Queensland Health

Division of the Chief Health Officer

health protection

Strategic Directions 2010–2013

Toward Q2 Tomorrow's Queensland

Queensland Government

Queensland Health Division of the Chief Health Officer Health Protection Strategic Directions 2010–2013

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Vision

To deliver authoritative
and responsive services
which prevent or minimise
public health risks

Introduction

Health protection programs seek to safeguard the community from potential harm or illness caused by exposure to hazards, diseases or harmful practices. Achieving the best health outcomes for Queenslanders requires coordinated service delivery that uses a range of strategies such as surveillance, contact tracing, risk assessment, community education and advice, and application of regulatory standards and controls.

The division's health protection program is responsible for administering a significant body of legislation, including:

- *Public Health Act 2005*
- *Food Act 2006*
- *Health Act 1937*
- *Health (Drugs and Poisons) Regulation 1996*
- *Radiation Safety Act 1999*
- *Private Health Facilities Act 1999*
- *Public Health (Infection Control for Personal Appearance Services) Act 2003*
- *Pest Management Act 2001*
- *Water Fluoridation Act 2008*.

The program is delivered through the Queensland Health (QH) regional public health units and statewide services including Communicable Diseases Branch (which incorporates the Queensland Tuberculosis Control Centre and the Centre for Healthcare Related Infection Surveillance and Prevention), Environmental Health Branch and the Private Health Regulatory Unit. The program also supports program delivery in Health Service Districts (HSDs) and the non-government sector.

Responding to public health incidents is a core component of the health protection program. The range of incidents is diverse, reflecting the broad scope of health protection responsibilities. Examples in recent years include communicable disease outbreaks (including foodborne, vectorborne and vaccine preventable diseases), oil spills, radiological contamination, chemical spray drift, suspected intentional contamination of food, issues arising from poor water supply, asbestos and breaches in sterilising of hospital equipment. Threats to health arise from many different sources and are constantly evolving and changing. The response usually occurs within a complex organisational environment, and often involves multiple agencies and significant public and media scrutiny of Queensland Health's actions.

Challenges

Preventable environmental hazards (including physical, chemical and biological) that have the potential to impact on health contribute to around 24 per cent of the global burden of disease and illness, which translates to 13 million deaths each year[1]. Although the incidence of some communicable diseases has decreased with improved living conditions and immunisation, some have increased, including *Campylobacter enteritis*, dengue, pertussis and salmonellosis. In addition, the changing global environment has resulted in an increased risk of bioterrorism, critical incidents and emerging communicable diseases, including Australian bat lyssavirus, Hendra virus, Murray Valley encephalitis and Japanese encephalitis. The arrival in Australia of Pandemic (H1N1) 2009 (Human Swine Influenza) illustrates the vulnerability of Australians to the emergence of a novel influenza virus capable of causing a pandemic.

Some of the key challenges for the health protection program include:

- the increasing number of public health incidents
- the disparity in environmental health conditions and communicable disease rates in Aboriginal and Torres Strait Islander communities
- meeting national agreement obligations
- increasing efficiency in regulatory policy and practice
- increased community expectations
- preventing and controlling outbreaks of vaccine preventable, sexually transmissible, foodborne – and vectorborne communicable diseases
- rapidly growing population and industrial economy
- impacts of climate change, including water security and vectorborne diseases
- land use conflicts
- national security threats.

Key priorities for 2010–2013

- Embed new structural arrangements for the health protection program
- Streamline incident management systems
- Simplify QH's regulatory program and develop a proactive, intelligence-driven approach to regulatory compliance
- Review existing and develop new workforce models for health protection services to manage the service demand and staff needs, particularly in environmental health and disease control
- Maintain and improve systems to support quality delivery of services, including practice guidelines and other tools
- Achieve performance outcomes specified in national agreements, particularly for immunisation (including Indigenous immunisation), sexual health and healthcare-related infections
- Develop and implement Queensland policies and standards associated with clinical and related waste
- Improve support and monitor impact of investment in environmental health in discrete Aboriginal and Torres Strait Islander communities
- Develop and implement a policy framework to support small water suppliers and recreational water providers to manage the quality of their water supplies
- Continue rollout of fluoridation program, to meet Queensland Government targets
- Complete the implementation of Equivalent Administrative Arrangements for state government food businesses
- Ensure delivery of rheumatic heart disease and *Aedes albopictus* programs
- Coordinate an effective healthcare worker vaccination program for QH staff to be vaccinated against seasonal influenza
- Address risks associated with cross-border issues in the Torres Strait, including by establishing a new public health unit
- Implement a multi-strategy response to dengue risks in northern and central Queensland, and ensure a coordinated program across the state
- Enhance sexual health programs, within the context of national and state strategies
- Increase capacity to manage cases under the *Protocol for the Management of People with HIV who Place Others at Risk*
- Complete the implementation of the Clinical Services Capability Framework Version 3 in licensed private health facilities

Chapter 1

Organisational capability and management systems

By its nature, a health protection program requires flexibility and resilience to be able to respond to emerging health risks and challenges.

The prerequisites for a responsive health protection program include:

- supportive and enabling organisational systems and culture
- a skilled professional workforce
- organisational structures and governance processes that deliver statewide efficiency and provide clarity of role and purpose.

Critical challenges to be addressed over the next three years include:

- an increase in the number of public health incidents, and increased public scrutiny of QH's responses
- significant workload pressures due to population growth and new initiatives
- the demand for regulatory responsiveness, with increased transparency and accountability of compliance programs
- responding to transitions within the workforce, including changing roles, and demand for more relevant and contemporary career structures
- the impact of external changes to the organisational environment.

Key performance indicators

This document identifies priority actions for the health protection program over the next three years. Progress against actions regarding organisational capability and management systems will be assessed through qualitative reporting.

What are we seeking to achieve?	How will we know?
Management of issues of high public health risk requiring immediate intervention by QH	Number of high risk complaints investigated and the public health risk controlled

What are we going to do over the next three years?

- ★ Establish and manage an effective governance structure for health protection, that includes:
  - a senior management Health Protection Leadership Group (HPLG) focused on setting strategic priorities, monitoring progress, identifying and managing risks and allocating resources
  - enhanced governance arrangements for regulatory and incident management functions
  - interdisciplinary forums for middle management to provide effective leadership and oversight of key initiatives/priority issues
  - discipline leadership groups to support operational management and development
  - effective forums for collaboration and consultation.
- ★ Address health protection information priorities by developing measurement systems and integrating reporting into the governance structure through:
  - further development of MAPLE (Management of Applications, Permits and Licensing Events) for information management, decision-making and reporting
  - investigating opportunities for the use of geographic information systems (GIS) technology to enhance health protection activities
  - developing and reporting against program performance indicators which align with departmental requirements.
- ★ Refine and implement an integrated, scaleable incident management system that supports incident and disaster response arrangements for QH and whole-of-government by:
  - developing and implementing an incident management protocol and supporting guidelines
  - establishing organisational communication processes and systems to improve integration
  - developing systems for incident tracking, record keeping, communication and continuous quality improvement
  - reviewing key internal documents to ensure alignment with new framework
  - reviewing relevant departmental and inter-agency strategic plans and linking to broader organisational incident management processes
  - developing staff resources and providing staff training
  - completing business continuity planning, in line with divisional requirements.

★ *Strategic priority*

What are we going to do over the next three years?

- ★ Enhance the health protection regulatory system by:
  - developing a regulatory improvement strategy
  - improving operations of the Regulatory Oversight Committee and the Compliance Committees, including extending the compliance committee approach across the whole program
  - developing and implementing a rolling three year program of compliance surveys based on the collection, analysis and reporting of information, and including priorities for opportunistic surveillance activities
  - defining compliance for each regulatory obligation and key industries
  - applying statistical models, data analysis and interpretation to inform the custodians of legislation on compliance and the effectiveness of the legislation in managing health risks
  - exploring QH's ability to provide input into local government resources that support responsibilities under public health legislation.
- Develop, seek resourcing for and implement effective workforce designs for key priorities including public health nursing and physicians' assistants, environmental health officers (including technicians), Indigenous public health officers, and training roles for the Indigenous workforce and key disciplines
- Undertake key workforce development priorities, namely:
  - enhance and maintain an integrated and coordinated Public Health Medicine Registrar program
  - identify and address environmental health discipline workforce skills and knowledge through participation in EnHealth initiatives
- Review and enhance stakeholder management processes to support the effective provision of health protection services in the community, including:
  - establishing regular integrated processes at a state level
  - reviewing and enhancing relationships with key state government partners to supplement local level engagement
  - maintaining relationships with local government at a local level to support delivery of regulatory accountabilities (including trialling the concept of relationship managers)
- Engage in Queensland's implementation of the National Health and Hospitals Network Agreement
- Establish an effective process to support the way complaints against health protection staff or services are managed
- ★ Review existing policies, and identify and address gaps in the health protection policy framework, in line with the QH Policy Management Framework

★ *Strategic priority*

What are we going to do over the next 12 months?

What are we going to do in the next three years?	What are we going to do in the next 12 months?	Who is accountable? *Refer to Legend on page 102*
★ 1.1 Establish and manage an effective governance structure for health protection that includes:		
– senior management HPLG focused on setting strategic priorities, monitoring progress, identifying and managing risks and allocating resources	**Establish HPLG to support strategic planning and quarterly performance monitoring**	OED
	Establish and maintain two-way communication with interdisciplinary forums and discipline groups	
– enhanced governance arrangements for regulatory and incident management functions	**Review and modify the focus and functioning of governance for regulatory and incident management committees (as part of the HPLG governance arrangements)**	OED
– interdisciplinary forums for middle management to provide effective leadership and oversight of key initiatives/priority issues	**Review current forums and their terms of reference, and modify to maximise contribution to program objectives**	OED
– discipline leadership groups to support operational management and development	**Review focus and role of discipline leadership groups, relative to interdisciplinary forums**	OED
– effective forums for collaboration and consultation	**Use strategic planning processes to build a stronger identity for the health protection program**	OED, CDB, EHB, PHRU, RS
	Develop a background paper on the health protection program to promote shared understanding and positioning within the division and QH	OED
	Develop a paper reviewing existing forums for collaboration and consultation, describing key roles and responsibilities of each forum, links between them, and their relationship to broader divisional, QH and inter-agency forums, and mechanisms to address any identified gaps	OED
	Update all Health Protection Directorate websites and links to better reflect the structure of the directorate and the program	OED, CDB, EHB, PHRU, RS
	Conduct four topic-based video conferences per year for health protection program staff	OED

What are we going to do in the next three years?	What are we going to do in the next 12 months?	Who is accountable? *Refer to Legend on page 102*
★ 1.2 Address health protection information priorities by developing measurement systems and integrating reporting into the governance structure through:		
– further development of MAPLE for information management, decision-making and reporting	**Establish a reporting framework for complaints using the MAPLE complaints module**	EHB, RS
	Review organisational arrangements and business practices associated with licensing activities for environmental health	
	Implement Phase 2 (radiation health licensing)	
	Manage the transition to and implement an improved model for issuing licenses for **– manufacturing, wholesaling, retailing and use of scheduled drugs and poisons** **– pest management technicians**	
	Commence development of Phase 3 (enhanced complaint management)	
– investigating opportunities for the use of GIS technology to enhance health protection activities	**Progress the identification, selection and trial of GIS in selected areas**	SPEB (RS, EHB)
– developing and reporting against program performance indicators which align with departmental requirements	**Establish quarterly performance reporting for existing agreements**	OED, EHB, CDB, PHRU, RS

What are we going to do in the next three years?	What are we going to do in the next 12 months?	Who is accountable? *Refer to Legend on page 102*
★ 1.3 Refine and implement an integrated, scaleable incident management system that supports incident and disaster response arrangements for QH and whole-of-government by:		
– developing and implementing an incident management protocol and supporting guidelines	**Develop incident management tool kit, conduct training workshops for senior and middle managers, and review the toolkit six months post-implementation**	OED
– establishing organisational communication processes and systems to improve integration	**Develop and publish a website for health protection incident management**	OED
	Develop an incident management newsletter and bi-monthly presentations to staff on incidents that have occurred	OED
	Finalise and implement policy on managing public health incidents, including an agreed communication strategy for key public health issues	OED
	Improve relationship with the Integrated Communications Unit	OED
– developing systems for incident tracking, record keeping, communication and continuous quality improvement	**Develop and implement an evaluation framework for Type II and Type III incidents, including a written report following debriefs**	OED
	Develop a tracking system to log lessons learnt from Type II and Type III incidents	OED
	Establish and commence implementing a process to integrate the outcomes of debriefs and other reviews into core systems and processes	OED
– reviewing key internal documents to ensure alignment with new framework	**Review the Population Health Disaster Management Sub-Plan and clarify the scope and governance**	OED
	Identify all threat-specific plans and develop a priority review schedule	OED
– reviewing relevant departmental and inter-agency strategic plans and linking to broader organisational incident management processes	**Review the Queensland Pandemic Influenza Plan 2009 and the Queensland Biological Plan (see page 101)**	OED

What are we going to do in the next three years?	What are we going to do in the next 12 months?	Who is accountable? *Refer to Legend on page 102*
– developing staff resources and providing staff training	**Identify and train staff to be State Health Emergency Control Centre liaison officers in the event of a major incident**	OED
	Identify and train staff to be whole-of-government liaison officers for specific events	OED
	Work with the Emergency Management Unit to integrate a task tracking system into the health protection program, as available	OED
	Develop a planning group to provide expert public health advice to the Australian Medical Assistance Team – Queensland (AusMAT-Q) working group in the development of the system	OED
	Develop the profile of public health in a natural or man-made incident, including both first and secondary response	OED
	Identify and train staff for public health technical response during a disaster, and for deployment to the AusMAT–Q team	OED
	Conduct an audit of currently available training in public health emergencies and incident management, to align with the national training framework	OED
	Develop a strategy for training health protection staff in public health emergencies and incident management	OED
– completing business continuity planning, in line with divisional requirements	**Establish ongoing process for developing and reviewing business continuity plans for the Health Protection Directorate and Regional Services, as part of the broader divisional arrangements**	OED, RS, EHB

What are we going to do in the next three years?	What are we going to do in the next 12 months?	Who is accountable? *Refer to Legend on page 102*
★ 1.4 Enhance the health protection regulatory system by:		
– developing a regulatory improvement strategy	**Finalise the development, progress implementation and report against the regulatory improvement strategy**	OED, RS, EHB
	Establish formal coordination process with Legislative Projects Unit	OED
– improving operations of the Regulatory Oversight Committee and the Compliance Committees, including extending the compliance committee approach across the whole program	**Update terms of reference for compliance committees, and conduct workshop with compliance committee members**	OED, EHB, RS
– developing and implementing a rolling three year program of compliance surveys based on the collection, analysis and reporting of information, and including priorities for opportunistic surveillance activities	**Develop the survey program**	RS,EHB
	Coordinate enforcement action on identified priority issues	RS, EHB
	Update performance monitoring systems to collect and report data	EHB, RS
– defining compliance for each regulatory obligation and key industries	**Collaborate on development of the implementation plan and the strategic enforcement training framework**	RS, EHB
– applying statistical models, data analysis and interpretation to inform the custodians of legislation on compliance and the effectiveness of the legislation in managing health risks	**Trial the application of risk frameworks to influence practice**	RS
	Improve the functionality of the Environmental Health Practitioners Online Manual to assist custodians of legislation to meet their obligations	EHB, RS
	Establish reporting systems for QH compliance with public health legislation	EHB, OED, CDB, PHRU
– exploring QH's ability to provide input into local government resources to support responsibilities under public health legislation	**Nil this year**	
1.5 Develop, seek resourcing for and implement effective workforce designs for key priorities including public health nursing and physician's assistants, environmental health officers (including technicians), Indigenous public health officers, and training roles for the Indigenous workforce and key disciplines	**Develop and implement a model to integrate new health protection funding for communicable disease control services**	OED
	Progress implementation of a nursing director role for public health	OED
	Commence investigation of the potential role of physician's assistants in public health	DIU (OED, CDB, RS)
	Establish regional leadership positions in environmental health	DIU (OED, RS)
	Contribute to the development of effective workforce designs for public health technician roles, commencing with the environmental health officer discipline	DIU (OED, EHB, RS)
	Participate in the review of epidemiological services at state and regional levels	DIU , SPEB, (OED, CDB, RS)

What are we going to do in the next three years?	What are we going to do in the next 12 months?	Who is accountable? *Refer to Legend on page 102*
1.6 Undertake key workforce development priorities, namely:		
– enhance and maintain an integrated and coordinated Public Health Medicine Registrar program	**Establish and maintain an oversight committee to ensure the program meets the needs of current trainees, meets Australasian Faculty of Public Health Medicine requirements and continues to attract high calibre applicants into the future**	OED
– identify and address environmental health discipline workforce skills and knowledge through participation in EnHealth initiatives	**Contribute to the development of the EnHealth workforce and skills initiatives, and drive development of a jurisdictional approach to the outcomes of the national initiatives** **Identify relevant gaps**	EHB, RS
1.7 Review and enhance stakeholder management processes to support the effective provision of health protection services in the community, including:		
– establishing regular integrated processes at state level	**Nil this year**	
– reviewing and enhancing relationships with key state government partners to supplement local level engagement	**Develop and implement Memorandums of Understanding with Department of Environment and Resource Management (DERM) and Department of Employment, Economic Development and Innovation (Biosecurity Queensland)**	OED, EHB
	Continue participation in District Disaster Management groups and Regional Managers committees	RS
– maintaining relationships with local government at a local level to support delivery of regulatory accountabilities (including trialling the concept of relationship managers)	**Nil this year**	
1.8 Engage in Queensland's implementation of the National Health and Hospitals Network Agreement	**Advocate for and support service improvement for communicable disease control services, including tuberculosis and immunisation**	OED
1.9 Establish an effective process to support the way complaints against health protection staff or services are managed	**Establish a systematic process for managing complaints against health protection services**	OED
★ 1.10 Review existing policies, identify and address gaps in the health protection policy framework, in line with the QH Policy Management Framework	**Review the Environmental Health Practitioners Online Manual to ensure it aligns with the QH Policy Management Framework**	EHB
	Establish a health protection regulatory policy and guidelines/standards for the investigation of general practitioners	OED, EHB, CDB

Chapter 2

Health risk assessment

Queensland's environment is facing increasing pressures due to rapid population growth and ongoing development in Queensland's industrial and mining economy. Escalating environmental challenges have increased community concern and consequently there is demand for stronger protective actions to protect human health.

