
22.0 ADDENDUM

SUPPLEMENTARY ISSUES

The additional issues and recommendations outlined below have been approved by Cabinet for public release.

1.0 Case Disposal of Coronial Anatomical Specimens

With the introduction of the *Coroners Act 2003*, procedures for disposing of tissue retained at autopsy were introduced and are generally working well. However, a ruling by the Chief Magistrate in 1996 created delays in obtaining coronial approval for the disposal of tissue specimens removed at autopsy. As a result, since 1996 a backlog has developed in the disposal of the retained samples taken during autopsies. In 2001, autopsy practice changed so that the amount of tissue taken was greatly reduced.

As a consequence, QHSS is currently in possession of a large quantity of retained tissue which has been removed from bodies during post mortem examinations performed at the John Tonge Centre. Figures supplied by Forensic Pathology indicate that in late May 2005 there were 4,732 specimens of such tissue, some 900 of which are whole organs. This figure does not include specimens held by Forensic Toxicology (eg. blood, urine) or Forensic Biology (eg. blood).

The Taskforce has been advised that QHSS has recently put a process in place, with the State Coroner, to deal with the backlog of retained tissue. The Taskforce has been advised that the time frame for the project should see the production of a list of specimens for disposal by end-September 2005, although this time-frame cannot be confirmed until an assessment of all cases is made. The Taskforce notes the progress to date in dealing with the backlog of retained tissue and considers the backlog needs to be assessed and presented to the State Coroner for consideration by no later than 31 January 2006.

2.0 Storage of Coronial Anatomical Specimens

The Taskforce also notes that some of the specimens (particularly the whole organs) are currently stored in a refrigerated shipping container located in a car park adjacent to Forensic Pathology. Although the container is screened and is relatively unobtrusively situated in close proximity to the building, the Taskforce considers the long-term storage of whole organs in such a facility could be criticised as inappropriate and insensitive to the feelings of bereaved families, and that a more suitable storage facility should be established for ongoing needs.

Recommendation A1:

It is recommended that the Chief Executive Officer of the Institute:

- (i) Ensures the coronial anatomical specimens backlog is assessed and recommendations presented to the State Coroner for consideration by 31 January 2006; and*
- (ii) Ensures appropriate storage facilities are put in place for coronial anatomical specimens following the removal of the backlog by 31 January 2006.*

3.0 Skeletal Remains of Recent Origin

The Taskforce has been advised that QHSS is in possession of approximately 140 cases of unidentified skeletal remains of recent origin (since the 1970's). In conjunction with the Missing Persons Unit of QPS, initial efforts were made to identify these remains using DNA technology. The Taskforce has also been advised that despite DNA samples having been obtained from family members of missing persons to see if a match can be obtained, the work necessary to provide a match has not been performed. The Taskforce considers this an unsatisfactory state of affairs given the distress this must cause to relatives of the missing persons. Efforts to identify the remains should be performed as a priority.

Recommendation A2:

It is recommended that the Chief Executive Officer of the Institute progresses the DNA examination of the recent skeletal remains by 30 April 2006.

4.0 Chemical, Biological or Radiological Emergencies

QHSS is a critical part of the Government's preparedness for a chemical, biological or radiological (CBR) emergency. The Kessels Road campus has been identified by the Australian Government as critical infrastructure in relation to CBR preparedness.

QHSS scientists have expressed concern to the Taskforce that:

- QHSS has not been adequately considered in whole-of-government considerations – with the implicit expectation that they will be able to handle the scientific analysis in any CBR emergency situation;
- The detail of QHSS's expected role in a CBR emergency has not been clearly articulated; and
- In conjunction with the above, QHSS is not properly resourced to deal with a range of CBR emergencies.

QHSS scientists have itemised a prioritised list of equipment, staffing, training and structural changes to enhance QHSS's CBR emergency response capability, totalling \$7M. This amount includes the replacement of equipment which is fundamental to the core business of QHSS as well as special items that are unique to CBR emergencies. In view of the unclear role of QHSS with regards to CBR emergencies, funding for these items has not been forthcoming.

