




Speech By
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PUBLIC HEALTH (INFECTION CONTROL) AMENDMENT BILL

 **Dr ROBINSON** (Cleveland—LNP) (5.17 pm): I rise to contribute to the debate on the Public Health (Infection Control) Amendment Bill 2017. The LNP opposition will not be opposing the bill. I do note that the shadow minister will be moving an amendment to provide for a right of appeal or review to the Queensland Civil and Administrative Tribunal where Queensland Health has issued notices under the new provisions.

The stated objectives of the bill are to amend the Public Health Act 2005 to strengthen the statutory infection control framework for healthcare facilities, HCFs. The act provides a regulatory framework for controlling infection risks at the HCFs, such as dental and medical practices, public hospitals, acupuncture clinics and abortion clinics. The act requires persons involved in the delivery of declared health services at a HCF to take reasonable precautions and care to minimise infection risks and requires the operator of the facility to develop and implement an infection control management plan, an ICMP, and to train staff in the operation of their ICMP. A declared health service is any service provided to a person which is intended to maintain, improve or restore the person's health and which involves the performance of an invasive procedure or an activity which exposes the person or another person to blood or another body fluid.

The recent incident at a Brisbane dental clinic at Carina in late 2016 involving lax infection control practices highlighted shortcomings in the framework that could limit the ability of Queensland Health, as a regulator, to minimise unsafe infection control practices or to take timely and appropriate remedial action in response to such practices. In the Carina dental clinic case, a documented pattern of substandard infection control practices was found to be placing staff and patients at risk of coming into contact with infection bloodborne diseases. The concerns for the closure emanated from poor sterilisation practices, resulting in the dentist in charge of the clinic being suspended at the time. The clinic was found to have exposed more than 4,000 patients to potential hepatitis C infection. While a clear risk of infection and breach of practice was identified, there is no suggestion or indication that any infectious or transmissible disease has been contracted by a person.

The incident revealed several shortcomings in the current framework. Firstly, it does not provide guidance about the substantive standards that HCFs are expected to meet in satisfying this obligation. Secondly, it does not adequately support compliance monitoring and investigation. Thirdly, it does not include a direct power to compel HCFs to disclose information about their infection control practices. Fourthly, it is not directly enforceable, with no penalties for noncompliance and no specific power to order HCFs to take particular remedial action. Ultimately, Queensland Health, working with the Brisbane City Council as a co-regulator, was able to issue a public health order under the act, closing the Brisbane dental clinic until specified remedial measures had been implemented.

Other states have had similar and even worse experiences with infection control within HCFs and have also tightened regulations to prevent further incidents from occurring—such as the hepatitis C infections that occurred at a Melbourne abortion clinic. ABC News reported on the story in which a doctor at the Croydon Day Surgery infected 54 women with hepatitis C. Anaesthetist Dr James Peters

was jailed for 14 years in 2013 after admitting 55 counts of negligently causing serious injury to patients who had abortions at Croydon Day Surgery between 2008 and 2009. As per the ABC story, the court heard that Peters, who has hepatitis C, was addicted to the painkiller Fentanyl and would inject the drug into himself before using the same syringe on his patients. The victims were awarded \$13.75 million in compensation in a class action against the surgery, practice boss Dr Mark Schulberg and the Australian Health Practitioner Regulation Agency. It is clear that such infection risks are very real not only in Victoria but here in Queensland.

The bill makes needed improvements to the infection control framework to better protect HCF patients and staff from the risk of exposure to infectious conditions. Such improvements will provide Queensland Health with the regulatory tools to address deficiencies in the management of infection risks by HCFs so that cases like the Carina dental clinic and Croydon abortion clinic never happen here.

The committee recommended that the bill be passed but 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 is also recommended that the minister clarify how they will notify a healthcare facility in a timely manner that the department is satisfied that the facility has complied with the notice. The committee further recommended that the Minister for Health and Minister for Ambulance Services advise the House why a decision was taken not to enable operators to apply to the Queensland Civil and Administrative Tribunal to review decisions to issue notices.

LNP opposition members of the committee put in a statement of reservation reinforcing some of the concerns of submitters but also raising the issue of workload for the authorised officers to effectively enforce the new regime to a level that would justify the changes. It is important that they are able to manage, given that there are thousands of healthcare facilities. I wish to place on record my thanks to other committee members, the secretariat, the health department officials—in particular, the CHO—and all of the stakeholder groups, such as the Queensland branch of the Australian Dental Association. I support the bill with the LNP opposition amendment.