QH plays a critical role in providing advice about possible health risks to partners, industry and the community. This involves taking a proactive lead in investigating, alerting and communicating health risks and health impacts associated with environmental hazards (eg. air quality, land use planning, contaminated land and waste management) and advising on appropriate protective measures. Specifically, the division:

- plays a critical risk assessment and advisory role in managing high profile environmental health issues and incidents (eg. chemical and dust emissions from mining and extractive industries, hazardous waste discharges from hospitals, Q-Fever risks near abattoirs)
- enforces, and supports local governments in their enforcement of, the public health risk provisions of the *Public Health Act 2005*
- provides advice on local government planning schemes, regional land use planning and major development proposals of statewide significance to mitigate incompatible land use impacts and maximise the potential to create environments which support health
- provides health risk advice to partners on a range of environmental hazards
- provides technical advice to ensure safe, effective and compliant waste management practices in QH facilities.

QH provides advice based on comprehensive environmental health risk assessment methodology, underpinned by expert knowledge and skills in the areas of public health, medicine, environmental health, epidemiology and toxicology.

Over the next three years, the division will continue its proactive approach to managing high risk environmental health issues.

Key performance indicators

This document identifies priority actions for the health protection program over the next three years. Progress against actions regarding health risk assessment will be assessed using the measures outlined below. Performance will be assessed through qualitative reporting.

What are we seeking to achieve?	How will we know?
Health risk advice included in policies and planning processes for state, regional and community land use planning; major developments; and environmental events	Number and percentage of highly significant health risk assessments for major developments where advice is adopted by stakeholders

What are we going to do over the next three years?

- ★ Undertake and report on health risk assessments of high significance and provide advice regarding outcomes to stakeholders and communities
- Mitigate potential health risks and maximise healthy environments by providing public health advice and undertaking assessments relating to regional land use planning, major development proposals of state significance, local government planning schemes and related planning initiatives
- Develop and implement a service model to enhance the effectiveness of the division's health risk assessment and advice, including reporting findings and learnings to inform future practice
- Develop resources, guidelines and other tools to improve the efficiency and quality of the division's health risk assessment and advice
- Monitor and review the provisions of the *Public Health Act 2005* to capture emerging environmental health issues
- Develop and maintain formal partnership agreements with key stakeholder agencies to clarify roles and responsibilities and strengthen joint working arrangements, using an issues-based approach
- Work with the tertiary sector and other training providers to:
  - incorporate health risk assessments in the curriculum of award courses
  - increase availability of short course options and 'just in time' skill development in Queensland
- Continue to proactively manage environmental health risks and undertake assessments of community concerns about possible cancer clusters
- Develop and implement a waste management system for clinical and related waste in QH facilities, and support HSDs to implement policies and plans

★ *Strategic priority*

What are we going to do over the next 12 months?

What are we going to do in the next three years?	What are we going to do in the next 12 months?	Who is accountable? *Refer to Legend on page 102*
2.1 Undertake and report on health risk assessments of high significance and provide advice regarding outcomes to stakeholders and communities	Review the health risk assessment of the Ace Waste Incinerator	EHB
	Perform health risk assessment of poultry farming, including a literature review	EHB
	Complete the Q-Fever health risk assessment for an Ipswich abattoir	SRS
	Complete the human health risk assessment for the Clean and Healthy Air for Gladstone Project	CRS
	Complete the Narangba Health Impact Assessment Project	CRS
	Complete the response to human health concerns raised by the Noosa Fish Health Investigation Taskforce	CRS
	Undertake a strategic health impact assessment and develop a health impact management plan for energy industry growth in the Surat Basin	SRS, EHB, CRS
2.2 Mitigate potential health risks and maximise healthy environments by providing public health advice and undertaking assessments relating to regional land use planning, major development proposals of state significance, local government planning schemes and related planning initiatives	Review environmental impact statements for development proposals and provide comments to the Department of Infrastructure and Planning	EHB, RS
	Provide advice and input to land use planning, local government planning schemes and related planning initiatives (as required)	RS
2.3 Develop and implement a service model to enhance the effectiveness of the division's health risk assessment and advice, including reporting findings and learnings to inform future practice	Develop a draft service model to assess human health risks due to environmental impacts of major developments	EHB, RS
2.4 Develop resources, guidelines and other tools to improve the efficiency and quality of division's health risk assessment and advice	Develop guidelines and/or tools : – for partners and proponents to better address QH's state interests in the development of environmental impact statements	EHB, RS
	– to support the assessment, management and communication associated with community concerns about potential cancer and other non-communicable disease clusters	SPEB, CRS
	Contribute to developing the National Health and Medical Research Council (NHMRC) statement on cancer cluster assessments	CRS, SPEB

What are we going to do in the next three years?	What are we going to do in the next 12 months?	Who is accountable? *Refer to Legend on page 102*
2.5 Monitor and review the provisions of the *Public Health Act 2005* to capture emerging environmental health issues	**Monitor the implementation of the proposed state planning policy on air, noise and hazardous materials to ensure health impacts are satisfactorily addressed**	EHB, RS
	Proactively engage in the whole-of-government strategy to coordinate and enforce asbestos legislation in Queensland	EHB, RS
	Develop an approach and collaborate with local governments to manage health risks arising from clandestine drug laboratories	EHB, RS
	Evaluate and review guidelines and tools to support Regional Services to enforce the *Public Health Act 2005* in relation to asbestos and lead	EHB, RS
2.6 Develop and maintain formal partnership agreements with key stakeholder agencies to clarify roles and responsibilities and strengthen joint working arrangements, using an issues-based approach	**Review partnership agreements between QH and DERM, with a priority focus on spray drift and coal seam gas water discharge**	EHB, RS
2.7 Work with the tertiary sector and other training providers to: – incorporate health risk assessments in the curriculum of award courses – increase availability of short course options and 'just in time' skill development in Queensland	**Participate in relevant forums with the tertiary sector to improve the quality and availability of training initiatives**	EHB, DIU
	Explore a 'smart buy' tertiary course to upskill QH staff in health risk assessment	EHB, DIU
2.8 Continue to proactively manage environmental health risks and undertake assessments of community concerns about possible cancer clusters	**Respond appropriately to environmental health incidents**	RS, EHB
	Complete the 2010 Mount Isa Blood Lead Survey	TRS
	Continue to case manage children with elevated blood lead levels in Mount Isa	TRS
	Proactively manage the Senior Officer's Forum to manage lead issues in Mount Isa	EHB, TRS
	Undertake an assessment of community concerns regarding potential cancer clusters	RS, EHB, SPEB
★ 2.9 Develop and implement a waste management system for clinical and related waste in QH facilities, and support HSDs to implement policies and plans	**Develop and implement a management system for clinical and related waste**	EHB, RS
	Develop and deploy a risk-based sampling program to monitor and assess hospital discharges to the sewerage system, in partnership with the University of Queensland Advanced Water Management Centre	EHB, RS
	Develop and implement a divisional service model to support QH facilities to implement the management system, and monitor implementation by HSDs through advisory audits	EHB, RS
	Support hospital facilities to develop and implement a district clinical and related waste management plan, policies, tools and guidelines (as required)	RS

Chapter 3

Environmental health in Aboriginal and Torres Strait Islander settings

Making Tracks toward closing the gap in health outcomes for Indigenous Queenslanders by 2033[2] provides the strategic framework guiding QH's efforts to address the disparity in health status of Aboriginal and Torres Strait Islander people. It enables reporting of improvements in living environments of Indigenous Queenslanders based on an accountability framework and key performance measures.

There are many environmental health challenges facing Queensland's discrete Aboriginal and Torres Strait Islander communities. These challenges include the remoteness of many communities, relative priority of environmental health issues, and the need for continual training and support of an evolving workforce.

The division supports and assists Aboriginal and Torres Strait Islander local governments to manage environmental health in their communities. This includes supporting the establishment of a local environmental health workforce (Environmental Health Workers and Animal Management Workers) to implement community-based environmental health programs (eg. animal and mosquito management, food safety and hygiene education and waste recycling).

Over recent years, there has been an increasing recognition of the role of the environmental health workforce. The focus going forward will be on working with individual communities, their councils and other key state government agencies to identify and help resolve specific environmental health issues in communities and strengthen the support provided to the local environmental health workforce. The division's support for a local workforce of environmental health officers and animal management officers has provided opportunities for local community members to enter the workforce and to further their careers.

Strategies for strengthening environmental health programs are described in QH's Aboriginal and Torres Strait Islander Environmental Health Plan 2008–2013.

Key performance indicators

This document identifies priority actions for the health protection program over the next three years. Progress against actions regarding environmental health in Aboriginal and Torres Strait Islander settings will be assessed using the measures outlined below. Performance will be assessed through qualitative reporting. Reporting will also occur against performance measures for environmental health initiatives identified in the Making Tracks Implementation Plan 2009–10 to 2011–12.

What are we seeking to achieve?	How will we know?
Trained and supported environmental health workers[a] employed in discrete Aboriginal and Torres Strait Islander communities	Number and percentage of environmental health workers who have received training under a recognised national training package
	Number and percentage of new environmental health workers provided with an induction program by QH
	Number and percentage of environmental health workers provided with on-the-job support by QH
Safe and healthy environment for discrete Aboriginal and Torres Strait Islander communities	Compliance rates for key public health legislative responsibilities (food and water) in discrete Aboriginal and Torres Strait Islander communities
	Number and percentage of discrete Aboriginal and Torres Strait Islander communities for which QH has conducted an environmental health audit

a In this instance, 'environmental health workers' includes Environmental Health Workers and Animal Management Workers

What are we going to do over the next three years?

- ★ Realign the current environmental health service delivery model for supporting environmental health activities in discrete Aboriginal and Torres Strait Islander communities by:
  - strengthening governance mechanisms to determine priorities
  - better coordinating and monitoring service delivery by QH
  - refocusing the role of the workforce supporting environmental health in Indigenous communities
- Provide defined on-the-job support for the environmental health workforce comprised of Environmental Health Workers and Animal Management Workers employed in discrete Aboriginal and Torres Strait Islander communities to encourage effective, competent practice
- Provide feedback and support to EHW training providers to enable the sustainable development and delivery of ongoing training programs which deliver competent graduates
- Increase awareness of the environmental health responsibilities, including the devolved responsibilities under state legislation, of Aboriginal and Torres Strait Islander local governments, and engage with local governments to address these
- ★ Implement a systematic approach to assess and report on environmental health conditions in discrete Aboriginal and Torres Strait Islander communities, using data to engage stakeholders and resolve issues of concern
- Strengthen partnerships and integrate service delivery across agencies regarding environmental health issues affecting discrete Aboriginal and Torres Strait Islander communities throughout Queensland.

★ *Strategic priority*

What are we going to do over the next 12 months?

What are we going to do in the next three years?	What are we going to do in the next 12 months?	Who is accountable? *Refer to Legend on page 102*
★ 3.1 Realign the current environmental health service delivery model for supporting environmental health activities in discrete Aboriginal and Torres Strait Islander communities by: – strengthening governance mechanisms to determine priorities – better coordinating and monitoring service delivery by QH – refocusing the role of the workforce supporting environmental health in Indigenous communities	**Update and strengthen governance mechanisms to coordinate and monitor service delivery**	EHB, RS
	Develop and implement a service delivery model	EHB, RS
	Update the distribution and role of workforce supporting environmental health in Indigenous settings	RS, EHB
3.2 Provide defined on-the-job support for the environmental health workforce comprised of Environmental Health Workers (EHWs) and Animal Management Workers (AMWs) employed in discrete Aboriginal and Torres Strait Islander communities to encourage effective, competent practice	**Define and provide on-the-job support to achieve successful program outcomes**	TRS (CRS, SRS, EHB)
	Develop and provide an induction program for newly recruited environmental health practitioners	TRS (CRS, SRS, EHB)
	Plan, conduct and evaluate biannual EHW and AMW workshops in Cape York and the Torres Strait	RS, EHB
3.3 Provide feedback and support to EHW training providers to enable the sustainable development and delivery of ongoing training programs which deliver competent graduates	**Provide formal, annual feedback to training providers regarding the effectiveness of training provided to local government EHWs**	TRS (CRS, SRS)
	Identify funding sources and mechanisms for training of local government EHWs	EHB
3.4 Increase awareness of the environmental health responsibilities, including the devolved responsibilities under state legislation, of Aboriginal and Torres Strait Islander local governments, and engage with local governments to address these	**Assist local governments to plan and implement environmental health programs**	RS
	Strengthen accountability (including planning and reporting) of participating local governments against EHW and AMW program funding agreements	EHB, RS
★ 3.5 Implement a systematic approach to assess and report on environmental health conditions in discrete Aboriginal and Torres Strait Islander communities, using data to engage stakeholders and resolve issues of concern	**Develop the data collection and reporting system to support the approved reporting framework**	EHB, RS
	Pilot the reporting framework in select communities	RS
	Prepare a baseline report of environmental health conditions in Aboriginal and Torres Strait Islander communities	EHB
	Conduct surveys and audits of all communities, analyse data and provide reports	RS
3.6 Strengthen partnerships and integrate service delivery across agencies regarding environmental health issues affecting discrete Aboriginal and Torres Strait Islander communities throughout Queensland	**Convene regular joint agency group meetings to proactively explore inter-sectoral opportunities for mutual benefit**	EHB

Chapter 4

Water quality

Queensland now has a whole-of-government approach to addressing water quality issues, following the introduction of state government regulation of drinking and recycled water in 2008.

QH and the DERM oversee a joint regulatory framework to manage the quality of drinking and recycled water. Under this framework, QH sets water quality standards for drinking and recycled water, using powers in the *Public Health Act 2005*, and manages public health aspects of water quality incidents.

Since 2008, QH has also worked closely with the Department of Infrastructure and Planning to implement mandatory fluoridation in Queensland. Through the *Water Fluoridation Act 2008* and *Water Fluoridation Regulation 2008*, QH is responsible for ensuring that the fluoridation of drinking water is safe and effective.

The first full year of implementation of state government regulation of drinking and recycled water highlighted the many challenges facing drinking water providers, particularly in smaller communities. Many drinking water supplies in Queensland have reported incidents of exceeding water quality criteria, although in most cases, these were only minor. Where needed, the division has provided valuable support to local government to manage these temporary public health events.

There are also new risks arising from increasing use of alternative water supplies in Queensland, whether for potable or non-potable water use. For example, many people in areas with reticulated water supplies are now choosing to use their rainwater tanks for potable purposes, despite the lack of proper management for this use. Dual reticulation schemes, involving supply of recycled water to households for non-potable purposes, have led to public health risks as a result of cross connections between the drinking and recycled water pipes. In addition, the rapid development of the coal seam gas industry in central Queensland is leading to the need to discharge large volumes of associated water to inland waterways. This will require QH to assess public health risks from this water and develop new quality standards where this water augments drinking water supplies.

Significant challenges are also being faced in the third year of Queensland's water fluoridation program. While the large water supplies in south east Queensland and major regional centres have been successfully fluoridated, the next phase of the program involves fluoridating medium and small water supplies. As many of these supplies suffer deficiencies in water quality, infrastructure and operator skill levels, fluoridation can only be successful if these deficiencies are addressed so that fluoride dosing can be safe and effective. The division will be working closely with all relevant water providers to ensure that their water fluoridation projects succeed.

Other water-related public health risks remain outside the scope of the new Queensland Government regulatory framework. This includes drinking and recycled water supplied to workers or residents at mine sites and resort islands, as well as rainwater tank supplies at schools or health facilities in areas not connected to the town water supply. While QH does not have a direct regulatory relationship with these water providers, we have undertaken to develop a range of guidance materials to support these providers and to assist local government in managing these local public health risks.

Key performance indicators

This document identifies priority actions for the health protection program over the next three years. Progress against actions regarding water quality will be assessed using the measures outlined below. Performance will be assessed through qualitative reporting.

What are we seeking to achieve?	How will we know?
A greater proportion of the Queensland population receiving water fluoridated at the right level	Percentage of the Queensland population receiving fluoridated water
Compliance by water service providers with the requirements of the *Water Fluoridation Regulation 2008*	Percentage of drinking water providers operating fluoride facilities that are: – compliant – have minor non-compliance issues – have major non-compliance issues
Improved drinking water quality systems for the management, treatment and supply of drinking water	Number of drinking water incident notifications *(Note: Increased monitoring may result in short term increases in notifications over the next one to two years)*
	Number of sustained drinking water system improvements resulting from QH actions

What are we going to do over the next three years?

- ★ Respond to drinking water quality incidents, in partnership with DERM, as follows:
  - respond to notifications, provide advice, and undertake appropriate investigations/enforcement action to protect public health
  - provide advice to the public on drinking water queries
- Continue to implement the existing regulatory framework for drinking water and recycled water in partnership with DERM and manage potential health risks which may arise, including:
  - investigating and responding to water quality incidents, including providing support to local government to address issues
  - refining QH's water quality standards and responding to proposed new national guidelines
  - improving data gathering mechanisms, including incident notification, reporting requirements and post-incident review processes
  - reinforcing QH's role as a policy maker and provider of health expertise
- ★ Develop and implement a policy framework to support small water suppliers and recreational water providers to manage the quality of their water supplies, including:
  - responding to and providing advice regarding the management of public health risks from waterborne disease
  - developing and providing tools to local government
  - developing an options paper about potential proactive management strategies for small drinking water supplies
  - investigating QH facilities that supply locally sourced drinking water to staff, patients and visitors (ie. are not on town water), considering implications and providing support where required
- ★ Regulate water fluoridation in Queensland, including:
  - managing the implementation and ongoing review of the policy framework for water fluoridation
  - monitoring compliance with the *Water Fluoridation Act 2008*, taking any appropriate enforcement action including a risk-based annual audit and validation program of fluoridation plants
  - providing public health advice to support the development of community communication strategies about the introduction of water fluoridation
  - collaborating with DIP and DERM on capacity enhancement and infrastructure improvement projects for Indigenous communities (funded by Council of Australian Governments)
- Work with other agencies on proposals for innovative water supply systems, including:
  - assisting with the assessment of recycled water plant proposal and blackwater reuse trials and monitoring development, as required
  - collaborating with DERM and research organisations to determine the risk associated with the beneficial use of coal seam gas water, and develop a regulatory framework for augmentation of drinking water supplies
- Work with DIP and the Plumbing Industry Council to improve training for plumbers and water industry workers regarding water recycling
- Collaborate with research partners (eg. University of Queensland, Urban Water Security Research Alliance, Water Quality Research Australia and the Centre of Excellence for Water Recycling) to inform decisions relating to drinking water, recycled water and recreational water quality policies

★ *Strategic priority*

What are we going to do over the next 12 months?