The Taskforce proposes that the Chief Executive Officer of the Institute in consultation with the Deputy Director-General (Governance), Department of the Premier and Cabinet, clarify the role of QHSS in responding to a CBR emergency. As a result of this, the Chief Executive Officer would need to identify the policy, procedure, resource and training implications to support this role. A further funding submission will be provided for consideration by the Director-General, Queensland Health once this role has been clarified and resourcing needs are known.

Recommendation A3:

It is recommended that the Chief Executive Officer of the Institute in consultation with the Deputy Director-General (Governance) Department of the Premier and Cabinet clearly articulate the role of Queensland Health Scientific Services in responding to a chemical, biological or radiological emergency by 31 January 2006.

Recommendation A4:

It is recommended that the Chief Executive Officer of the Institute identifies the policy, procedure, resource and training implications to support the chemical, biological or radiological emergency role by 31 January 2006.

5.0 Workplace, Health and Safety

Two particular situations brought to the attention of the Taskforce bring into question the priority and attention given by the current Executive Management Group to workplace health and safety issues.

Firstly, the ongoing maintenance of Biological Safety Cabinets and, in particular, the filters in the PC4 (Physical Containment, Level 4) laboratory were found to be deficient. This issue was a serious deficiency in maintenance, exposing staff and the community to significant risk. This matter did cause a closure of the laboratory. While this matter has now been resolved it took several months to be addressed. Based on the severity of this issue such delays are unacceptable.

Secondly, there have been ongoing concerns within Forensic Chemistry associated with the analysis and storage of unknown hazardous materials from clan labs. This matter has been addressed elsewhere in the Taskforce's Report.

In addition, the Taskforce has noted a disturbing odour emanating from the mortuary facility at certain times. Air flows circulating through the building result in odours causing very unpleasant

working conditions for staff. The Taskforce proposes that management investigate this matter with a view to minimising staff's exposure.

Recommendation A5:

It is recommended that the Chief Executive Officer of the Institute investigates and resolves airflow issues raised in relation to Block 6, Kessels Road campus by 31 January 2006.

6.0 Infrastructure

Security at the Kessels Road campus is a significant issue given the high risk work and research that is conducted within some of the laboratories. The Taskforce believes that individual access to specific areas needs to be reviewed to ensure only staff with justifiable reasons can enter each work area.

In recent years there have been two security audits conducted on campus by:

- The State Government Protective Security Services in 1999; and
- Amtac Professional Services 2003.

The initial review concentrated on physical security issues such as lighting, video cameras, fences and gates. The subsequent review, as well as addressing many of the same issues, also addressed the sufficiency and integrity of existing security keying systems. The software supporting the security system is no longer supported and management advise it is at high risk of failure.

Circulation of the second report was tightly controlled and the Taskforce was advised that the manager of the security function on campus has never seen the report. While many of the recommendations not requiring significant expenditure have been actioned, a large number of recommendations are outstanding. There has been no action at the Executive Management Committee level to progress the outstanding recommendations.

The second review also identified information classification and information management as issues of concern, given both the nature of the work conducted and the personal particulars of individuals and organisations with which the campus conducts business. There has been no action on this issue. This matter has also been identified in the Risk Register.

The above matters relating to security and other infrastructure needs at the campus will be addressed in the proposed commissioning of a professional engineer to prioritise and sequence the future needs of the campus.

Section 10 of the Taskforce's Report addresses the quality issues at QHSS, particularly in Forensic Biology. In May 2005, the National Association of Testing Authorities (NATA) conducted an audit which concluded that the Forensic Biology laboratory, in general, has demonstrated an adequate level of compliance with NATA requirements.

In March 2005, a further audit of the QHSS Forensic Biology Laboratory was conducted by the Institute of Environmental Sciences and Research (New Zealand). Although the audit again was generally favourable, it raised the issue of possible cross-contamination of DNA samples as a consequence of the open plan nature of the laboratory and some deficiencies in laboratory procedures. This clearly has ramifications for the criminal justice system and needs to be addressed as a priority.

Recommendation A6:

It is recommended that the Chief Executive Officer of the Institute:

- Reviews individual access to specific areas of the campus to ensure only staff with justifiable reasons can enter each work area by 31 October 2005; and*
- Reviews information classification and information management issues to ensure appropriate safeguards are in place to protect confidential information by 30 April 2006.*
- Refurbishes the DNA laboratory areas to ensure that all contamination issues are resolved by 31 January 2006.*