



SA Health

Australian National
Guidelines for the
Management of
Healthcare Workers
Living with Blood Borne
Viruses and Healthcare
Workers who Perform
Exposure Prone
Procedures at Risk of
Exposure to Blood
Borne Viruses

Implementation guidelines for
South Australia

March 2019

Introduction

Revised Australian national guidelines (the Guidelines) for healthcare workers (HCWs) living with, or at risk of exposure to, blood borne viruses (BBVs) were released on 19 December 2018 and are now in effect. The Guidelines and a series of information sheets for healthcare workers, employers, healthcare students, doctors caring for healthcare workers, and the public can be found at <http://www.health.gov.au/internet/main/publishing.nsf/Content/cda-cdna-bloodborne.htm> .

The Guidelines are in two parts:

- > Part A provides information and recommendations for all healthcare workers, in particular:
 - o HCWs who perform exposure prone procedures (EPPs)
 - o HCWs living with a blood borne virus (BBV), and
 - o doctors treating HCWs with a BBV.
- > Part B provides information and recommendations for public health authorities including, but not limited to, hospitals and jurisdictional health departments, when managing or investigating a situation where a HCW with a BBV was not compliant with these Guidelines and/or may have placed a patient(s) at risk of infection.

The purpose of this Implementation Guideline is to provide a framework for implementation of the Guidelines in South Australia across all health services in the state, both in the public and private sector including healthcare facilities and individual practices.

The Guidelines apply to all HCWs who may carry out EPPs, including, dentists, dental therapists/hygienists, medical practitioners, midwives, nurses and paramedics.

For full details, always refer to the published national Guidelines.

There are certain types of procedures, known as exposure prone procedures (EPPs), where there is an increased risk of BBV transmission from either the HCW or the patient. To mitigate this risk, HCWs with a BBV must not perform EPPs unless complying with these Guidelines.

Healthcare workers

Primary responsibility for compliance rests with individual HCWs. All HCWs who perform EPPs must be familiar with and comply with the requirements set out in the Guidelines.

All HCWs who undertake EPPs must take reasonable steps to know their BBV status. "Reasonable steps" include, at a minimum:

- > being tested for BBVs at least once every three years, as performing EPPs places the HCW at increased risk of acquiring a BBV
- > being tested after any occupational exposure
- > being tested more frequently than 3-yearly if at risk of a BBV due to non-occupational exposures.

Registered HCWs who perform exposure prone procedures (EPPs) must confirm when applying for renewal of registration that they comply with the Guidelines. The HCW does not have to provide the Australian Health Practitioner Regulatory Agency (AHPRA) with test results. AHPRA may take regulatory action against HCWs whose work requires them to perform EPPs who breach professional standards on these matters. Making false statements about compliance would be considered a breach of professional standards.

If newly diagnosed with a BBV, a HCW who performs EPPs must

- > immediately cease these activities
- > inform the Worker Health and Safety Director (if in a facility which has one), or
- > contact the Director of the Communicable Disease Control Branch (CDCB) if in private practice to initiate confidential risk assessment around need for a lookback, and
- > seek medical care from an appropriately qualified doctor with expertise in treatment of BBVs.

It is not necessary to advise AHPRA of the infection but it is essential to comply strictly with the Guidelines. The HCW may continue to work in patient care, but cannot resume EPPs until provided a medical clearance by the treating doctor.

HCWs living with a BBV and who perform EPPs must ensure that they are under the care of a treating doctor with relevant expertise, and must accept that it is a condition of undertaking EPPs that they consent to ongoing management while they continue to practise EPPs, including:

- > to be compliant with their prescribed treatment
- > to have ongoing viral load monitoring at the appointed time
- > to seek advice if a change in health condition may affect their fitness to practise or impair their health
- > to release health monitoring information (including viral load and relevant clinical information), to a designated person in their workplace in the event of a potential exposure incident to assess the requirement for further public health action, if required, and
- > to release monitoring information, if required, to the CDCB/Expert Advisory Committee (EAC).

Support and advice for healthcare workers living with a BBV is available from their specialist college or from the Australasian Society for HIV, Viral Hepatitis and Sexual Health Medicine.

Employers

Healthcare employers should ensure that they and their employees are familiar with the requirements set out in the Guidelines.

Facilities should have a designated person (e.g. Director of Work Health and Safety or Infection Control) to receive health monitoring information of a HCW with a BBV in the event of a potential exposure incident, including a newly diagnosed BBV in a HCW performing EPPs, to assess the requirement for further public health action if required.

All HCWs have the right to access confidential testing, counselling, support and treatment, and they have the same right to privacy as everyone else. Employers of healthcare workers must consider relevant public health, antidiscrimination, privacy, industrial relations and equal employment opportunity legislation. Healthcare facilities should provide an environment in which HCWs living with a BBV know their privacy and confidentiality will be respected and maintained.