	What are we going to do in the next three years?	What are we going to do in the next 12 months?	Who is accountable? *Refer to Legend on page 102*
★ 4.1	Respond to drinking water quality incidents, in partnership with DERM, as follows: – respond to notifications, provide advice, and undertake appropriate investigations/enforcement action to protect public health – provide advice to the public on drinking water queries	**Respond to notifications, provide advice, and undertake appropriate investigations/enforcement action to protect public health**	RS, EHB
		Provide advice to the public on drinking water queries	RS, EHB
4.2	Continue to implement the existing regulatory framework for drinking water and recycled water in partnership with DERM and manage potential health risks which may arise, including:		
	– investigating and responding to water quality incidents, including providing support to local government to address issues	**Ongoing**	RS, EHB
	– refining QH's water quality standards and responding to proposed new national guidelines	**Review and update the Public Health Regulations for Purified Recycled Water and Drinking Water Standards**	
		Develop new drinking water standards for coal seam gas associated water	EHB
	– improving data gathering mechanisms, including incident notification, reporting requirements and post-incident review processes	**Develop a new protocol for post-incident review**	EHB
	– reinforcing QH's role as a policy-maker and provider of health expertise	**Review the QH incident response protocol**	EHB, RS
		Review and customise QH water policies and resources for publication on QH's local government environmental health resources web page	EHB, RS
		Develop a QH protocol under the Memorandum of Understanding with DERM regarding lead agency role on water-related health issues	EHB

	What are we going to do in the next three years?	What are we going to do in the next 12 months?	Who is accountable? *Refer to Legend on page 102*
★	4.3 – Develop and implement a policy framework to support small water suppliers and recreational water providers to manage the quality of their water supplies, including:		
	– responding to and providing advice regarding the management of public health risks from waterborne disease	**Ongoing**	RS, EHB
	– developing and providing tools to local government	**Develop appropriate tools for Public Health Units (PHUs) to provide to water service providers and make tools and policies available on the environmental health local government web page**	EHB, RS
	– developing an options paper regarding potential proactive management strategies for small water supplies	**Develop options paper for small water supplies and circulate to internal and external stakeholders for comment**	EHB, RS
	– investigating QH facilities that supply locally sourced drinking water to staff, patients and visitors (ie. are not on town water), considering implications and providing support as required	**Liaise with Corporate Health Services regarding the development of corporate guidelines/protocols to address water quality risk from QH private supplies**	EHB
★	4.4 Regulate water fluoridation in Queensland, including:		
	– managing the implementation and ongoing review of the policy framework for water fluoridation	**Review and update the *Water Fluoridation Act 2008* and *Water Fluoridation Regulation 2008* in response to emerging policy issues**	EHB
	– monitoring compliance with the *Water Fluoridation Act 2008*, taking any appropriate enforcement action including a risk-based annual audit and validation program of fluoridation plants	**Schedule and undertake water fluoridation audits**	RS
		Monitor compliance and undertake enforcement action, as required	RS
	– providing public health advice to support the development of community communication strategies about the introduction of water fluoridation	**Liaise with Oral Health Unit to update communication materials**	EHB, RS
		Work with smaller local councils to support implementation of water fluoridation, including communication strategies	EHB, RS
	– collaborating with DIP and DERM on capacity enhancement and infrastructure improvement projects for Indigenous communities (funded by the Council of Australian Governments)	**Work with DIP to establish capacity enhancement subsidies and support programs for Indigenous councils**	EHB
		Work with DERM to implement Council of Australian Governments funded strategies for remote drinking water supplies and sewerage services	EHB
		Accompany DIP and DERM to conduct on-site visits to communities	RS

What are we going to do in the next three years?	What are we going to do in the next 12 months?	Who is accountable? *Refer to Legend on page 102*
4.5 Work with other agencies on proposals for innovative water supply systems, including:		
– assisting with the assessment of recycled water plant proposal and blackwater reuse trials and monitoring development, as required	**Assess applications as received and investigate complaints post implementation**	EHB, RS
– collaborating with DERM and research organisations to determine the risk associated with the beneficial use of coal seam gas water, and develop a regulatory framework for augmentation of drinking water supplies	**Provide comment on the environmental impact statement for coal seam gas water proposals**	EHB, CRS, SRS
	Develop standards for use of coal seam gas water to augment drinking water supplies	EHB, CRS, SRS
	Work with University of Queensland (UQ) School of Population Health to develop a holistic framework for assessing risk to human health from coal seam gas water	EHB
4.6 Work with the DIP and the Plumbing Industry Council to improve training for plumbers and water industry workers regarding water recycling	**Continue with active participation and membership of Plumbing Industry Council to support initiatives to improve training and risk management for recycled water**	EHB
4.7 Collaborate with research partners (eg. University of Queensland, Urban Water Security Research Alliance (UWSRA), Water Quality Research Australia and the Centre of Excellence for Water Recycling) to inform decisions relating to drinking water, recycled water and recreational water quality policies	**Continue with membership and active participation in identified research forums**	EHB
	Collaborate with UQ School of Population Health to investigate human health risks from coal seam gas water	EHB
	Collaborate with EnTox on UWSRA project: Bioassays and risk communication	EHB
	Collaborate with CSIRO on UWSRA project: Health risk assessment of local source waters	EHB
	Collaboration with UQ Advanced Water Management Centre on UWSRA projects: Enhanced water treatment technologies and hospital wastewater	EHB

Chapter 5

Food safety and standards

QH is responsible for maintaining the integrity of the food regulatory system, in line with the national food regulation system and Queensland's commitments under the *Food Regulation Agreement* (as amended in 2008). This includes working as part of a multi-agency integrated food regulatory system and leading the monitoring, enforcement and implementation of food regulation.

The division also leads Queensland's contribution to the development of national food policy and standards, in partnership with other state regulatory agencies.

Queensland's primary legislation relating to food safety and standards is the *Food Act 2006*. The Act aims to:

- protect public health and safety related to the handling and selling of food
- secure the safety and suitability of food
- establish food standards that ensure food for sale is safe and suitable for human consumption
- prevent misleading conduct that could impact on consumer confidence.

Over the next two years, the division's health protection program will review and refine provisions of the Act relating to food safety programs, auditing, and local government reporting. This will require increased support to local governments to enable them to fulfil their legislative responsibilities, and enhanced monitoring and surveillance activities to measure industry compliance.

Another key priority is the development and implementation of a framework to ensure that Queensland Government facilities implement comparable food safety requirements through Equivalent Administrative Arrangements (EAA) and that all QH facilities have accredited food safety programs for food service operations.

Changes in food supply, food industry growth and eating behaviours in recent years have led to a growing number of incidents (eg. national food incidents, suspected intentional food contaminations and foodborne illness outbreaks). The need to respond to these incidents has impacted on the ability of the division's health protection program to undertake essential proactive actions. The division's response system will be revised to focus on higher risk issues and strengthen its regulatory compliance activities, using risk management and intelligence driven systems.

The division is leading a process to develop an integrated food management system to improve coordination of a range of food supply regulators throughout Queensland. Stakeholders include local governments, Queensland Primary Industries and Fisheries, Safe Food Production Queensland and the Australian Quarantine and Inspection Service.

Key performance indicators

This document identifies priority actions for the health protection program over the next three years. Progress against actions regarding food safety and standards will be assessed using the measures outlined below. Performance will be assessed through qualitative reporting.

What are we seeking to achieve?	How will we know?
Industry compliance with the *Food Act 2006*	Number and percentage of inspected food businesses and products that comply with specified food safety standards and relevant legislation
Compliance of Queensland Government facilities with Equivalent Administrative Arrangements (EAA)	Number and percentage of QH facilities audited/inspected
	Number and percentage of Queensland Government facilities that comply with equivalence to the legislative requirements

What are we going to do over the next three years?

- Complete the implementation of the remaining provisions of the *Food Act 2006*, by:
  - legislating food safety programs for vulnerable populations
  - establishing the check audit system to ensure approved auditors are conducting compliance and non-compliance audits appropriately
  - establishing and implementing a local government reporting framework
- ★ Implement the EAA framework for Queensland Government facilities not bound by the *Food Act 2006*, by:
  - defining a service delivery model for consideration and endorsement, and commencing implementation
  - ensuring all QH facilities possess an accredited food safety program for their food service operations
- Improve the system for undertaking regulatory compliance activities, using a risk management framework and intelligence driven systems
- Investigate food complaints and emerging food safety issues, and action findings by providing advice or through enforcement interventions
- Develop a priority complaint classification and other agreed interventions to enhance the efficiency and consistency of responses to food complaints
- Continue to develop and implement an integrated food regulatory system to strengthen the administration of the food safety regulatory framework in Queensland, in collaboration with local governments, Queensland Primary Industries and Fisheries and Safe Food Production Queensland.

★ *Strategic priority*

What are we going to do over the next 12 months?

	What are we going to do in the next three years?	What are we going to do in the next 12 months?	Who is accountable? *Refer to Legend on page 102*
	5.1 Complete the implementation of the remaining provisions of the *Food Act 2006* by: – legislating food safety programs for vulnerable populations – establishing the check audit system to ensure approved auditors are conducting compliance and non-compliance audits appropriately – establishing and implementing a local government reporting framework	**Develop and distribute resources (including policies, procedures, protocols, guidelines) to facilitate consistency in regulatory practice and raise industry knowledge, capability and awareness of the requirements**	EHB, RS
		Strengthen local government capacity to effectively fulfil their legislative responsibilities by developing reporting requirements and reports on local government activities and findings, including:	EHB
		– releasing a reporting framework package	EHB
		– consulting with local governments on providing a report	EHB, RS
		– compiling the first report of local government data	EHB
		Maintain input into national reviews impacting on Queensland's food safety and standards, and implement subsequent national recommendations	EHB
★	5.2 Implement the EAA framework for Queensland Government facilities not bound by the *Food Act 2006*, by:		
	– defining a service delivery model for consideration and endorsement, and commencing implementation	**Define a service delivery model to implement EAA**	EHB, RS
		Collaborate with other government departments to identify and classify all state food businesses into respective tiers to determine resource requirements	EHB, RS
	– ensuring all QH facilities possess an accredited food safety program for their food service operations	**Conduct an audit of each QH facility operating a food service**	RS
		Finalise the reporting framework and mechanism for managing non-compliance by QH facilities	RS, EHB

What are we going to do in the next three years?	What are we going to do in the next 12 months?	Who is accountable? *Refer to Legend on page 102*
5.3 Improve the system for undertaking regulatory compliance activities, using a risk management framework and intelligence driven systems	**Develop a three-year work plan for Compliance Committee projects, including priorities for local opportunistic investigation and agreed protocols** **[Links to 1.4]**	EHB, RS
	Collect and analyse local opportunistic data to identify potential risk areas for further investigation	EHB, RS
	Undertake food monitoring and compliance activities (as agreed in the Compliance Committee schedule), including:	EHB, RS
	– a guide for market stall holders **– policy on *Listeria monocytogenes* in ready-to-eat foods** **– industry guide for ciguatera and scombroid poisoning** **– salt, sugar and fat levels in processed foods, as compared against product nutrition information panel** **– swabbing survey of blenders in aged care facilities** **– added nutrients and vitamins in bread** **– microbiological quality of fried rice** **– microbiological quality of ice from licensed premises** **– residues in honey from small producers** **– microbiological quality of meat and custard products made by Asian style bakeries**	Relevant RS (as specified in workplan)
5.4 Investigate food complaints and emerging food safety issues, and action findings by providing advice or through enforcement interventions	**Respond to and undertake appropriate action regarding complaints, food recalls, Prescribed Contaminant Notifications, Rapid Alert System for Food and Feed notifications, Australian Quarantine Inspection Service failed food reports and results of sampling and inspections**	RS, EHB
	Undertake regional suspected intentional contamination investigations, in accordance with QH procedures	RS
	Respond to food-related incidents and foodborne illnesses in a timely and appropriate manner	RS
	Ensure local governments respond to critical non-compliance notifications in a timely and appropriate manner	RS

	What are we going to do in the next three years?	What are we going to do in the next 12 months?	Who is accountable? *Refer to Legend on page 102*
5.5	Develop a priority complaint classification and other agreed interventions to enhance the efficiency and consistency of responses to food complaints	**Refine food complaint procedures to determine priority complaint classification and applicability across reactive and proactive food regulatory activities**	EHB, RS
		Develop mechanisms to ensure appropriate allocation of resources across proactive and reactive activities	EHB, RS
5.6	Continue to develop and implement an integrated food regulatory system to strengthen the administration of the food safety regulatory framework in Queensland, in collaboration with local governments, Queensland Primary Industries and Fisheries and Safe Food Production Queensland	**Promote the smooth operation of existing food regulatory controls across three agencies to achieve Queensland Government policy objectives**	EHB
		Participate in local government food safety forums	RS
		Conduct regular meetings with Queensland Government regulatory partners	EHB
		Develop and implement a single web portal for food agencies	EHB
		Commence the process for sharing compliance and monitoring data across whole-of-government agencies	EHB
		Actively participate in the Australia and New Zealand Food Regulation Standing Committee and Implementation Sub-Committee to contribute to the national system, including development of national standards	EHB
		Lead the development of the Implementation Sub-Committee performance indicator framework	EHB

Chapter 6

Scheduled drugs and poisons

QH administers public health legislation to monitor how scheduled drugs and poisons are provided, stored and used in Queensland.

This entails:

- providing specialist legislative and technical advice
- controlling scheduled drugs and poisons through licences and other legislative instruments
- conducting education programs
- implementing targeted enforcement activities
- contributing to the development of national drugs, poisons and therapeutic goods legislation, policies and standards.

The current regulatory framework for scheduled drugs and poisons has been in place since 1996, and in certain respects, does not support advancements in technology and clinical practice. The absence of laws relating to the transfer of investigative information between agencies can compromise the ability to undertake timely and appropriate enforcement interventions. Over the next three years, QH aims to develop and implement new legislation to resolve these issues.

Currently, the Division undertakes intelligence-driven enforcement activities to assess and target health professionals involved in practices posing a high risk to the community, such as the unlawful supply of scheduled drugs such as pseudoephedrine. The Division's health protection program identifies non-compliant individuals and makes timely and appropriate regulatory interventions on a prioritised basis. This requires an integrated investigative approach involving specialised legal counsel, health registration boards and, where applicable, law enforcement agencies.

Over the next three years, QH will further support the use of this intelligence-based approach to assess compliance by commissioning an integrated licensing and complaints database. The database will provide a single statewide repository for complaint-related data, and will significantly enhance QH's ability to prioritise compliance activities for scheduled drugs and poisons (and other identified public health areas). A three-year rolling compliance plan will be developed by the Compliance Committee – Drugs, Poisons and Tobacco, and a priority list of areas for opportunistic investigation developed to further contribute to overall system intelligence. Multi-strategy interventions such as audits, self-checks and professional association requirements will be used to determine compliance levels.

Following the implementation of the National Registration and Accreditation Scheme (NRAS) from 1 July 2010, QH will become responsible for pharmacy ownership laws. In the first instance, this responsibility will be integrated into the Division's core business, and an options paper developed to determine the preferred permanent arrangement for managing this function.

Key performance indicators

This document identifies priority actions for the health protection program over the next three years. Progress against actions regarding scheduled drugs and poisons will be assessed using the measures outlined below. Performance will be assessed through qualitative reporting.

What are we seeking to achieve?	How will we know?
Contemporary, flexible legislation for scheduled medicines and poisons that adequately protects public health	Number of issues in the current legislation which are adequately addressed through new primary and revised subordinate legislation
High levels of compliance by health professionals (particularly pharmacists) regarding the supply of identified scheduled medicines (particularly pseudoephedrine)	Compliance rate for health professionals supplying identified scheduled medicines
High levels of compliance by licensees (including pest management technicians) regarding their legal obligations	Compliance rate for licensees

What are we going to do in the next three years?

- Undertake investigations of potential breaches of the *Health Act 1937, Pest Management Act 2001* and associated regulations, and undertake enforcement activities as required
- Assess drugs and poisons licence applications, approvals and permits for strychnine, cyanide, 1080, mines, island resorts and authorities to supply shipmasters
- Update and reform drugs and poisons legislation to:
  - ensure it remains effective within a changing industry environment
  - reflect a more sustainable regulatory framework based on assessment of industry risk and a diverse range of regulatory approaches
- Develop and implement a consistent statewide enforcement approach for dealing with the diversion of identified scheduled drugs and poisons by:
  - implementing endorsed recommendations from the evaluation of the Pseudoephedrine Taskforce approach
  - developing a problem-based approach to regulatory work by analysing data and evaluating outcomes
- Improve the system for undertaking regulatory compliance activities using a risk management framework and intelligence driven systems
- Develop strategies to address high-risk compliance industries and settings, including developing and implementing an agreed framework for investigating public health system breaches of the *Health Act 1937, Pest Management Act 2001* and associated regulations
- Administer legislative responsibility for pharmacy ownership (under the NRAS) and develop an options paper to determine the preferred permanent arrangement for managing this function.

What are we going to do over the next 12 months?

