desperate for dental services. We again appeal for this service to be reinstated.