



Health Bulletin 16 June 2020

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[Russell Kennedy principal Anthony Massaro can provide a training session to your Board on Workplace Manslaughter and Officers' Duties.](#)

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[Royal Commission into National Natural Disaster Arrangements seeks input into health frameworks](#)

The Royal Commission into National Natural Disaster Arrangements (**Royal Commission**) is seeking input that will inform its consideration of Australia's health and mental health frameworks, and whether these frameworks can be made more resilient in times of natural disaster.

The Royal Commission has noted its Issues Paper published on 29 May 2020 that natural disasters don't only affect the physical environment, but "can have a serious effect on the health and wellbeing of those who survive". The Issues Paper poses six questions relating to:

health coordination arrangements:

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- health coordination arrangements;
- primary health;
- providing information to the public; and
- priority research areas.

The Royal Commission encourages health care providers, health policy departments and agencies, researchers, emergency coordinators and practitioners to provide their views on these matters.

You can access the Issues Paper [here](#).

You can provide your responses [here](#).

[New legislation passes Victorian Parliament making IVF access easier and fairer](#)

The Victorian Parliament has recently passed legislation which removes the requirement for women and their partners to undergo police and child protection order checks before accessing assisted reproductive treatment. The change was recommended in the independent review of Assisted Reproductive Treatment in Victoria prepared by [Michael Gorton AM \(Gorton Review\)](#), a Russell Kennedy Principal.

The Gorton Review noted that many patients found the requirement to undergo checks humiliating, a cause of distress and an unfair burden to seeking access to assisted reproductive treatment. The change is intended to make access to treatment fairer and easier, and is expected to assist an estimated 25,000 women and their partners who access treatment each year.

While individuals are no longer required to undergo checks, assisted reproductive treatment clinics still need to ensure the welfare and best interests of the child are paramount when deciding whether to treat a woman.

This change is one of a number recommended in the Gorton Review which are being implemented in Victoria. A key change already made is to remove the requirement for a woman who is separated (but not divorced) to seek approval from their former partner to access IVF with their own eggs and donor sperm. The Victorian Government is now working on developing a business case for public IVF services to make treatment more affordable.

Access the new legislation [here](#) and read the Victorian Government's press release [here](#).

To find out more about the reforms to Victoria's IVF system more broadly and access the Gorton Review, click [here](#).

[Regulatory changes to reduce opioid harm](#)

The Therapeutic Goods Administration has recently announced regulatory changes in effect from 1 June 2020 in an effort to combat the harm caused by overuse of opioids in Australia.

Specifically, the changes aim to lessen an individual's long-term dependence on opioid medications—particularly when opioid medication is used to relieve short-term pain (for example, following surgery)—by:

- including new warning statements on opioid medications so that prescribers are aware of when opioids should be prescribed and their side effects;
- improving information available to prescribers and consumers to encourage best-practice prescribing; and
- updating prescribing 'indications' for opioid medications to ensure that opioids are only prescribed when the benefits of prescription outweigh the potential risks.

In addition, an Opioids Regulatory Communications Committee has been established to manage communication and education activities.

This Committee is made up of healthcare workers, specialists and members of consumer groups.

Learn more about what changes have been made [here](#).

Australian National Disease Surveillance Plan

The Australian National Disease Surveillance Plan for COVID-19 (the **Surveillance Plan**) is one aspect of the Australian Health Sector Emergency Response Plan for Novel Coronavirus (COVID-2019).

The overarching goal of the Surveillance Plan is to implement a sustainable approach to suppressing the transmission of COVID-19. More specifically, each surveillance system in the Surveillance Plan is designed to:

- Provide daily updates of the characteristics of the virus and trends in the pandemic;
- Provide an indication of the scale and severity of the pandemic and its impact on the community;
- Track the efficacy of testing;
- Track close contact cases and evaluate the process of rapid identification and quarantining;
- Track community clusters and evaluate control strategies;
- Provide an indication of the impact on medical resources as juxtaposed against identification of high risk groups and evaluate public health measures and hospital capacity;
- Track how widespread the virus is, even in those who have mild, asymptomatic or atypical symptoms; and
- Identify potential outbreaks, particularly in high risk settings and also which are juxtaposed against those with mild, asymptomatic or atypical symptoms.

The surveillance systems planned to be adopted are as follows:

- **Case-base surveillance**, which involves each State and Territory collecting, storing and providing its health data.
- **Targeted active case finding**, which sets out a priority of targeted testing. For example – those showing fever and respiratory symptoms and/or in close contact with someone who has tested positive.
- **Syndromic and sentinel surveillance**, which collects data in relation to people showing symptoms but not tested.
- **Serosurveillance**, which involves testing antibodies to COVID-19 and understanding the population's immunity to the virus.
- **Molecular epidemiology**, which involves comparing other factors to identify particularly susceptible individuals or populations.

The Surveillance Plan is noted as a “living plan” and will continue to be re-evaluated and adjusted.

To read the Surveillance Plan, click [here](#).

\$131.4 billion to public hospitals over the next 5 years

The National Cabinet signed the 2020-25 National Health Reform Agreement (**Agreement**) on 29 May 2020. Under the Agreement the Commonwealth will invest an estimated \$131.4 billion in demand driven public hospital funding to public hospitals over five years from 2020–21 to

improve health outcomes and ensure the sustainability of the health system now and into the future. This is in addition to over \$8 billion health investment by the Commonwealth during the COVID-19 response.

The Agreement strengthens the government's commitment to equitable access to public hospitals by removing incentives that can lead to preferential treatment of private patients.

The Agreement will deliver a number on a number of initiatives, including:

- a. enabling the states to deliver more flexible care, including hospital in the home. This includes rehabilitation after stroke in the home, an initiative which will help address Australia's approximate 50,000 strokes which occur each year; and
- b. a number of very sick children will receive lifesaving, high cost therapies such as immunotherapy, free of charge. Without this assistance patients could pay around \$500,000 per treatment for cancer immunotherapy.

The Prime Ministers' Media Release may be accessed [here](#).

Russell Kennedy principal Anthony Massaro can provide a training session to your Board on Workplace Manslaughter and Officers' Duties.

To arrange a training session or find out more, please contact [Anthony](#) via [email](#). You can also read our recent Alert on the substantial new penalties for work related deaths [here](#).

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