What are we going to do in the next three years?	What are we going to do in the next 12 months?	Who is accountable? *Refer to Legend on page 102*
6.1 Undertake investigations of potential breaches of the *Health Act 1937, Pest Management Act 2001* and associated regulations and undertake enforcement activities as required	**Investigate complaints, non-compliance and local public health issues relating to drugs, poisons, therapeutic goods and pest management and take enforcement action (as appropriate)**	RS
	Investigate non-compliance by endorsement holders and holders of other legislative instruments and implement enforcement action	RS
6.2 Assess drugs and poisons licence applications, approvals and permits for strychnine, cyanide, 1080, mines, island resorts and authorities to supply shipmasters	**Ongoing**	RS
6.3 Update and reform drugs and poisons legislation to:		
– ensure it remains effective within a changing industry environment	**Amend regulations to address identified deficiencies, prior to developing new primary legislation**	EHB, RS
	Provide necessary technical advice to Legislative Projects Unit to progress amendments to the current regulation	EHB
– reflect a more sustainable regulatory framework based on assessment of industry risk and a diverse range of regulatory approaches	**Determine preferred structural model for new primary legislation, based on other jurisdictional drugs and poisons legislation and local requirements to ensure sustainability**	EHB
	Identify deficiencies in current legislation and regulations, and recommend amendments	EHB, RS
6.4 Develop and implement a consistent statewide enforcement approach for dealing with the diversion of identified scheduled drugs and poisons by: – implementing endorsed recommendations from the evaluation of the Pseudoephedrine Taskforce approach – developing a problem-based approach to regulatory work by analysing data and evaluating outcomes	**Finalise the report on evaluation of the current pseudoephedrine model and seek endorsement of future statewide service delivery model**	EHB, RS
	Implement endorsed arrangements for ongoing management of pseudoephedrine, including developing tools and protocols	EHB, RS
	Develop model based on pseudoephedrine learnings for application to other drugs and poisons issues, and apply to agreed priorities	EHB, RS
	Identify emerging priorities relating to pharmaceutical diversion and extend/adapt the intelligence driven approach to address these priorities	EHB, RS

What are we going to do in the next three years?	What are we going to do in the next 12 months?	Who is accountable? *Refer to Legend on page 102*
6.5 Improve the system for undertaking regulatory compliance activities, using a risk management framework and intelligence driven systems	**Develop a three-year work plan for Compliance Committee projects, which sets priorities for local opportunistic investigation and agreed protocols**	EHB, RS
	Develop and use a mechanism to collect and analyse local opportunistic data to identify potential areas for further investigation	RS
	Undertake compliance activities as agreed in the Compliance Committee schedule: **– statewide audit of university approval holders** **– regional audit of veterinary approval holders** **– pilot audit of public hospitals** **– local audits of pest management technicians, community pharmacies, aged care facilities and licensed manufacturers and wholesalers** **– opportunistic audits of prisons, aged care facilities and private hospitals**	RS
6.6 Develop strategies to address high-risk compliance industries and settings, including developing and implementing an agreed framework for investigating public health system breaches of the *Health Act 1937, Pest Management Act 2001* and associated regulations	**Provide technical advice on pilot trials in selected HSDs (Townsville, Sunshine Coast, Metro South)**	RS
	Evaluate draft agreed framework for investigating public health system breaches	EHB, RS
	Review interim procedure relating to PHU role in investigations (following evaluation of pilot trials)	EHB, RS
6.7 Administer legislative responsibility for pharmacy ownership (under the NRAS) and develop an options paper to determine a preferred permanent arrangement for managing this function	**Provide input into developing a preferred permanent business model for managing legislative responsibility for pharmacy ownership**	EHB, RS
	Maintain a point-in-time database and hard copy records to document changes in ownership of community pharmacies	EHB
	Provide relevant information to the Health Insurance Commission and the National Pharmacists Board	EHB
	Investigate instances of non-compliance with legislation	EHB

Chapter 7
Radiation health

QH is responsible for protecting the community by monitoring, investigating, improving and communicating health risks and health impacts associated with exposure to all forms of ionising, non-ionising, natural and artificial sources of radiation.

The division's health protection program administers the *Radiation Safety Act 1999*, sets and ensures compliance with radiation safety standards, and provides specialist radiation advice to the mining, manufacturing, education, research and health industries.

Queensland's radiation health risk assessment standards are derived from international, national and state laws, policies and codes. A number of these documents have recently been updated including the:

- Council of Australian Governments Report on the Regulation and Control of Radiological Material
- 2007 Recommendations of the International Commission on Radiological Protection
- National Directory for Radiation Protection.

These documents provide the basis for the recently proclaimed *Radiation Safety Amendment Act 2010*, which establishes the regulatory platform for Queensland's security provisions. Implementation of the amended Act will be a focus of the division's health protection program in the next three years. A new suite of national medical codes and safety guides from the Australian Radiation Protection and Nuclear Safety Agency will also require statewide implementation.

Key performance indicators

This document identifies priority actions for the health protection program over the next three years. Progress against actions regarding radiation health will be assessed using the measures outlined below. Performance will be assessed through qualitative reporting.

What are we seeking to achieve?	How will we know?
Improved security of high risk radioactive sources to protect against these sources being used in terrorist activities	Percentage and number of licence holders with high risk radioactive sources who comply with the security provisions of the *Radiation Safety Act 1999*
Improved patient dose optimisation in medical procedures involving radiation	Percentage and number of medical licence holders with formalised improved dose optimisation protocols included in their reviewed radiation safety and protection plans

What are we going to do over the next three years?

- Implement the *Radiation Safety Act 1999* and Regulation, including:
- – implementing new security regulation related to security planning and provisions in licensees' practices
- – revising operational procedures to increase the integrity of radiation source tracking and registration, and to incorporate assessment and monitoring protocols
- Improve patient dose optimisation protocols in medical procedures by:
  - – negotiating customised licensee goal statements that encourage dose optimisation protocols
  - – incorporating dose optimisation protocols into licensees' radiation safety and protection plans, initially targeting large medical practices and teaching institutions
- Strengthen partnerships between government agencies and industry stakeholders to ensure that environmental radiation levels remain acceptable for:
  - – radioactivity in water
  - – contaminated land and mine sites
  - – radio frequency radiation in public areas
- Regulate solaria and other non-ionising radiation sources by:
  - – amending the *Radiation Safety Regulation 1999* to include solaria and Intense Pulsed Light Sources (IPLS)
  - – amending operational procedures to incorporate solaria and IPLS licensing, registration, monitoring and assessment
- Enhance organisational capacity for managing radiation health risks by:
  - – reviewing performance and reporting indicators for providing evidence-based information
  - – upgrading information, analysis and reporting systems
  - – enhancing the capacity to analyse information, determine priorities and target at-risk practices and industries
  - – implementing and evaluating a formal professional development and credentialing program for radiation health staff to ensure:
    - • skills development for organisational needs
    - • sustainability of an appropriately skilled workforce
- Administer the *Radiation Safety Act 1999* by licensing all radiation practices and users of radiation sources, maintaining registration of all radiation sources and ensuring compliance with the legislation.

What are we going to do over the next 12 months?

What are we going to do in the next three years?	What are we going to do in the next 12 months?	Who is accountable? *Refer to Legend on page 102*
7.1 Implement the *Radiation Safety Act 1999* and Regulation, including:		
– implementing new security regulation related to security planning and provisions in licensees' practices	**Redevelop the *Radiation Safety Regulation 1999* and *Radiation Safety (Radiation Safety Standards) Notice 1999***	EHB
	Provide resources to assist with the implementation and enforcement of the new security provisions, including recruiting three new Radiation Health Officers and implementing an educational campaign to ensure compliance by the end of the transitional period	
– revising operational procedures to increase the integrity of radiation source tracking and registration, and to incorporate assessment and monitoring protocols	**Provide professional development for Radiation Health Officers on physical and procedural security measures**	EHB
	Develop and implement revised internal operational processes and procedures to ensure effective implementation of the security provisions and appropriate tracking mechanisms	
7.2 Improve patient dose optimisation protocols in medical procedures by:		
– negotiating customised licensee goal statements that encourage dose optimisation protocols	**Nil this year**	
– incorporating dose optimisation protocols into licensees' radiation safety and protection plans, initially targeting large medical practices and teaching institutions	**Incorporate agreed dose optimisation protocols into all of QH's diagnostic and therapeutic radiation safety and protection plans**	EHB
7.3 Strengthen partnerships between government agencies and industry stakeholders to ensure environmental radiation levels remain acceptable for:		
– radioactivity in water	**Nil this year**	
– contaminated land and mine sites	**Review, revise and amend the policy for contaminated land**	EHB
– radio frequency radiation in public areas	**Develop a protocol for monitoring radio frequency and extremely low frequency radiation in public places**	EHB

	What are we going to do in the next three years?	What are we going to do in the next 12 months?	Who is accountable? *Refer to Legend on page 102*
7.4	Regulate solaria and other non-ionising radiation sources by:		
	– amending the *Radiation Safety Regulation 1999* to include solaria and Intense Pulsed Light Sources (IPLS)	**Amend the *Radiation Safety Regulation 1999* to incorporate nationally agreed arrangements for regulating solaria**	EHB
	– amending operational procedures to incorporate solaria and IPLS licensing, registration, monitoring and assessment	**Provide resources to assist with the implementation of the new legislative solaria provisions, including recruiting a Radiation Health Officer and implementing an education campaign**	EHB
7.5	Enhance organisational capacity for managing radiation health risks by:		
	– reviewing performance and reporting indicators for providing evidence-based information	**Review the performance and reporting indicators for providing evidence-based information, including the recruitment of a data analyst to facilitate this work**	EHB
	– upgrading information, analysis and reporting systems	**Nil this year**	
	– enhancing the capacity to analyse information, determine priorities and target at-risk practices and industries	**Nil this year**	
	– implementing and evaluating a formal professional development and credentialing program for radiation health staff to ensure:		
	• skills development for organisational needs	**Nil this year**	
	• sustainability of an appropriately skilled workforce	**Nil this year**	
7.6	Administer the *Radiation Safety Act 1999* by licensing all radiation practices and users of radiation sources, maintaining registration of all radiation sources and ensuring compliance with the legislation	**Complete the scheduled compliance program and publish results**	EHB

Chapter 8

Communicable disease prevention and control

Communicable diseases are a significant public health priority both in Australia and overseas. Communicable diseases continue to contribute to mortality and morbidity in Queensland, particularly among Aboriginal and Torres Strait Islander people.

While the incidence of most communicable diseases has decreased with improved living conditions and vaccination, the incidence of some diseases has increased or remained at levels of concern (eg. dengue, pertussis and salmonellosis). The changing global environment has also resulted in an increased risk of emerging communicable diseases, outbreaks and bioterrorism (eg. Australian bat lyssavirus, Hendra virus, pandemic influenza, Japanese encephalitis, MRSA, and multi-resistant and extremely resistant tuberculosis). The arrival in Australia of Pandemic (H1N1) 2009 (Human Swine Influenza) illustrates the vulnerability of Australians to the emergence of a novel influenza virus capable of causing a pandemic.

The division's health protection staff work with a range of partners to prevent diseases spreading from person to person, from animals (including vectors) to people, and from the environment to people, as well as controlling disease outbreaks when they occur.

QH is responsible for preventing and controlling communicable diseases that risk public health, under the *Public Health Act 2005* and the *Public Health (Infection Control for Personal Appearance Services) Act 2003*.

To meet these responsibilities, the division's health protection program has systems to address the current priority areas:

- preventing and managing communicable disease outbreaks
- managing threats from existing and emerging zoonotic, vectorborne and other communicable diseases
- reducing the impact of communicable diseases, including tuberculosis, on priority populations including Aboriginal and Torres Strait Islander people
- continuous improvement of surveillance and control activities to monitor communicable disease rates, enable early identification of potential new disease threats to inform prevention, assist in the evaluation of specific control programs, and manage and inform the control of diseases that continue to contribute to significant morbidity.

Aboriginal and Torres Strait Islander people have disproportionately higher rates of injury and illnesses (including communicable diseases) than non-Indigenous Australians. As Indigenous status is poorly identified on the notifiable diseases register, it is difficult to determine the true burden of these diseases. Poor socioeconomic and environmental health conditions contribute to this disparity. Strategies to improve environmental health conditions for Aboriginal and Torres Strait Islander people are detailed in Chapter 3.

Key performance indicators

This document identifies priority actions for the health protection program over the next three years. Progress against actions regarding communicable disease prevention and control will be assessed using the measures outlined below. Performance will be assessed through qualitative reporting.

What are we seeking to achieve?	How will we know?
Improved surveillance, prevention and control of communicable diseases of public health importance	Number and percentage of relevant endorsed recommendations arising from the review of the Pandemic (H1N1) 2009 response have been fully implemented
	Number of recommendations arising from incident debriefs and endorsed by HPLG actioned within specified timeframes
Best practice communicable disease surveillance and reporting systems	Percentage of notifiable conditions with complete data supplied to the National Notifiable Diseases Surveillance System, as per national field definitions
	Number and percentage of completed enhanced surveillance forms that include: – Indigenous identification – vaccination dates (where relevant)

What are we going to do over the next three years?

Prevention and control

- Enhance preparedness for response to emerging diseases, based on recommendations from the evaluation of the Pandemic (H1N1) 2009 (Human Swine Influenza) response
- Establish sustainable service models, systems and support structures for an efficient, consistent and effective response to communicable disease incidents such as disease outbreaks, including:
  - developing, implementing and evaluating a communicable disease risk assessment methodology to determine infectious disease threats, in collaboration with Communicable Diseases Network Australia
- ★ Conduct evidence-based, systematic reviews of communicable disease control policies, protocols, procedures and publications according to an agreed schedule, including:
  - contributing to national communicable disease policy and procedure reviews and integrating changes into relevant statewide policies and procedures
  - better using information and communications technology to provide information for the public and health service providers
- Support a comprehensive, sustainable and effective process for preventing and controlling outbreaks in childcare facilities, including childcare worker training and contributing to national childcare standards and guidelines
- Review, in collaboration with Legislative Projects Unit, the implementation of the communicable diseases aspects of the *Public Health Act 2005*, the *Public Health (Infection Control for Personal Appearance Services) Act 2003* (ICPAS) and public health regulations relevant to the prevention and control of communicable diseases by:
  - overcoming barriers relating to the administration of the *Public Health Act 2005* by improving administrative tools
  - making recommendations for appropriate legislative amendments
  - developing and using a framework to assess and report compliance by QH
  - developing plain English guides for relevant sections of public health legislation, targeted to specific end users
  - developing resources to support local government in the administration of their responsibilities under ICPAS
  - building and implementing an integrated reporting system for local government
  - developing an ongoing compliance program which aligns with the health protection regulatory approach
- Work with the Australian Department of Agriculture, Fisheries and Forestry and Biosecurity Queensland to increase the focus on public health issues, including in relation to the Biosecurity Bill 2010
- Address critical communicable disease risks in discrete Aboriginal and Torres Strait Islander communities with an initial focus on skin diseases, by linking with the Aboriginal and Torres Strait Islander environmental health program and HSDs
- ★ Develop a Queensland Rheumatic Heart Disease (RHD) Register, as defined by the agreement with
- the Australian Department of Health and Ageing

★ *Strategic priority*

- ★ Contribute to inter-governmental policy solutions relating to the Papua New Guinea border, particularly in relation to tuberculosis and mosquito control
- Review the service model for statewide delivery of tuberculosis services, taking into consideration national health care reform outcomes and technology/treatment developments, and manage transition
- Work with HSDs and universities to improve the tuberculosis testing and treatment of priority groups, including foreign students and refugees

Surveillance and research

- Review existing communicable disease surveillance and reporting, and design and implement enhancements to meet the needs of key stakeholders, including
  - outbreak/cluster detection
  - outbreak/pandemic management
  - targeted enhanced surveillance
  - emerging infectious diseases/pathogens
  - data quality, accuracy and timeliness
- Undertake monitoring and surveillance of communicable diseases and provide reports on trends to key stakeholders (at a local and state level)
- Develop, implement and commence evaluation of a multi-strategy project to improve Indigenous identification on the Notifiable Conditions System (NOCS) register
- Maintain the NOCS system to ensure accurate ongoing monitoring of communicable diseases

★ *Strategic priority*

What are we going to do over the next 12 months?

	What are we going to do in the next three years?	What are we going to do in the next 12 months?	Who is accountable? *Refer to Legend on page 102*
Prevention and control			
8.1	Enhance preparedness for response to emerging diseases, based on recommendations from the evaluation of the Pandemic (H1N1) 2009 (Human Swine Influenza) response	**Review recommendations and revise:** **– surveillance plan** **– antiviral plan** **– mass vaccination plan**	CDB, RS
		Review quarantine and home management plan	CDB, RS
		Enhance the pandemic surveillance system, to establish capability for greater analysis/ interpretation and predictive modelling	CDB, RS
		Monitor the implications of updates to the Australian Health Management Plan for Pandemic Influenza and the national health reform agenda, and update Queensland Pandemic Influenza Plan 2009 accordingly	CDB, OED
8.2	Establish sustainable service models, systems and support structures for an efficient, consistent and effective response to communicable disease incidents such as disease outbreaks, including:	**Revise State Outbreak Control Team standard operational plan to align with incident management system**	CDB, RS
	– developing, implementing and evaluating a communicable disease risk assessment methodology to determine infectious disease threats, in collaboration with Communicable Diseases Network Australia	**Finalise the basic risk assessment framework, assess how it interfaces with current practice and develop a strategy for integrating into practice**	CRS, RS, CDB
		Pilot the draft risk assessment on at least one communicable disease incident	CDB, RS

	What are we going to do in the next three years?	What are we going to do in the next 12 months?	Who is accountable? *Refer to Legend on page 102*
★ 8.3	Conduct evidence based, systematic reviews of communicable disease control policies, protocols, procedures and publications according to an agreed schedule, including:	**Define and document agreed processes for reviewing the communicable diseases manual, including governance, coordination arrangements, prioritisation, methodology (including reference to national case definitions), monitoring and status reporting**	CDB, RS
		Implement a priority based review of all communicable diseases protocols, fact sheets, case report forms and other supporting documentation	RS, CDB
		Maintain a document review schedule, review progress against agreed timeframes and provide status reports of documents under active review on a monthly basis	RS, CDB
	– contributing to national communicable disease policy and procedure reviews and integrating changes into relevant statewide policies and procedures	**Participate on national working groups for specific disease guidelines**	CDB, RS
	– better using information and communications technology to provide information for the public and health service providers	**Establish a communicable diseases website that details the roles of the Communicable Diseases Branch and PHUs, and provides alerts for current communicable disease incidents**	CDB, RS
		Revise communication protocols with: **– General Practice Queensland** **– 13 HEALTH**	CDB
8.4	Support a comprehensive, sustainable and effective process for preventing and controlling outbreaks in childcare facilities, including childcare worker training and contributing to national childcare standards and guidelines	**Contribute to strengthening the curriculum for childcare worker training in health (staff vaccinations, maintaining records of children's vaccination status) and hygiene (infection control and hand hygiene), in collaboration with health promotion and the Deadly Ears program**	CDB, RS
		Complete the review of the Staying Healthy in Child Care guidelines, on behalf of the NHMRC	CRS
		Determine the correct process for contributing to a review of national childcare standards	CDB

