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Dr John Gerrard
Chief Health Officer
Queensland Health

[redacted]

Subject: COVID infection control measures in Qld Health hospitals

Dear Dr Gerrard

Doctors have contacted AMA Queensland with concerns about rising COVID cases and inadequate infection controls within Queensland Health hospitals. They are particularly concerned that patients are becoming unnecessarily infected and, in some cases, dying as a result. Likewise, they reported flow-on impacts on staffing with reduced doctors and nurses on most shifts in certain hospitals, particularly in emergency departments (EDs).

Medical practitioners have expressed the view that infection control settings across Qld health are insufficient as they are focussed on droplet and contact precautions for COVID19, which spreads mainly via the airborne route. Additionally, individual hospital and health services (HHSs) should not be expected to determine infection controls given many HHS clinical executives are not public health physicians. They believe a state-wide response is needed and should be directed by the Chief Health Officer (CHO).

AMA Queensland suggests Queensland Health consider implementing the following to help protect patients and staff, particularly in all EDs, intensive care units (ICUs) and clinics treating highly vulnerable and immunosuppressed patients:

- isolation or at least separation of patients in EDs and wards that are COVID positive;
- reinstatement of commercial grade air purifies with HEPA filters in all EDs, wards, clinics and day procedure units, as studies demonstrate the ability of these machines to extract aerosolised viral particles from the air;
- strong guidance from CHO to HHS leads that policies around staff PPE for suspected or confirmed COVID-positive patients need to be enforced (including fit testing), as currently this is inconsistent, risking the health of front line staff and worsening absence rates, especially in EDs;
- COVID and other virus testing for staff with respiratory symptoms prior to returning to work, with requisite sick leave provisions for documented RAT- or PCR-positive staff;
- the wearing of N95 masks for 7 days without unmasking with patients and colleagues for staff returning to work after testing positive; and
- enhanced public messaging in all Queensland Health facilities highlighting the risk to inpatients from visitors who are unwell, with clear guidance to visit only when well and that visitors may be asked to leave the ward if they appear otherwise.

AMA Queensland notes that Hervey Bay Hospital and Metro North HHS have also reintroduced COVID-19 infection-control measures. We likewise encourage the CHO to consider implementing the above state-wide given the current surge in cases across Queensland.

Due to issues with reporting processes, doctors are also concerned that current hospital acquired infection (HAI) data is not reflecting the true rate of infections occurring after patients arrive at Queensland Health facilities. For example, medical practitioners report that certain patients would not be included in the HAI data such as those who were transferred from one facility to another and did not test positive until arrival at the second facility. They also report the deaths associated with HAI would be underreported because the data does not capture patients who left hospital:

- for home or residential aged care facilities (RACFs) but died there after discharge; or
- alive but died from the impact of the illness within the next few weeks.

We ask the Department to interrogate this data along with bed block, which doctors report is also worsening due to the current COVID surge, impact of staff absences and sicker patients.

We would welcome an opportunity to meet to discuss these issues with you further.

Yours sincerely

Dr Maria Boulton
President
AMA Queensland

Dr Brett Dale
Chief Executive Officer
AMA Queensland