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File Ref: C-ECTF-24/0095

Queensland Health

Dr Maria Boulton  
President  
AMA Queensland

Dr Brett Dale  
Chief Executive Officer  
AMA Queensland

Email: [REDACTED]

Dear Dr Boulton and Dr Dale

Thank you for your letter dated 9 April 2024, and for meeting with me on 24 April 2024 concerning Queensland Health staff absences due to illness and Queensland Health hospital infection control visits.

You wrote that doctors have advised that there was a significant increase in SMO and JMO staff absences in several hospitals in the weeks leading up to your letter. While the data does not demonstrate that staff absence level over that time was more significant than baseline, I acknowledge this feedback may be a sign of staff under pressure and I recognise the impact that any staff absence would have in an environment such as an emergency department. I appreciate your concern about the potential spread of respiratory infections among ED doctors and its ability to impact healthcare.

During our meeting, an update was provided on the Queensland hospital infection control visits. As you are aware the visits are continuing and are going well. Hospital staff have welcomed the visits and the informality has provided an opportunity for frank and open dialogue. It is anticipated that all HHSs will have been visited by the end of 2024. I have taken on your suggestion of ensuring the staff have an opportunity for further feedback if they have any infection control concerns and we will explore this further. We absolutely want to ensure we have the environment, the pathway and the culture for staff to be empowered to offer feedback.

I was also pleased to be able to share with you information about the 10 scholarships offered to HHS infection control staff to complete further education in infection and prevention control.

I note your reference to Northern Territory Health's hospital infection controls, which include measures such as in-patient testing, air purifiers, staff leave requirements and mandatory mask requirements.

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As discussed in our meeting, there are statewide protocols that exist that allow sites to implement restrictions based on assessed risk. Queensland Health hospitals have comprehensive clinical guidelines regarding COVID-19 and other respiratory infections. The *Acute Respiratory Infection – Infection Prevention and Control Guidelines* provides a document that outlines IPAC principles for managing ARIs that can cause outbreaks in health facilities including, but not limited to, influenza, COVID-19 and RSV. These can be located at [https://www.health.qld.gov.au/\\_\\_data/assets/pdf\\_file/0025/1246228/acute-respiratory-infection.pdf](https://www.health.qld.gov.au/__data/assets/pdf_file/0025/1246228/acute-respiratory-infection.pdf)

Thank you also for your enquiry regarding indoor air quality. Queensland Health agrees with the need for indoor quality standards supported by appropriate building and ventilation design including measures for treatments to minimise re-circulation of air pollutants, whilst minimising energy use.

Queensland Health is working with Professor Morawska and QUT in a research project titled 'Making Australia resilient to airborne infection transmission'. This project aims to provide science-based solutions, tools, and guidelines for engineering controls against airborne respiratory infection transmission. The outcomes of this project will be considered by Queensland Health in the potential building upgrades and new Queensland Health facilities.

Thank you again for your letter and follow-up discussions. As always, we welcome engagement with you and your members on issues that are important to them.

Yours sincerely



Dr Catherine McDougall  
Queensland A/Chief Health Officer  
30 April 2024