What are we going to do in the next three years?	What are we going to do in the next 12 months?	Who is accountable? *Refer to Legend on page 102*
8.5 Review, in collaboration with Legislative Projects Unit, the implementation of the communicable diseases aspects of the *Public Health Act 2005,* the *Public Health (Infection Control for Personal Appearance Services) Act 2003* (ICPAS) and public health regulations relevant to the prevention and control of communicable diseases by:		
– overcoming other barriers relating to the administration of the *Public Health Act 2005* by improving administrative tools	**Refine the QH powers of entry guide for application to local government**	CDB, EHB, RS
	Review communicable diseases resources in *Public Health Act 2005* section of the secure environmental health website for local government	CDB
– making recommendations for appropriate legislative amendments	**Investigate options for addressing the gap in legislation that allows retailers to sell rainwater tanks that do not meet structural requirements (for manufacturers, under the *Public Health Act 2005*) to prevent mosquito breeding**	CDB, RS
	Review the division's approach when operating under an authorised prevention and control program and in other times	OED, CDB, EHB, RS
– developing and using a framework to assess and report on compliance by QH	**Commence reporting framework**	CDB, OED
– developing plain English guides for relevant sections of the public health legislation, targeted to specific end users	**Develop plain English guides to the *Public Health Act 2005* for:** **– childcare directors and school principals (based on Chapter 5)** **– Public Health Medical Officers (based on confidentiality requirements)**	CDB
	Revise the fact sheet for hairdressers and tattooists in regard to ICPAS legislation	CDB
– developing resources to support local government in the administration of their responsibilities under ICPAS	**Revise infection control guidelines for industry**	CDB
	Scope the development of an ICPAS section (including information resources and forms) on the secure environmental health website for local government	CDB, RS
– building and implementing an integrated reporting system for local government	**Nil this year**	
– developing an ongoing compliance program which aligns with the health protection regulatory approach	**Nil this year**	

	What are we going to do in the next three years?	What are we going to do in the next 12 months?	Who is accountable? *Refer to Legend on page 102*
8.6	Work with the Australian Department of Agriculture, Fisheries and Forestry and Biosecurity Queensland to increase the focus on public health issues, including in relation to the Biosecurity Bill 2010	**Arrange bi-annual formal meetings between Communicable Diseases Branch and Biosecurity Queensland to progress common issues regarding zoonotic risks**	CDB
		Progress to sign off a joint protocol for managing zoonotic incidents between Biosecurity Queensland, QH and Workplace Health and Safety Queensland	CDB, RS
		Develop and endorse a joint Standard Operating Procedure for responding to a zoonotic incident between Biosecurity Queensland, QH and Workplace Health and Safety Queensland	CDB, RS
8.7	Address critical communicable disease risks in discrete Aboriginal and Torres Strait Islander communities with an initial focus on skin diseases, by linking with the Aboriginal and Torres Strait Islander environmental health program and HSDs	**Assess the relative merits of continuing Germ Busters, or providing broader support for No Germs on Me**	TRS, EHB
		Develop local support materials and initiatives in response to assessed need	TRS
★ 8.8	Develop a Queensland Rheumatic Heart Disease (RHD) Register, as defined by the agreement with the Australian Department of Health and Ageing	**Increase uptake of Queensland RHD Register by service providers throughout the state, and in particular north Queensland**	TRS
		Capture RHD data from services not linked to the current register	TRS
		Improve access to RHD related services and pharmaceuticals	TRS
★ 8.9	Contribute to inter-governmental policy solutions relating to the Papua New Guinea border, specifically related to tuberculosis and mosquito control	**Further enhance Torres Strait Islander and Papua New Guinea cross-border communications to ensure continuity of tuberculosis control services and awareness of the current situation by relevant authorities**	CDB, TRS
		Provide advice and assist the Papua New Guinea government to develop a strategy for treating tuberculosis	CDB
8.10	Review the service model for statewide delivery of tuberculosis services, taking into consideration national health care reform outcomes and technology/treatment developments, and manage transition	**Develop an alternative service model for providing non-tuberculous mycobacteria medications to private sector patients**	CDB
8.11	Work with HSDs and universities to improve tuberculosis testing and treatment of priority groups, including foreign students and refugees	**Further enhance partnerships with external stakeholders (developed through the Mycobacterial Research Committee) to advance mycobacterial research activities**	CDB
		Continue local research and publishing of results to contribute to the evidence base which informs state and national policy (eg. tuberculosis screening requirements for specific groups, including international students and health care workers in Queensland)	CDB

	What are we going to do in the next three years?	What are we going to do in the next 12 months?	Who is accountable? *Refer to Legend on page 102*
Surveillance and research			
8.12	Review existing communicable disease surveillance and reporting, and design and implement enhancements to meet the needs of key stakeholders, including : – outbreak/cluster detection – outbreak/pandemic management – targeted enhanced surveillance – emerging infectious diseases/ pathogens – data quality, accuracy and timeliness	**Identify funds and commence a review of NOCS to determine current and future business needs, including enhanced alert capacity**	CDB, RS, ISDMU
		Review and document consistent national field definitions for use in protocols and case report forms	CDB, RS
		Design a surveillance system component which can be rapidly activated in the event of an outbreak (to suit scaled response depending on severity)	CDB, RS
		Review dengue management system in north Queensland, with a view to implementing statewide within NOCS	CDB, RS
		Review existing enhanced surveillance practices, determine the priorities for the next 12 months, and implement strategies accordingly	CDB, RS
		Assess current capacity and develop a strategy for enhanced surveillance of emerging infectious diseases and pathogens	CDB, RS
		Progress the notifiable status for MRSA and develop a surveillance plan [Links to 12.1]	CDB, RS
		Complete the pandemic influenza surveillance plan	CDB, RS
		Complete the hepatitis C surveillance plan	CDB
		Compile report register, undertake review and rationalise communicable disease reporting at regional and state levels	CDB, RS
8.13	Undertake monitoring and surveillance of communicable diseases and provide reports on trends to key stakeholders (at a local and state level)	**Continue current reporting schedule, and progressively transition to new arrangements arising from the review**	CDB
8.14	Develop, implement and commence evaluation of a multi-strategy project to improve Indigenous identification on NOCS	**Continue to work with Commonwealth and local stakeholders on improving Indigenous identification within NOCS**	CDB, RS
8.15	Maintain NOCS to ensure accurate ongoing monitoring of communicable diseases	**Ongoing**	ISDMU, CDB

Chapter 9
Immunisation

Immunisation is the most efficient and effective way to prevent a range of diseases including varicella (chickenpox), diphtheria, tetanus, pertussis (whooping cough), hepatitis B, *Haemophilus influenzae* type b (Hib), meningococcal C disease, human papillomavirus (HPV), polio, rotavirus, influenza, measles, mumps, rubella and pneumococcal disease.

Australia's nationally coordinated immunisation approach currently includes:

- a schedule of government funded vaccines (National Immunisation Program)
- technical and procedural information for vaccine service providers (Australian Immunisation Handbook)
- a register of vaccinations for children aged seven and under (Australian Childhood Immunisation Register).

In August 2009, the Council of Australian Governments established the National Partnership Agreement (NPA) on Essential Vaccines to:

- minimise the incidence of major vaccine preventable diseases in Australia
- maintain and, where possible, increase immunisation coverage rates for vulnerable groups with a focus on minimising disparities between Indigenous and non-Indigenous Australians
- enable all eligible Australians to access free, high quality essential vaccines in a timely manner through the National Immunisation Program
- increase community understanding and support for the public health benefits of immunisation.

The expected outcomes of the agreement include high immunisation coverage rates, high quality vaccines supplied in a timely manner, high quality professional community education and communication, efficient service delivery, and effective national surveillance and reporting. The Agreement is currently in a transition phase, however, when new arrangements are established, QH's responsibilities will include:

- managing the efficient and effective delivery of the National Immunisation Program in Queensland
- providing agreed data to the Australian Childhood Immunisation Register (ACIR) and the Human Papillomavirus Register
- monitoring and minimising vaccine wastage and leakage.

In Queensland, childhood vaccines are provided primarily by general practitioners (approximately 83 per cent), QH, local government and other service providers including Community Controlled Health Services and the Royal Flying Doctor Service. Queensland children currently have a high vaccination rate with 92 per cent of children aged between 24 and 27 months being fully immunised[3].

However, improvements can be made among vulnerable and inadequately vaccinated groups. Queensland's vaccination coverage rates for Aboriginal and Torres Strait Islander children aged between 24 and 27 months are comparable to both the national average and the non-Indigenous population coverage. However, vaccination coverage rates for children aged from 12 to 15 months, and 60 to 63 months of age are significantly less for Aboriginal and Torres Strait Islander children compared to non-Indigenous children. This indicates that these children are either not protected through vaccination, or are being vaccinated later than the recommended age, and are therefore at risk of contracting a range of vaccine preventable diseases.

Another key priority is preventing influenza, which is widely recognised as a health threat for high risk populations such as residents of aged care facilities and health care workers. Under the National Immunisation Program, QH provides free influenza vaccine for all individuals aged 65 years and over, all Aboriginal and Torres Strait Islander people aged 15 years and over, pregnant women and individuals aged six months and over with risk factors which predispose them to severe influenza.

Key performance indicators

This document identifies priority actions for the health protection program over the next three years. Progress against actions regarding immunisation will be assessed using the measures outlined below. Performance will be assessed through qualitative reporting.

What are we seeking to achieve?	How will we know?
Maintenance of high immunisation rates at designated milestones	Vaccination rates at designated milestones for: – all children aged two years – Aboriginal and Torres Strait Islander children aged two years – all children aged five years – Year 8 female students (for human papilloma virus)
Improved immunisation rates among Aboriginal and Torres Strait Islander people, as a result of targeted, evidence-based processes and initiatives	Number of initiatives commenced and/or completed, as per the Strategic Directions work plan of the Aboriginal and Torres Strait Islander Immunisation Advisory Group Number of meetings of the Aboriginal and Torres Strait Islander Immunisation Advisory Group
Increased proportion of QH staff vaccinated against seasonal influenza	Percentage of QH staff vaccinated against seasonal influenza (target: 65 per cent)
	Number of education and resource activities undertaken to support staff immunisation clinics in HSDs
Increased knowledge of and compliance with NHMRC guidelines for vaccine management	Number and type of cold chain breaches: – due to lack of compliance with NHMRC guidelines for vaccine management – resulting in loss of vaccines

What are we going to do in the next three years?

- ★ Develop, implement and evaluate strategies to maintain and/or improve immunisation coverage across all age groups, including:
  - improving the accuracy of immunisation data and identification of unvaccinated and overdue children
  - identifying areas of low coverage; developing, implementing and evaluating innovative interventions to improve vaccination in these areas; sharing learnings which potentially could be applied statewide; and monitoring the retention of successful current service options
  - investigating alternative service models
  - undertaking background research to determine barriers and guide future activities
  - identifying unique requirements for children and adults from culturally and linguistically diverse backgrounds (including refugees) and addressing issues as appropriate
  - identifying targeted communication strategies for specific lower coverage cohorts
- ★ Develop and implement strategies to improve vaccination coverage of Aboriginal and Torres Strait Islander children and adults, including:
  - coordinating the Aboriginal and Torres Strait Islander Immunisation Advisory Group and supporting their development, and monitoring of a cross-agency work plan and collaborative work with the Queensland Aboriginal and Islander Health Council (QAIHC)
  - establishing and managing local cross-agency partnerships to follow up vaccination of overdue Aboriginal and Torres Strait Islander children
  - investigating the feasibility of a QH policy regarding opportunistic vaccination in public hospitals, and developing and implementing policy as appropriate
  - coordinating the annual Indigenous pneumococcal and influenza vaccination program and developing, implementing and evaluating specific interventions to improve uptake of adult pneumococcal and influenza vaccination
  - investigating the feasibility of amending current legislation/regulations to enable Indigenous health workers to vaccinate

★ *Strategic priority*

- ★ Coordinate an effective health care worker vaccination program to encourage QH staff to be vaccinated against seasonal influenza, including:
  - information system management, contract management and resource development
  - investigating the feasibility of introducing mandatory vaccination of QH staff and other health care staff, including in residential care facilities
- Coordinate the School Based Vaccination Program, including ongoing service agreement management with service providers and development and implementation of quality improvement strategies
- ★ Coordinate the implementation of quality immunisation services in Queensland through:
  - distributing vaccines, in accordance with the national schedule
  - providing advice and education to immunisation providers, key stakeholders and the community
  - establishing and maintaining a comprehensive, current immunisation website
  - developing and evaluating appropriate measures for safe vaccine storage, vaccine management processes, vaccine data administration and recording, including investigating potential breaches
  - implementing and evaluating more effective and efficient general practitioner immunisation data capture processes, systems and relationships
- ★ Investigate options for a more efficient and effective provision of 'just in time' advice to service providers and the public regarding immunisation queries
- Improve surveillance and analysis of adverse events following immunisation, including:
  - review of the adverse events reporting system
  - developing and implementing a communication strategy for clinicians regarding adverse events and their role in post-marketing surveillance of vaccines
- Evaluate the Pandemic (H1N1) 2009 mass vaccination program and provide recommendations on the future use of this approach, including workforce mobilisation, broader infrastructure requirements and logistics requirements
- Revise Immunisation Program Nurse training programs, taking into consideration national registration requirements for nurses and the need for improved access to training
- Develop and implement an enhanced service model for the delivery of immunisation services, in the context of the national health care reform agenda
- Participate in national initiatives, including development of the National Immunisation Strategy and Implementation Plan for the NPA on Essential Vaccines

★ *Strategic priority*

What are we going to do over the next 12 months?

What are we going to do in the next three years?	What are we going to do in the next 12 months?	Who is accountable? *Refer to Legend on page 102*
★ 9.1 Develop, implement and evaluate strategies to maintain and/or improve immunisation coverage across all age groups including:		
– improving the accuracy of immunisation data and identification of unvaccinated and overdue children	**Develop and implement statewide and specific regional plans for routine and non-routine data capture, cleaning, interrogation and follow up**	CDB, RS
	Liaise with ACIR Field Officer and Divisions of General Practice on agreed direction	CDB, RS
– identifying areas of low coverage; developing, implementing and evaluating innovative interventions to improve vaccination in these areas; sharing learnings which potentially could be applied statewide; and monitoring the retention of successful current service options	**Identify areas of low vaccination coverage**	CDB, RS
	Target identified areas by working with key stakeholders to plan and implement local strategies	RS
	Identify successful local initiatives, analyse success factors and share information statewide (with an initial focus on initiatives targeting four-year-olds)	RS
	Identify areas where successful services are insufficiently supported or further research is required	RS
	Facilitate statewide discussion about successful initiatives	CDB
– investigating alternative service models to improve immunisation coverage	**Commence trial of Saturday clinics in selected areas from February/March 2011 and collect data to assess reasons for attendance, effectiveness and sustainability of the service model**	CDB, RS
– undertaking background research to determine barriers and guide future activities	**Establish research project, conduct focus groups and prepare report to inform program activities**	CDB, RS
	Use information from weekend trial of Saturday clinics to inform strategy development	CDB, RS
– identifying unique requirements for children and adults from culturally and linguistically diverse backgrounds, including refugees, and addressing issues as appropriate	**Complete refugee immunisation data capture project and consider recommendations for implementation**	RS, CDB
– identifying targeted communication strategies for specific lower coverage cohorts	**Prepare and disseminate information to Prep and Year 8 parents, in collaboration with the education sector**	CDB

	What are we going to do in the next three years?	What are we going to do in the next 12 months?	Who is accountable? *Refer to Legend on page 102*
★ 9.2	Develop and implement strategies to improve vaccination coverage of Aboriginal and Torres Strait Islander children and adults, including:		
	– coordinating the Aboriginal and Torres Strait Islander Immunisation Advisory Group (ATSIIAG) and supporting their development and monitoring of a cross-agency work plan and collaborative work with the Queensland Aboriginal and Islander Health Council (QAIHC)	**Coordinate regular meetings of ATSIIAG and progress initiatives under the ATSIIAG Strategic Directions work plan**	CDB
		Develop and distribute immunisation resources	CRS (CDB)
		Investigate options and identify model for enhancing capacity for collaborative initiatives via QAIHC	
	– establishing and managing local cross-agency partnerships to follow up vaccination of overdue Aboriginal and Torres Strait Islander children	**Establish appropriate local processes to improve follow up of Aboriginal and Torres Strait Islander children identified by ACIR as overdue for vaccination with key stakeholders using endorsed principles**	RS
		Coordinate and support follow-up and vaccination of all Indigenous children identified as overdue	RS
		Support and foster Public Health Nursing role of facilitating outreach immunisation, particularly for 'hard to reach' Indigenous families	CDB, RS
	– investigating the feasibility of a QH policy regarding opportunistic vaccination in public hospitals, and developing and implementing as appropriate	**Nil this year**	
	– coordinating the annual Indigenous pneumococcal and influenza vaccination program and developing, implementing and evaluating specific interventions to improve uptake of adult pneumococcal and influenza vaccination	**Continue to provide advice and support to service providers, manage service agreements and promote the program to encourage vaccination uptake**	RS, CDB
		Review current investments and opportunities for improvements	RS, CDB
	– investigating the feasibility of amending current legislation/regulations to enable Indigenous health workers to vaccinate	**Review current situation, including existing legislation/regulations to identify constraints and risks and develop a position paper**	CDB, EHB

	What are we going to do in the next three years?	What are we going to do in the next 12 months?	Who is accountable? *Refer to Legend on page 102*
★	9.3 Coordinate an effective health care worker vaccination program to encourage QH staff to be vaccinated against seasonal influenza, including:		
	– information system management, contract management and resource development	**Maintain and enhance Staff Protect Application to collect data on staff vaccination status**	CDB
		Manage the contractual agreement to procure influenza vaccine for health care worker program	CDB
		Coordinate the development and provision of resources and other support for staff immunisation clinics	CDB
	– investigating the feasibility of introducing mandatory vaccination of QH staff and other health care staff, including in residential care facilities	**Develop position paper which considers national and state issues and consult as relevant with key stakeholder groups**	CDB
	9.4 Coordinate the School Based Vaccination Program, including ongoing service agreement management with service providers and development and implementation of quality improvement strategies.	**Review current processes for data collection, identify opportunities for improvement and implement priority system amendments**	CDB, RS
		Continue to manage service agreements with providers, and provide necessary advice and support	CDB, RS
★	9.5 Coordinate the implementation of quality immunisation services in Queensland through:		
	– distributing vaccines, in accordance with the national schedule	**Ensure all vaccines are delivered in a timely manner to service providers to maintain a stable supply of quality assured, potent vaccines (ongoing)**	CDB
	– providing advice and education to immunisation providers, key stakeholders and the community	**Provide regular telephone advice and structured education programs to ensure providers are up-to-date, and priority initiatives are addressed**	CDB, RS
		Provide advice to childcare, education, aged care sectors and the community regarding the program and respond to community concerns	RS, CDB
	– establishing and maintaining a comprehensive, current immunisation website	**Establish an immunisation website and processes for regular review of material to ensure currency and monitoring of use**	CDB, RS
	– developing and evaluating appropriate measures regarding safe vaccine storage, vaccine management processes, vaccine data administration and recording, including investigating potential breaches	**Ongoing**	CDB, RS
	– implementing and evaluating more effective and efficient general practitioner immunisation data capture processes, systems and relationships	**Nil this year**	

	What are we going to do in the next three years?	What are we going to do in the next 12 months?	Who is accountable? *Refer to Legend on page 102*
★ 9.6	Investigate options for a more efficient and effective provision of 'just in time' advice to service providers and the public regarding immunisation queries	**Identify a range of options for enhancing QH's capacity to respond to immunisation queries/ requests from service providers and the public**	SRS, (CDB, CRS, TRS)
		Develop and consider options paper to determine preferred model	
9.7	Improve surveillance and analysis of adverse events following immunisation, including:		
	– review of the adverse events reporting system	**Commence a comprehensive review of the adverse event system**	CDB, RS
	– developing and implementing a communication strategy for clinicians regarding adverse events and their role in post-marketing surveillance of vaccines	**Nil this year**	CDB
9.8	Evaluate the Pandemic (H1N1) 2009 mass vaccination program and develop systems regarding the future use of this approach, including workforce mobilisation, broader infrastructure and logistics requirements	**Nil this year**	
9.9	Revise Immunisation Program Nurse training programs, taking into consideration national registration for nurses and the need for improved access to training	**Establish a mechanism for assessing and approving new immunisation training providers that includes recognition of interstate training**	EHB, CDB
9.10	Develop and implement an enhanced service model for the delivery of immunisation services, in the context of the national health care reform agenda	**Consider options, taking into consideration available resources and consultation with stakeholder groups including education sector, childcare sector, immunisation providers and provider organisations**	CDB
9.11	Participate in national initiatives, including development of the National Immunisation Strategy and the Implementation Plan for the NPA on Essential Vaccines	**Ongoing**	CDB

Chapter 10

Mosquito borne disease

Ross River virus, Barmah Forest virus and dengue are the most common mosquito borne diseases in Queensland. Other mosquito borne diseases (eg. Murray Valley encephalitis, Japanese encephalitis and locally acquired malaria) are rarely notified.

The risks of contracting mosquito borne diseases have increased as a result of increased importation of the infective agent (eg. dengue), new vectors (eg. *Aedes albopictus*) and changed water storage practices (eg. increased numbers of household rainwater tanks). The division's health protection program is responsible for managing mosquito borne disease prevention and control initiatives, in partnership with a range of government and community organisations, particularly local government.

There is a risk of dengue becoming endemic in north Queensland, with dengue outbreaks occurring regularly over the past few years. This is due to an increase in the number of infected overseas travellers and the high density of the dengue vector (*Aedes aegypti*) in the region. There is a further risk of dengue outbreaks occurring in central Queensland due to the presence of *Aedes aegypti* in a number of towns, including Rockhampton. Providing an immediate response to dengue outbreaks requires significant resources (both human and financial) for equipment, public awareness campaigns and community engagement activities.

Another vector (*Aedes albopictus*) capable of transmitting dengue fever and chikungunya has established itself on the majority of the Torres Strait Islands. Significant resources are required to control the spread of this vector to prevent the species from establishing itself on mainland Australia.

QH's approach to mosquito borne disease prevention and control focuses on:

– developing and sustaining partnerships with local government to implement targeted and sustainable container breeding mosquito surveillance and control programs
– disease surveillance and outbreak response, particularly for dengue
– public and industry awareness and engagement in protection against mosquito bites and preventing mosquito breeding around the home and workplace
– maintenance of a skilled workforce to prevent and control dengue outbreaks
– ongoing research into best practice for dengue prevention and control and general mosquito management.

The success of QH's mosquito borne disease prevention and control activities relies on maintaining good relationships between the division's health protection program and key partners including local government, general practitioners, hospitals, laboratories, other government agencies, industry and the general public.

Key performance indicators

This document identifies priority actions for the health protection program over the next three years. Progress against actions regarding mosquito borne disease will be assessed using the measures outlined below. Performance will be assessed through qualitative reporting.

What are we seeking to achieve?	How will we know?
Enhanced prevention and control of dengue in Queensland	Number of locally acquired cases of dengue per outbreak Percentage of overseas acquired cases of dengue in areas of Queensland where *Aedes aegypti* is prevalent that do not result in a local dengue outbreak
Prevention of local transmission of dengue in central and southern Queensland due to sufficient numbers of *Aedes aegypti* establishing in the region	*Aedes aegypti* mosquito density measures (by house, town and local government area)
Increased local government uptake of mosquito surveillance and control programs	Number of high risk local government areas with sustainable mosquito surveillance and control programs

What are we going to do in the next three years?

- ★ Develop and implement sustainable, prioritised and risk-based surveillance, prevention and control programs specific to mosquitoes and/or mosquito borne disease, based on best practice
- Investigate and address barriers to people obtaining a definitive diagnosis of dengue
- ★ Establish and manage an appropriate governance mechanism for the effective statewide management of the mosquito borne disease prevention and control program
- ★ Develop and implement sustainable strategies for containing (and monitoring) *Aedes albopictus* in the Torres Strait, in collaboration with the Torres Strait Regional Council
- Support local government to administer their responsibilities under the *Public Health Act 2005* regarding the control of public health risks caused by mosquito vectors through:
  - developing and providing tools, guidelines and other resources
  - gaining co-endorsement of the Queensland Joint Strategic Framework for Mosquito Management 2010–2015 by QH and Local Government Association of Queensland (LGAQ)
- Develop and implement strategies to enhance the rapid detection of dengue cases by working with the local general practitioners, HSDs, public and private laboratories and Divisions of General Practice to reinforce the need for early notification of suspected and confirmed cases and to ensure appropriate testing requests
- Respond to dengue outbreaks by applying the revised incident management system using a multi-strategic approach
- Improve access to timely surveillance data to guide outbreak responses by establishing geographic Information Systems (GIS) technology for use by QH and local government, including securing appropriate infrastructure and training
- Develop and implement a sustainable communication and community engagement strategy to inform and enhance the role of the general public in preventing and controlling mosquito breeding around the home and workplace
- Contribute to relevant research relating to mosquito borne disease prevention and control

★ *Strategic priority*

What are we going to do over the next 12 months?

What are we going to do in the next three years?	What are we going to do in the next 12 months?	Who is accountable? *Refer to Legend on page 102*
★ 10.1 Develop and implement sustainable, prioritised and risk-based surveillance, prevention and control programs specific to mosquitoes and/or mosquito borne disease, based on best practice	**Establish and maintain partnerships with local government, other government departments and industry to address the risk of dengue in Queensland**	CDB, RS
	Develop and implement an action plan to mitigate the risk of dengue becoming endemic in Cairns and other north Queensland locations, in collaboration with local government and other key stakeholders (as informed by the Dengue Summit)	TRS, CDB
	Trial the use of BG-Sentinel traps in Queensland's central and tropical regions	CRS, TRS, CDB
	Schedule and implement container-breeding mosquito surveillance in specified towns, in consultation with local government (as per the QH Mosquito Borne Disease Prevention and Control Implementation Plan)	RS, CDB
10.2 Investigate and address barriers to people obtaining a definitive diagnosis of dengue	**Explore options for overseas visitors experiencing dengue-like symptoms to be given access to medical assessment**	TRS, CDB
★ 10.3 Establish and manage an appropriate governance mechanism for the effective statewide management of the mosquito borne disease prevention and control program	**Provide formal six-monthly reports against process indicators for the four program objectives (as per the QH Mosquito Borne Disease Prevention and Control Implementation Plan)**	CDB, RS CDB, RS
	Progress the draft Queensland Dengue Plan to HPLG for endorsement and publish on QH website	
★ 10.4 Develop and implement sustainable strategies for containing (and monitoring) *Aedes albopictus* in the Torres Strait, in collaboration with the Torres Strait Regional Council	**Undertake surveillance and control programs in the Torres Strait Islands**	TRS TRS
	Strengthen medical entomology support to mosquito management in the Torres Strait Islands	
10.5 Support local government to administer their responsibilities under the *Public Health Act 2005* regarding the control of public health risks caused by mosquito vectors through:		
– developing and providing tools, guidelines and other resources	**Develop plain English guides to the *Public Health Act 2005* for vector control officers**	CDB; RS
	Develop interpretive guidance note on breeding grounds and construction, installation and maintenance of relevant tanks, and provide to LGAQ for publishing on their secure local government website	CDB (EHB)
– seeking co-endorsement of the Queensland Joint Strategic Framework for Mosquito Management 2010–2015 by QH and LGAQ	**Finalise and seek endorsement of the Queensland Joint Strategic Framework for Mosquito Management 2010–2015, and make available on the QH mosquito borne disease website**	CDB

What are we going to do in the next three years?	What are we going to do in the next 12 months?	Who is accountable? *Refer to Legend on page 102*
10.6 Develop and implement strategies to enhance the rapid detection of dengue cases by working with local general practitioners, HSDs, public and private laboratories and divisions of general practice to reinforce the need for early notification of suspected and confirmed cases and to ensure appropriate testing requests	**Investigate strategies to improve rapid detection of dengue cases**	CDB, RS
	Provide current advice for health professionals via the QH mosquito borne disease website	CDB
	Maintain regular contact and work with general practitioners, HSDs and laboratories to promote early notification of suspected and confirmed cases and ensure appropriate testing requests	RS
10.7 Respond to dengue outbreaks by applying the revised incident management system using a multi-strategic approach	**Review the application of authorised prevention and control programs to control dengue outbreaks**	CDB, RS
	Review north Queensland dengue control plan	TRS, CDB
	Develop local incident action plans for dengue outbreaks	TRS
10.8 Improve access to timely surveillance data to guide outbreak response by establishing GIS technology for use by QH and local government, including securing appropriate infrastructure and training	**Develop a concept brief on specifications for developing a mosquito surveillance system and an outbreak control system that interact with each other**	CDB, RS
	Contract a provider to build an online dengue vector surveillance system for Queensland	CDB, RS
	Provide de-identified Ross River Virus, Barmah Forest Virus and dengue notification data to Queensland Institute of Medical Research (QIMR) for input into the Vector Detection Surveillance System to highlight areas of increased disease activity at local government level	CDB
	Provide an annual map of *Aedes aegypti* distribution in Queensland	CDB
10.9 Develop and implement a sustainable communication and community engagement strategy to inform and enhance the role of the general public in preventing and controlling mosquito breeding around the home and workplace	**Undertake social research to inform the development of targeted community engagement strategies**	CDB
	Establish and promote a mosquito borne disease website, with links to other government departments and research institutes	CDB
	Conduct an audit of dengue public awareness material and implement strategies to improve use of current resources	CDB, RS
10.10 Contribute to relevant research relating to mosquito borne disease prevention and control	**Contribute to the QIMR/Brisbane City Council research program to survey 10,000 Brisbane homes for *Aedes aegypti***	CDB, SRS, CRS

Chapter 11

HIV/AIDS, viral hepatitis and sexual health

Human Immunodeficiency Virus (HIV), viral hepatitis and sexually transmissible infections (STIs) present significant public health challenges for Queensland.

The national rate of new HIV diagnoses has been steadily increasing over the last decade to 3.9 people per 100,000 in 2008 (compared to 2.9 people in 1998). In 2009, Queensland recorded the highest annual number of notifications of new HIV diagnoses (178 cases) since HIV was first notifiable in 1984. Males accounted for 88 per cent of these notifications, reflecting the continuing notification of HIV among men who have sex with men (MSM) and unsafe sexual activity in this group. Progressions to AIDS and AIDS-related deaths have declined significantly in the past decade, due to the successful management of HIV through antiretroviral therapy.

Viral hepatides, including hepatitis C (HCV) and hepatitis B (HBV) can result in serious liver disease such as cirrhosis, liver failure and liver cancer. The prevalence of HCV among those at greatest risk (people who inject drugs) remains high but has declined steadily over recent years[b]. Indigenous Australians who inject drugs are increasingly disproportionately affected by hepatitis C. There is no vaccine available for hepatitis C. However, a safe and effective vaccine is available for hepatitis B and is available through the National Immunisation Program Schedule to those at increased risk such as newborns and children of mothers with chronic infection.

Significant priorities for the immediate future are to:

- detect cases of undiagnosed hepatitis B infection
- monitor all people with chronic hepatitis B to determine if treatment is needed and to detect early signs of hepatitis B related liver disease
- manage and control hepatitis B infection among Indigenous Queenslanders and people from culturally and linguistically diverse backgrounds.

In recent years, the efficacy of hepatitis treatments has substantially improved, however the number of people accessing treatment remains relatively small. To make any impact on the prevalence of HCV and the long-term demands and costs of HCV infection on the health care system, three times as many people need to access treatment. New strategies are needed to control hepatitis related infections.

Notifications of sexually transmitted infections (STIs) are increasing in the Queensland population. Chlamydia has become the most commonly notifiable disease in Queensland with 16,401 notifications in 2009 (a 72.7 per cent increase since 2005). Chlamydia and gonorrhoea disproportionately affect Australia's Indigenous populations, young people and women. The association between STIs and HIV acquisition and transmission makes STI prevention targeting gay men and other MSM a priority. Reducing STIs is critical in the effort to prevent HIV establishing itself in other high risk populations. The general management of STIs requires attention, coordination and appropriate resources. Increasing the capacity and reach of contact tracing for STIs, particularly chlamydia, is a key focus.

Queensland's whole-of-government response is outlined in the Queensland HIV, Hepatitis C and Sexually Transmissible Infections Strategy 2005–2011. The division is responsible for coordinating the implementation of this strategy, which details Queensland's commitments under the following national strategies:

- National HIV Strategy 2010–2013
- National Sexually Transmissible Infections Strategy 2010–2013
- National Hepatitis C Strategy 2010–2013
- National Hepatitis B Strategy 2010–2013
- National Aboriginal and Torres Strait Islander Blood Borne Viruses and Sexually Transmissible Infections Strategy 2010–2013.

Within this context, QH commits to improving the health of Aboriginal and Torres Strait Islander communities. A range of strategies will be implemented under the NPA on Indigenous Early Childhood Development 2009–2014 which will provide five-year funding for bloodborne viruses and sexual health initiatives for Indigenous people in Queensland.

The majority of services under the strategy are delivered by HSDs across Queensland. The division will monitor and engage in the implementation of the National Health and Hospitals Network Agreement and review the service delivery model, as required.

b The Queensland Needle and Syringe Program is a key strategy to prevent the transmission of HCV among this sub-population

Key performance indicators

This document identifies priority actions for the health protection program over the next three years. Progress against actions regarding HIV/AIDS, viral hepatitis and sexual health will be assessed using the measures outlined below. Performance will be assessed through qualitative reporting.

What are we seeking to achieve?	How will we know?
Improve sexual health among Queensland's Aboriginal and Torres Strait Islander communities	Number of sexual health projects implemented in Queensland's Aboriginal and Torres Strait Islander communities
	Number of condoms distributed in selected areas of Far North Queensland
	Number of STI treatment drug doses replaced, as indicated by Pathology Queensland laboratory reports
Reduce rate of HIV infection, viral hepatitis, and other STIs, particularly in high-risk groups	Number of annual HIV notifications in the Queensland population (reported by population group, gender and risk behaviour)
	Number of new HIV infections in the Queensland population (seroconversion data reported by population group, gender and risk behaviour)
	Number of STI notifications in the Queensland population (reported by population group eg. Aboriginal and Torres Strait Islander people, gender and age)
	Number of HCV annual notifications in the Queensland population
	Number of HBV annual notifications in the Queensland population
	Number and percentage of injecting drug users with HCV (reported through the national fingerprick survey and other injecting drug user surveillance reports)
Improve health and wellbeing for people living with bloodborne viruses (BBV) and STIs	Number and proportion of people participating in relevant population-based surveys who self-report improvement in health and wellbeing

What are we going to do over the next three years?

Enabling environments

- ★ Evaluate the Queensland HIV, Hepatitis C and Sexually Transmissible Infections Strategy 2005–2011 and develop a future strategic framework for managing HIV, viral hepatitis and sexually transmissible infections in Queensland
- Develop a strategic framework addressing HIV, viral hepatitis and sexual health issues among culturally and linguistically diverse populations
- Develop Queensland's response to the implementation of the first national hepatitis B strategy
- Map existing activities and programs within the division to identify opportunities for improved collaboration and integration of services addressing sexual health and bloodborne viruses
- Identify and use opportunities for the division to work within QH to:
  - systematically incorporate the Young Person Check into appropriate services
  - provide adequate resources to meet clinical benchmarking standards for sexual health services
- Work with HSDs servicing discrete Aboriginal and Torres Strait Islander communities to ensure 24/7 access to condoms, including:
  - developing a QH policy
  - undertaking a research project into community attitudes and behaviours to inform future strategy development and service models
  - supporting the establishment of essential infrastructure
- Participate in the implementation of the national health care reform agenda in Queensland to ensure the needs of sexual health services are considered and addressed

Education and prevention

- ★ Lead the development and implementation of statewide bloodborne virus and STI action plans, in partnership with stakeholders, including:
  - ongoing coordination of the Proactive Responses to STIs in Men who have Sex with Men (PRISM) working group
  - developing a viral hepatitis prevention and control action plan
  - facilitating the implementation of the 2009–2011 HIV Prevention Action Plan
- ★ Lead the ongoing development and implementation of STI/HIV prevention programs for Aboriginal and Torres Strait Islander people living in Far North Queensland communities, including:
  - completing and evaluating the impact of Kasa Por Yarn (KPY) sexual health communication campaign
  - developing projects to maintain the momentum achieved by KPY in the Torres Strait
- Work across government to facilitate the implementation of a comprehensive approach to age-appropriate, curriculum based, adult delivered sex and relationship education, including in remote schools
- Implement endorsed recommendations from the evaluation of the Correctional Facilities Education Project to reduce the incidence of STIs among offenders
- Lead and promote opportunities to address the social determinants of STIs and bloodborne virus infections by promoting programs which challenge stigma and discrimination, including education programs, support and advocacy, and improved access to an effective complaints system
- ★ Manage cases under the Protocol for the Management of People with HIV who Place Others at Risk

★ *Strategic priority*

Early detection, care management and treatment

- Develop and implement an appropriate clinical governance structure
- Update the sexual health clinical management guidelines
- Investigate and evaluate models of contact tracing and partner notification, particularly with respect to cost/benefit and legal responsibilities
- Facilitate ongoing implementation and development of the Queensland Non-Occupational Post Exposure Program (NPEP)
- Progress the development of treatment and care frameworks, including:
  - securing resources for surveillance of chronic infectious hepatitis B
  - developing a viral hepatitis treatment and care framework
  - progressing recommendations from the evaluation of the Hepatitis C Shared Care Initiative and the Queensland HIV Models of Care Project
  - revising the HIV and HCV mental health protocols
  - improving models of care by adapting chronic disease models for HIV, viral hepatitis and STIs
- Promote and expand HIV, viral hepatitis and STI testing and treatment in priority populations eg. Aboriginal and Torres Strait Islander people within prisons and youth detention centres
- Build the capacity of primary health care services (including general practitioners and the Aboriginal Community Controlled Health sector) to initiate testing, diagnose, treat and engage in culturally appropriate partner notification strategies, particularly among young people aged 15 to 30 years

Training and professional development

- Progress the recommendations of the 2007 HIV, Viral Hepatitis and Sexual Health Program Workforce Development and Training Audit, including succession management and scope of practice
- Progress the recommendations of the Queensland Aboriginal and Torres Strait Islander Sexual Health Worker Workforce Development Project 2008
- Increase the capacity of the public sector and non-government workforces to prevent, control and manage bloodborne virus and STIs

Research and surveillance

- Support the development and implementation of national surveillance strategies which facilitate the collection of demographic data, including country of birth, Indigenous Australian status, language and sentinel surveillance for priority populations
- Support the implementation of recommendations from the Evaluation of the Queensland Hepatitis C Surveillance Program Report
- Implement the QH HIV/AIDS, Viral Hepatitis and Sexual Health Research Program Model Scoping Project
- Support the development, rollout and implementation of the Population Health Information and Clinical Services Solution (PHICSS) project
- Support Aboriginal and Torres Strait Islander research and surveillance projects to inform future surveillance programs, health promotion programs and other interventions

★ *Strategic priority*

What are we going to do over the next 12 months?

What are we going to do in the next three years?	What are we going to do in the next 12 months?	Who is accountable? *Refer to Legend on page 102*
Enabling environment		
★ 11.1 Evaluate the Queensland HIV, Hepatitis C and Sexually Transmissible Infections Strategy 2005–2011 and develop a future strategic framework for managing HIV, viral hepatitis and sexually transmissible infections in Queensland	Commence implementation of recommendations arising from evaluation of the strategy in 2010–2011	CDB, RC
	Collaborate with other government departments and non-government service providers to advise on and support implementation and evaluation of the strategy	CDB, RC
	Collect, collate and analyse strategy implementation reports by HAHCSH coordinators, government departments and non-government organisations	CDB, RC
	Monitor progress of the Strategy Implementation Action Plan 2009–2011 and produce an annual report on progress for Cabinet	CDB, RC
	Provide advice to inform policy development within QH and other departments	CDB, RC
	Support evaluation of the strategy in HSDs	CDB, RC
11.2 Develop a strategic framework addressing HIV, viral hepatitis and sexual health issues among culturally and linguistically diverse populations	Develop Cabinet Budget Review Committee submission for a dedicated culturally and linguistically diverse sexual health and bloodborne virus health promotion workforce	CDB
	Scope resource requirements and strategies for expanded access to BBV and STI testing and treatment in culturally and linguistically diverse communities	CDB
11.3 Develop Queensland's response to the implementation of the first national hepatitis B strategy	Establish governance arrangements to facilitate mapping of key issues, integrated program planning and service delivery options	CDB
11.4 Map existing activities and programs within the division to identify opportunities for improved collaboration and integration of services addressing sexual health and bloodborne virus	Integrate program area planning within the Communicable Diseases Branch to address sexual health and bloodborne virus issues from a broader program response perspective	CDB
	Develop a business case for a statewide network of Public Health Officers in Public Health Units to address Indigenous sexual health and bloodborne virus issues	CDB
	Map existing activities, programs, opportunities, identify stakeholders and scope priorities for action targeting young people to inform future service planning	CDB

What are we going to do in the next three years?	What are we going to do in the next 12 months?	Who is accountable? *Refer to Legend on page 102*
11.5 Identify and use opportunities for the division to work within QH to:		
– systematically incorporate the Young Person Check into appropriate services	**Provide funding for marketing the Young Person Check**	CDB, TRS
– provide adequate resources to meet clinical benchmarking standards for sexual health services	**Facilitate and support the HIV Integrated Clinical Care Project to develop benchmark standards and a HIV care plan**	CDB, TRS
11.6 Work with Health Service Districts servicing discrete Aboriginal and Torres Strait Islander communities to ensure 24/7 access to condoms, including: – developing a QH policy – undertaking a research project into community attitudes and behaviours to inform future strategy development and service models – supporting the establishment of essential infrastructure	**Develop a QH condom availability and distribution policy and reporting framework, in collaboration with key stakeholders**	CDB, TRS
11.7 Participate in implementation of the national health care reform agenda in Queensland to ensure the needs of sexual health services are considered and addressed	**Develop a statewide position on the implementation of the national health care reform agenda**	CDB, RC

What are we going to do in the next three years?	What are we going to do in the next 12 months?	Who is accountable? *Refer to Legend on page 102*
Education and prevention		
★ 11.8 Lead the development and implementation of statewide bloodborne virus and STI action plans, in partnership with stakeholders, including:		
– ongoing coordination of the Proactive Responses to STIs in Men who have Sex with Men (PRISM) working group	**Convene a PRISM working group to address issues identified by the National Gay Men's Syphilis Action Plan**	CDB, RC
	Work with key government and non-government stakeholders to develop and implement strategies to address STIs in gay and other MSM in Queensland	CDB, RC
	Develop, implement and evaluate local projects to support and further the objectives of statewide bloodborne virus and STI action plans	CDB, RC
– developing a viral hepatitis prevention and control action plan	**Establish governance arrangements to support strategic and integrated program planning and service delivery**	CDB
	Continue to support non-government organisations (eg. Queensland Injectors Health Network, Haemophilia Foundation Queensland, Hepatitis Council of Queensland, Ethnic Communities Council of Queensland) and the Queensland Needle and Syringe Program	CDB
– facilitating the implementation of the 2010–11 HIV Prevention Action Plan	**Evaluate and monitor implementation of the 2010–11 HIV Prevention Action Plan**	CDB, RC
	Develop, implement and evaluate local projects to support and further the objectives of statewide bloodborne virus and STI action plans	CDB, RC

What are we going to do in the next three years?	What are we going to do in the next 12 months?	Who is accountable? *Refer to Legend on page 102*
★ 11.9 Lead the ongoing development and implementation of STI/HIV prevention programs for Aboriginal and Torres Strait Islander people living in Far North Queensland communities, including:		
– completing and evaluating the impact of Kasa Por Yarn (KPY) sexual health communication campaign – developing projects to maintain momentum achieved by KPY in the Torres Strait	**Represent QH on the Torres Strait Island Health Protection Strategy working group**	CDB, TRS
	Support the development and implementation of projects under the NPA on Indigenous Early Childhood Development that contribute to prevention of STIs and HIV in Far North Queensland communities	CDB, TRS, RC
	Develop, implement and evaluate local STI/HIV prevention programs for Aboriginal and Torres Strait Islander people	CDB, TRS, RC
	Develop approaches to implement community-based sexual health reference groups and develop sexual health communications more broadly in Far North Queensland	CDB, TRS, RC
11.10 Work across government to facilitate the implementation of a comprehensive approach to age-appropriate, curriculum based, adult delivered sex and relationship education, including in remote schools	**Collaborate with relevant stakeholders regarding the implementation of the recommendations of the Queensland Ministerial Advisory Committee – HAHCSH Young People's Working Group**	CDB
11.11 Implement endorsed recommendations from the evaluation of the Correctional Facilities Education Project to reduce the incidence of bloodborne virus and STIs among offenders	**Prioritise recommendations for implementation using available resources**	CDB, RC
	Identify and implement strategies to progress recommendations	
	Develop, implement and evaluate local projects to support implemented recommendations	
11.12 Lead and promote opportunities to address the social determinants of STIs and bloodborne virus infections by promoting programs which challenge stigma and discrimination including education programs, support and advocacy, and improved access to an effective complaints system	**Support the work of the Queensland Ministerial Advisory Committee – HAHCSH in the investigation of HIV/AIDS, viral hepatitis and sexual health related discrimination issues with relevant authorities**	CDB, RC
	Develop a project plan for the HAVHSH Anti-Discrimination and Stigma Project	
★ 11.13 Manage cases under the Protocol for the Management of People with HIV who Place Others at Risk	**Establish a HIV Public Health Team to support public health roles in managing cases under the Protocol, including a HIV Advisory Panel**	CDB

What are we going to do in the next three years?	What are we going to do in the next 12 months?	Who is accountable? *Refer to Legend on page 102*
Early detection, care management and treatment		
11.14 Develop and implement an appropriate clinical governance structure	**Progress a proposal for clinical governance structure for the HAHVSH program**	CDB
11.15 Update the sexual health clinical management guidelines	**Promote the use of endorsed guidelines to key stakeholders**	CDB
11.16 Investigate and evaluate models of contact tracing and partner notification, particularly with respect to cost/ benefit and legal responsibilities	**Support the Contact Tracing Support Officer Trial Project**	CDB
11.17 Facilitate ongoing implementation and development of the Queensland Non-Occupational Post Exposure (NPEP) Program	**Administer and monitor the NPEP Program**	CDB, RC
	Develop and implement strategies at local level for staff to deliver the NPEP Program and promote greater awareness within targeted communities	CDB, RC
11.18 Progress the development of treatment and care frameworks, including:		
– securing resources for surveillance of chronic infectious hepatitis B	**Develop a business case to secure resources for surveillance of chronic infectious hepatitis B in Far North Queensland**	TRS
– developing a viral hepatitis treatment and care framework	**Establish a committee/working group to progress the development of the framework**	CDB
– progressing recommendations from the evaluation of the Hepatitis C Shared Care Initiative and the Queensland HIV Models of Care Project	**Establish relevant working groups to progress recommendations of the evaluation of the Hepatitis C Shared Care Initiative** [Links to 11.5]	CDB
– revising the HIV and hepatitis C mental health protocols	**Participate in the HIV, hepatitis C and Mental Health Reference Group to review and update protocols**	CDB
– improving models of care by adapting chronic disease models for HIV, viral hepatitis and STIs	**Identify key strategies to support integrated planning with chronic disease programs, specifically in relation to cardiovascular disease; kidney, liver disease and diabetes related to HIV; and viral hepatitis disease progression**	CDB
	Promote use of enhanced primary care items to support the management of people with HIV and viral hepatitis in the primary care setting	CDB

What are we going to do in the next three years?	What are we going to do in the next 12 months?	Who is accountable? *Refer to Legend on page 102*
11.19 Promote and expand HIV, viral hepatitis and STI testing and treatment in priority populations eg. Aboriginal and Torres Strait Islander people within prisons and youth detention centres	**Recruit Indigenous health workers in custodial settings (under the NPA on Indigenous Early Childhood Development)**	CDB, RC
	Provide nursing support for the implementation of the STI community testing strategy in Cape York, Torres Strait and Northern Peninsula District (under the NPA on Indigenous Early Childhood Development)	CDB, RC
	Promote, monitor, evaluate and report on the Aboriginal and Torres Strait Islander Polymerase Chain Reaction STI testing program	CDB, RC
	Develop and implement local initiatives to support the promotion and expansion of HIV/AIDS, viral hepatitis and sexual health testing in priority populations	CDB, RC
11.20 Build the capacity of primary health care services (including general practitioners and the Aboriginal Community Controlled Health sector) to initiate testing, diagnose, treat and engage in culturally appropriate partner notification strategies, particularly among young people aged 15 to 30 years	**Support Contact Tracing Support Officer Trial Project**	CDB
	Collaborate with primary health care services, general practitioners and the Aboriginal Community Controlled Health sector to improve skills and engage the Indigenous health workforce	

What are we going to do in the next three years?	What are we going to do in the next 12 months?	Who is accountable? *Refer to Legend on page 102*
Training and professional development		
11.21 Progress the recommendations of the 2007 HIV, Viral Hepatitis and Sexual Health Program Workforce Development and Training Audit, including succession management and scope of practice	**Investigate the feasibility of incorporating a hepatology module within the University of Queensland's recently established gastroenterology nursing course**	CDB
	Increase access to education and training for general practitioners regarding viral hepatitis, HIV and sexual health	CDB
11.22 Progress the recommendations of the Queensland Aboriginal and Torres Strait Islander Sexual Health Worker Workforce Development Project 2008	**Initiate changes to the Isolated Practice Authorisation Guidelines**	CDB
	Map the statewide Aboriginal and Torres Strait Islander sexual health workforce	CDB
	Support Aboriginal and Torres Strait Islander sexual health workforce regarding career structure, professional development, resource development and gap analysis	CDB
	Coordinate the Deadly Sex Congress 2011	CDB
11.23 Increase the capacity of the public sector and non-government workforces to prevent, control and manage bloodborne virus and STIs	**Progress the recommendations of the evaluation of the HAHCSH Education and Training Program for Service Providers Working with Young People**	CDB
Research and surveillance		
11.24 Support the development and implementation of national surveillance strategies which facilitate the collection of demographic data, including country of birth, Indigenous Australian status, language and sentinel surveillance for priority populations	**Participate in the development of the national surveillance and research plan, which will underpin national implementation plans**	CDB, RC
	Scope resources needed to support an effective surveillance program in Queensland, including routine and required reporting	CDB, RC
	Support and engage with the Chlamydia Research Centre National and International Research Alliance Program to inform future chlamydia prevention and treatment	CDB, RC
11.25 Support the implementation of recommendations from the Evaluation of the Queensland Hepatitis C Surveillance Program Report	**Prioritise recommendations for implementation using available resources**	CDB
	Integrate findings into planning for the Surveillance and Research Unit and the QH HIV/AIDS, Viral Hepatitis and Sexual Health Research Program Model Scoping Project	CDB
11.26 Implement the QH HIV/AIDS, Viral Hepatitis and Sexual Health Research Program Model Scoping Project	**Participate in the project's Expert Reference Group**	CDB
	Implement information gathering	CDB
	Analyse findings and develop a sustainable research program	CDB
	Produce a report with recommendations for future action	CDB

What are we going to do in the next three years?	What are we going to do in the next 12 months?	Who is accountable? *Refer to Legend on page 102*
11.27 Support the development, rollout and implementation of the Population Health Information and Clinical Services Solution (PHICSS) project	**Support final development stages of the PHICSS system**	CDB
	Participate in PHICSS working groups and committees	CDB
	Support rollout of PHICSS in sexual health clinics	CDB
11.28 Support Aboriginal and Torres Strait Islander research and surveillance projects to inform future surveillance programs, health promotion programs and other interventions	**Undertake a life history study in the Torres Strait to inform future service model development for gay men, 'sista girls' and the heterosexual population; and identify appropriate themes/messages for further sexual health communication campaigns**	TRS, CDB
	Complete the Cairns gonorrhoea project evaluating the benefit of enhanced surveillance in Cairns and surrounds	CDB
	Complete the second stage of the knowledge, attitudes and practices survey and focus group research regarding safe sex, STIs and HIV among young people living in remote areas of North Queensland	CDB
	Support the Australian Research Council Linkage Grant project conducted through the National Centre for HIV Epidemiology and Clinical Research investigating the STI and BBV related risk behaviours of Indigenous young people	CDB
	Support the Indigenous Injecting Drug User Peer-based Research Project (led by the Queensland Needle and Syringe Program Management Unit)	CDB

Chapter 12

Infection prevention, surveillance and research in health care facilities

Preventing, monitoring and reporting of health care associated infections (HAI) is part of QH's work to reduce preventable harm in Queensland's public hospitals. HAIs result in unfavourable outcomes such as prolonged hospitalisation and, in some cases, loss of life. In Australian hospitals each year, there are approximately 175,153 cases of healthcare-acquired infection, with extra stays in hospital to treat symptoms accounting for 854,289 bed days[4]. There is also increasing public, media and political interest in hospital infection rates as a measure of the quality and safety of patient services within the healthcare sector.

In recent years, the Australian Health Ministers' Conference has noted the above concerns, with national action driven by the Australian Commission on Safety and Quality in Healthcare through inter-jurisdictional networks.

QH's Centre for Healthcare Related Infection Surveillance and Prevention (CHRISP) provides clinical governance, leadership and expert advice through its advisory groups, networks and statewide systems and processes to ensure quality improvement and patient/staff safety. CHRISP, in collaboration with HSDs and other divisions, focuses on achieving evidence based change by empowering those involved in clinical care.

Challenges to be faced in the coming three years include adapting to the national health reform agenda and responding to the emerging burden of infections in QH facilities due to significant organisms such as *Clostridium difficile* and *Staphylococcus aureus*.

Key performance indicators

This document identifies priority actions for the health protection program over the next three years. Progress against actions regarding infection prevention in healthcare facilities will be assessed using the measures outlined below. Performance will be assessed through qualitative reporting.

What are we seeking to achieve?	How will we know?
Improved surveillance of *Staphylococcus aureus* bacteraemia and *Clostridium difficile* in hospitals	Percentage of participating QH facilities that collect and submit surveillance data on *Staphylococcus aureus* bacteraemia and *Clostridium difficile* (as defined by the CHRISP surveillance manual)
Hand hygiene is a priority within QH facilities	Percentage of QH facilities that collect and submit hand hygiene observations using the national hand hygiene initiative methodology
	Number of education activities undertaken and resources produced to support hand hygiene programs in HSDS
QH sterilising services meet departmental policy and guidelines, and current national and international standards	Number of facilities/sites that have been audited by CHRISP
Development of a preferred QH sterilisation service delivery model for HSDs (which includes centralisation/ rationalisation of sterilising services)	Number of HSDs for which analysis is completed and priorities identified
Workforce training and development for Queensland Sterilising Services and Oral Health	Percentage of enrolled staff who have completed Certificate III in Sterilising Services
Increased capability of clinicians to facilitate infection prevention within hospitals	Number of standards, protocols and guidelines developed and implemented Number of education and training initiatives[c] developed and implemented

c *Initiatives include workshops, online resources and related activities*

What are we going to do in the next three years?

- ★ Support the maintenance of systems and processes for collecting and reporting healthcare associated infection (HAI) surveillance data by:
  - progressing amendment of the *Public Health Act 2005* to make *Staphylococcus aureus* bacteraemia and *Clostridium difficile* infections notifiable conditions
  - developing and implementing protocols and standards for surveillance, especially in smaller rural and remote facilities
  - implementing and maintaining the CHRISP Connect application to support HAI surveillance in hospitals
  - collating and analysing data and providing it to the Australian Institute of Health and Welfare through the Health Statistics Centre
  - participating in national surveillance working groups coordinated by the Australian Commission on Safety and Quality in Healthcare
- Develop, implement and evaluate an education and training program for CHRISP stakeholders
- ★ Support hand hygiene programs by developing and providing education and resources to HSDs, including support for the transition to the National Hand Hygiene Initiative methodology
- Develop and implement workforce training and development for Queensland Sterilising Services and Oral Health, including offering an accredited Certificate III in Sterilising Services to QH staff who undertake reprocessing (cleaning and sterilisation) of reusable medical devices
- Undertaking business assurance reviews of QH facilities that undertake cleaning and sterilisation of medical devices (eg. Central Sterilising Departments and Oral Health facilities), including evaluation of facilities/sites to:
  - ensure that the service meets departmental policy and guidelines, and current national and international standards
  - quality assure operations and appropriate Health Technology Equipment Replacement (HTER) requests
- Design and implement an integrated policy management framework to prevent and control HAI, including:
  - development of an assessment tool to facilitate audit processes for ensuring compliance with the policy framework, and minimum requirements for an infection prevention and control program
- Develop a sterilising strategy within each HSD that outlines which Oral Health sterilising activities are to be relocated, redesigned or reinvested in, based on health service planning, clinical service planning and sterilising capacity data
- Review the CHRISP research agenda, prioritise new agenda items and scope options for ongoing funding, including opportunities for commercialisation
- Participate in the development of the Health Protection Implementation Plan for Local Hospital Networks

★ *Strategic priority*

What are we going to do over the next 12 months?

What are we going to do in the next three years?	What are we going to do in the next 12 months?	Who is accountable? *Refer to Legend on page 102*
★ 12.1 Support the maintenance of systems and processes for the collection and reporting of healthcare associated infection (HAI) surveillance data by:		
– progressing amendment of the *Public Health Act 2005* to make *Staphylococcus aureus* bacteraemia and *Clostridium difficile* infections notifiable conditions	**Progress amendment of the *Public Health Act 2005* to make *Staphylococcus aureus* bacteraemia a notifiable condition** [Links with 8.12]	CDB
	Establish surveillance methodology, including links with NOCS, to support collection and analysis of notification data	
– developing and implementing protocols and standards for surveillance, especially in smaller rural and remote facilities	**Develop and implement a QH HAI Standard for Surveillance and Research**	CDB
	Develop and implement statewide protocols to support HAI surveillance in both participating hospitals and signal sites	
– implementing and maintaining the CHRISP Connect application to support HAI surveillance in hospitals	**Pilot and commence rollout of CHRISP Connect in participating hospitals**	CDB
– collating and analysing data and providing it to the Australian Institute of Health and Welfare through the Health Statistics Centre	**Establish process and submit data for national reporting**	CDB
– participating in national surveillance working groups coordinated by the Australian Commission on Safety and Quality in Healthcare	**Participate in national surveillance working groups coordinated by the Australian Commission on Safety and Quality in Healthcare**	CDB
12.2 Develop, implement and evaluate an education and training program for the CHRISP stakeholders	**Identify needs and develop education plan**	CDB
★ 12.3 Support hand hygiene programs by developing and providing education and resources to HSDs, including support for the transition to the National Hand Hygiene Initiative methodology	**Roll-out and support the Clean Hands application**	CDB
	Provide education and support materials to HSDs	
12.4 Develop and implement workforce training and development for Queensland Sterilising Services and Oral Health, including offering an accredited Certificate III in Sterilising Services to QH staff who undertake reprocessing (cleaning and sterilisation) of reusable medical devices	**Develop course material for Certificate III in Sterilising Services**	CDB
	Partner with Cunningham Centre as a registered training authority to enable accreditation of Certificate III in Sterilising Services	
	Pilot and implement Certificate III in Sterilising Services	

What are we going to do in the next three years?	What are we going to do in the next 12 months?	Who is accountable? *Refer to Legend on page 102*
12.5 Undertake business assurance reviews of QH facilities that undertake cleaning and sterilisation of medical devices (eg. Central Sterilising Departments and Oral Health facilities), including evaluation of facilities/sites to: – ensure that the service meets current departmental policy and guidelines, and national and international standards – quality assure operations and appropriate Health Technology Equipment Replacement requests	**Develop a sterilising compliance framework for Central Sterilising Departments and Oral Health facilities** **Identify and prioritise facilities/areas requiring audit**	CDB
12.6 Design and implement an integrated policy management framework for the prevention and control of HAI, including:		
– development of an assessment tool to facilitate audit processes for ensuring compliance with the policy framework, and minimum requirements for an infection prevention and control program	**Develop and pilot assessment tool**	CDB
12.7 Develop a sterilising strategy within each HSD that outlines which Oral Health sterilising activities are to be relocated, redesigned or reinvested into; based on health service planning, clinical service planning and sterilising capacity data	**Undertake an analysis to determine work required during transition and impact of HSD infrastructure changes on timeframes**	CDB
12.8 Review the CHRISP research agenda, prioritise new agenda items and scope options for ongoing funding, including opportunities for commercialisation	**Review the CHRISP research agenda and prioritise new areas for investment**	CDB
12.9 Participate in the development of the Health Protection Implementation Plan for Local Area Networks	**Provide information to relevant working parties and adjust systems and processes accordingly**	CBD

Chapter 13

Licensing of private health facilities

Under the provisions of the *Private Health Facilities Act 1999*, the Chief Health Officer sets standards to protect the health and wellbeing of people receiving health services at Queensland's licensed private health facilities.

The division's Private Health Regulatory Unit (PHRU) ensures statewide compliance with the *Private Health Facilities Act 1999* by setting the strategic direction and managing licensing, clinical audits, corrective action and operational and environmental safety. PHRU also responds to notification of adverse events.

QH's Clinical Services Capability Framework specifies the support services, staff profile, minimum safety standards and other requirements to be met by licensed private health facilities to ensure safe and appropriately supported clinical services.

Key performance indicators

This document identifies priority actions for the health protection program over the next three years. Progress against actions regarding the regulation of the private health sector will be assessed using the measures outlined below. Performance will be assessed through qualitative reporting.

What are we seeking to achieve?	How will we know?
Industry compliance with the *Private Health Facilities Act 1999*, to protect people receiving services at Queensland's licensed private health facilities	Number and percentage of audited licensed private health facilities that comply with the *Private Health Facilities Act 1999* and relevant quality standards
	Number and percentage of applications for proposed and licensed private health facilities processed within 60 days of lodgement with PHRU

What are we going to do in the next three years?

- Enforce the provisions of the *Private Health Facilities Act 1999* and *Regulation 2000*
- Review standards, guidelines, policies and procedures to ensure efficient and effective clinical audits of private health facilities
- Review and monitor clinical indicator data to identify potential issues for investigation and/or intervention
- ★ Review policy and legislation, in conjunction with Legislative Policy Unit
- Review PHRU's information management system

What are we going to do over the next 12 months?

What are we going to do in the next three years?	What are we going to do in the next 12 months?	Who is accountable? *Refer to Legend on page 102*
13.1 Enforce the provisions of the *Private Health Facilities Act 1999* and Regulation 2000	**Provide ongoing expert advice to the private health sector, professional bodies, project developers and consumers regarding the requirements of the Act**	PHRU
	Assess the suitability of applications and submissions to develop private health care services and facilities	PHRU
	Issue approvals and licences	PHRU
	Monitor and enforce compliance, quality of patient care and physical environments, and investigate complaints (as required)	PHRU
	Undertake onsite audits and investigations (as required)	PHRU
13.2 Review standards, guidelines, policies and procedures to ensure efficient and effective clinical audits of private health facilities	**Ongoing**	PHRU
13.3 Review and monitor clinical indicator data to identify potential issues for investigation and/or intervention	**Ongoing**	PHRU
★ 13.4 Review policy and legislation, in conjunction with Legislative Policy Unit	**Amend the Private Health Facilities (Standards) Notice 2000 Minimum patient throughput standard (version 3) and *Private Health Facilities Regulation 2000* to reflect changes in intensive care health services**	PHRU
	Lead a consultation forum between licensed private health facilities and PHRU about implementing the Clinical Services Capability Framework Version 3 and the impact through the transition phase, prior to endorsement by the Chief Health Officer	PHRU
13.5 Review PHRU's information management system	**Update the information management system to improve reporting (in collaboration with Information Division)**	PHRU

Chapter 14

Drug harm reduction

'Harm reduction' refers to policies, programs and practices that aim to reduce the harms associated with the use of psychoactive drugs in people unable or unwilling to stop[5]. A harm reduction approach focuses on preventing harm, rather than on preventing drug use itself, including both licit and illicit drugs.

Harm reduction, as part of a broader approach which also includes supply and demand reduction, is an underlying principle of both the national and Queensland drug strategies. There are significant harms associated with injecting drug use such as the transmission of bloodborne viral infections such as HIV/AIDS, hepatitis B and C, overdose, injecting-related infections and the social and family problems associated with drug dependence.

Over the last two decades, there has been a steady increase in the prescription of opioid drugs across most developed countries, including Australia. Epidemiological evidence suggests that non-medical use and misuse of prescription drugs has similarly increased in the general population.

A particular area of concern is the misuse of opioid therapies prescribed for persistent pain. This increase in availability and misuse of prescription opioids has been linked to a significant increase in drug-related harms, including overdose and death.

The Queensland Needle and Syringe Program (QNSP) provides sterile injecting equipment to intravenous drug users across the state through a network of 140 primary and secondary needle and syringe program outlets. This program also provides information to drug users, primary healthcare services and referral into treatment. Since the introduction of needle and syringe programs, rates of HIV infection have remained consistently low in Australia.

The Queensland Opioid Treatment Program (QOTP) offers drug substitution treatment to patients who present with opioid dependence. This voluntary program is offered through QH and private prescribers with community pharmacies involved in the daily dispensing of the medications. Over the last five years, the number of patients accessing QOTP has steadily increased, with approximately 30 per cent of patients now dependent on prescription opioid medications.

The division:

- undertakes monitoring and surveillance of controlled drugs in Queensland through the Monitoring of Drugs of Dependence System (MODDS), a key platform for addressing inappropriate and unlawful prescribing, and misuse of controlled drugs
- provides advice to health professionals to support clinical decision-making and governance practices in relation to the use of high risk controlled drugs
- provides leadership for, coordination and administration of the QNSP for illicit drug users
- provides leadership, coordination and administration of the QOTP.

HSDs are a key partner in the delivery of the harm reduction services, particularly in relation to QNSP and QOTP. Other key stakeholders include non-government organisations and primary healthcare providers such as general practitioners and pharmacists.

Key performance indicator

This document identifies priority actions for preventative health services over the next three years. Progress against actions regarding drug harm reduction will be assessed using the measures outlined below. Performance will be assessed through qualitative reporting.

What are we seeking to achieve?	How will we know?
Appropriate use of Schedule 8 controlled drugs	Number of interventions delivered to address doctor shopping
	Number of clinicians that complete training regarding controlled drugs (Schedule 8 medications)
	Percentage of prescribing clinicians that access the Drugs of Dependence Unit enquiry service
Improved access and delivery of the QOTP	Average waiting time to access the QOTP
Reduced transmission of bloodborne viruses among the injecting drug population	Prevalence of HIV and hepatitis C among injecting drug users
Improved health and wellbeing of the injecting drug population	Number of referrals to treatment or other health referrals
	Number of health workers that complete training regarding health issues among injecting drug users
	Number of needles and syringes distributed (by category and location)

What are we going to do in the next three years?

- Advocate for Queensland's interests through, and undertake work related to, national committees, including:
  - Intergovernmental Committee on Drugs
  - National Pharmaceutical Drug Misuse Strategy Steering Committee
  - National Opioid Treatment Program Training Committee
- ★ Lead, improve and coordinate the QOTP, including:
  - reviewing the current model for opioid service delivery to investigate opportunities for efficiency and innovation, and implement agreed improvement strategies
  - exploring the intersection of opioid, and other alcohol and drug services to identify areas for cultural and/or organisational change, and strengthening integration
  - developing and strengthening relationships with general practitioners, pharmacists and alcohol and drug treatment providers
  - monitoring adherence to the guidelines
  - accrediting prescribers and dispensers
  - providing QOTP training to health professionals (in particular medical practitioners)
- ★ Lead, improve and coordinate the QNSP by:
  - adopting a systematic approach to referral pathways to enhance the provision of healthcare services for clients
  - providing training for health workers regarding the healthcare needs of injecting drug users and migration to an e-based delivery method
  - providing educational resources for use with injecting drug users to rapidly respond to identified and emerging issues
  - enhancing the quality of data collection and use of the information for decisions regarding the program and support for the clients
  - developing a summary of the available evidence (in relation to the potential health gains for injecting drugs users) to advocate for whole of government action to address the social determinants of health
  - managing the contract for purchasing of equipment and its distribution to the outlets
- Provide a clinical advisory service to health professionals, particularly general practitioners and pharmacists, regarding quality evidence-based prescribing and opioid treatment
- Provide training and other professional development to clinicians regarding the appropriate use of controlled drugs (Schedule 8 medications) and the support services available
- Develop, implement and evaluate strategies to address the misuse of opioid therapies for persistent pain management, including raising public awareness
- ★ Undertake monitoring and compliance activities in relation to controlled drugs
- Enhance information systems, including developments to MODDS to allow for real-time reporting to improve responsiveness, and to the QNSP information system to improve monitoring of emerging trends

★ *Strategic priority*

What are we going to do in the next 12 months?

What are we going to do in the next three years?	What are we going to do in the next 12 months?	Who is accountable? *Refer to Legend on page 102*
14.1 Advocate for Queensland's interests through, and undertake work related to, national committees including:		
– National Pharmaceutical Drug Misuse Strategy Steering Committee	**Participate in the steering committee and disseminate information to state-based contacts**	ATODHRU
– National Opioid Treatment Program Training Committee	**Participate in the training committee** **Disseminate training package (when available) and investigate transfer to an online package**	ATODHRU
★ 14.2 Lead, improve and coordinate the QOTP, including:		
– reviewing the current model for opioid service delivery to investigate opportunities for efficiency and innovation, and implement agreed improvement strategies	**Commence review of the QOTP model of treatment with a view to integration of QOTP into general alcohol and drug services** **Review mortality associated with the QOTP for the last ten years** **Develop methodology for the reporting of QOTP waiting lists and commence reporting**	ATODHRU
– exploring the intersection of opioid, and other alcohol and drug service to identify areas for cultural and/or organisational change, and strengthening integration	**Commence review of alcohol and drug services to identify opportunities for integration of generalist alcohol and drug treatment services and opioid treatment services**	ATODHRU
– developing and strengthening relationships with general practitioners, pharmacists and alcohol and drug treatment providers	**Continue to fund a position within the Pharmacy Guild to develop strategies to increase pharmacy involvement**	ATODHRU
– monitoring adherence to the guidelines	**Develop indicators of non-compliance and disseminate to opioid treatment prescribers**	ATODHRU
– accreditation of prescribers and dispensers	**Develop a QOTP prescribers network (public and private) for south east Queensland to assist medical practitioners meet national registration requirements by providing professional development opportunities**	ATODHRU
– providing training to health professionals (in particular medical practitioners) about QOTP	**Develop and distribute QOTP resources, including admission and discharge forms, for consistent use across Queensland**	ATODHRU

What are we going to do in the next three years?	What are we going to do in the next 12 months?	Who is accountable? *Refer to Legend on page 102*
★ 14.3 Lead and coordinate QNSP by:		
– adopting a systematic approach to referral pathways to enhance the provision of healthcare services for clients	**Establish a working group to develop a framework to improve referrals for injecting drug users**	ATODHRU, CDB
– providing training for health workers regarding the healthcare needs of injecting drug users and migration to an e-based delivery method	**Develop an e-based learning module for needle and syringe workers**	ATODHRU
– providing educational resources for use with injecting drug users to rapidly respond to identified and emerging issues	**Develop new resources relating to overdose and disseminate to needle and syringe programs** **Develop a Fentanyl card to accompany the new resources**	ATODHRU
– enhancing the quality of data collection and use of the information for decisions regarding the program and support for clients	**Maintain 100 per cent data collection at primary QNSP outlets** **Improve key secondary QNSP outlet involvement in data collection** **Improve electronic recording of minimum data set**	ATODHRU
– developing a summary of the available evidence (in relation to the potential health gains for injecting drug users) to advocate for whole-of-government action to address the social determinants of health	**Develop summary using data obtained from the minimum data set from QNSPs**	ATODHRU
– managing the contract for purchasing the equipment and its distribution to the outlets	**Continue to manage and supply stock to outlets**	ATODHRU
14.4 Provide clinical advisory service to health professionals, particularly general practitioners and pharmacists, regarding quality evidence-based prscribing and opioid treatment	**Ongoing**	ATODHRU
14.5 Provide training and other professional development to clinicians regarding the appropriate use of controlled drugs (Schedule 8 medications) and the support services available	**Develop resources for use by health professionals, in particular general practitioners, and provide training in the use of the resource package**	ATODHRU
14.6 Develop, implement and evaluate strategies to address the misuse of opioid therapies for persistent pain management, including raising public awareness	**Contribute to strategies to improve management of chronic pain conditions by general practitioners and pain management specialists** **Participate in the QH persistent pain management initiative**	ATODHRU
★ 14.7 Undertake monitoring and compliance activities in relation to controlled drugs	**Continue to monitor compliance with the *Health (Drugs & Poisons) Regulation 1996*, including developing automated alerts for the database**	ATODHRU
14.8 Enhance the information systems, including developments to MODDS to allow for real-time reporting to improve responsiveness and to QNSP information system to improve monitoring of emerging trends	**Develop and implement marketing and communication strategies for pharmacies to increase uptake of S8 Online** **Undertake a project to determine the consequences of rea-time reporting on the current system**	ATODHRU, ISDMU

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Legend

The lead agency is listed first, a collaborative relationship is indicated by a comma, a bracket indicates a supporting role.

ATODHRU	Alcohol Tobacco and Other Drugs Harm Reduction Unit
CDB	Communicable Diseases Branch
CRS	Central Regional Services
DIU	Development and Information Unit
EHB	Environmental Health Branch
ISDMU	Information Services and Data Management Unit
OED	Office of the Executive Director
PHRU	Private Health Regulatory Unit
RC	HAHCSH Regional Coordinators
RS	all Regional Services
SPEB	Strategic Partnership and Epidemiology Branch
SRS	Southern Regional Services
TRS	Tropical Regional Services

Glossary

CALD	Culturally and Linguistically Diverse
DERM	Department of Environment and Resource Management
HPLG	Health Protection Leadership Group
HSD	Health Service District
LPU	Legislative Projects Unit
NHMRC	National Health and Medical Research Council
NPA	National Partnership Agreement
NOCS	Notifiable Conditions System
PHU	Public Health Unit
QH	Queensland Health