A HCW living with a BBV, who is under the care of a suitably qualified treating doctor and complying with the Guidelines, does not need to bring his/her BBV status to the attention of the employer. HCWs are not required to disclose their BBV status to employers unless exceptional circumstances exist, such as a possible exposure to a BBV in themselves or a patient.

The healthcare system should support a HCW living with a BBV, as for all other HCWs, by providing a work environment that minimises the risk of cross-infection or acquisition of all infections including BBVs. Support may include appropriate training or retraining/ supervision (if required), counselling, infrastructure, infection control measures and equipment.

Facilities should have in place processes which require and support reporting and appropriate follow up of every sharps injury, whether or not there was a risk of patient exposure.

Clearance for a HCW with a BBV to carry out EPPs is the responsibility of the HCW's treating doctor, who must be a person with recognised expertise in the treatment of BBVs.

In complex situations, the treating doctor may choose to consult with the Director of the CDCB, who is the contact person in the South Australian Department for Health and Wellbeing for advice on clearance, or reporting of incidents, whether in the public or private health sector.

A healthcare worker performing EPPs who does not comply with the guidelines should be notified to AHPRA and the relevant board. This would usually be done by the HCW's treating doctor, but may be done by an employer or colleagues if circumstances justify this.

Under public health legislation, in order to protect the public, a healthcare worker who is not in compliance with the Guidelines can be notified to the Director of the CDCB to consider whether intervention under public health legislation is also warranted.

Healthcare students who perform EPPs are required to comply with the Guidelines.

Treating doctors for HCWs with BBVs who perform EPPs

A “treating doctor” in the context of the Guidelines refers to a specialist in the treatment of BBVs and may include appropriately trained and experienced general practitioners as well as infectious diseases or sexual health physicians, hepatologists, or immunologists experienced in the treatment of the relevant BBV.

The treating doctor has a confidential doctor-patient relationship with the HCW and is not required to disclose any information, including BBV status, about the HCW to AHPRA or the employer as long as the HCW is complying fully with the Guidelines and the treating doctor has no concerns about compliance or the HCWs ability to practise safely. The diagnosing/ treating doctor is required to disclose relevant information to CDCB as part of the notification requirements under public health legislation.

The treating doctor has a responsibility to:

- > ensure that their skills and experience are of a standard that would deem them to have expertise in the treatment of the relevant BBV(s)
- > have no conflict of interest (whether actual or perceived) in management of the healthcare worker
- > ensure their own understanding of and compliance with the relevant jurisdictions' *Health Practitioner Regulation National Law (South Australia) Act 2010* and the Medical Board of Australia's *Good Medical Practice: A Code of Conduct for Doctors in Australia*
- > ensure their own understanding of the Guidelines and the *South Australian Public Health Act 2011* and the Commonwealth *Privacy Act 1988*
- > ensure the healthcare worker has scheduled appointments of appropriate frequency for the level of monitoring they require
- > actively follow up missed healthcare worker appointments to ensure timely rescheduling
- > under public health legislation, in order to protect the public, report concerns regarding healthcare worker compliance with professional standards or non-compliance with the Guidelines to the Director of the CDCB in a timely manner, such as performing EPPs when not compliant with the Guidelines
- > report concerns regarding actual or potential exposures constituting a public health risk to the Director of the CDCB
- > consider whether to notify the healthcare worker to AHPRA if the healthcare worker is putting the public at risk
- > grant initial health clearance for a healthcare worker living with a BBV to perform EPPs in accordance with the Guidelines.

Complex situations or disagreements with the healthcare worker about meeting the Guideline criteria can be referred to the Director of the CDCB by either the treating doctor or the healthcare worker living with a BBV.

Department for Health and Wellbeing

The CDCB in the Department for Health and Wellbeing is the primary agency responsible for surveillance of, and response to, notifiable diseases, which include the blood borne viruses.

The Director of CDCB may be requested to provide advice or guidance on complex situations e.g. a new diagnosis of a BBV in a HCW who performs EPPs, or issues of non-compliance with these Guidelines. This may be done by:

- > the HCW
- > the HCW's treating doctor
- > the HCW's employer.

The CDCB will be involved in investigation of every potentially iatrogenic BBV transmission. This may arise from:

- > routine investigation of every newly notified BBV infections under the South Australian Public Health Act 2011 or
- > notification by an HCW/ employer of potential iatrogenic exposure of patient/s to a BBV.

Expert Advisory Panel

An Expert Advisory Panel (EAP) may be convened by the Director of the CDCB for consideration of complex situations, as required. These might include management of individual workers with BBVs where problematic, when an exposure incident occurs involving a HCW with a BBV who is not complying with these Guidelines, or advice on risk assessments and lookbacks in the event of new diagnosis in a HCW who performs EPPs.

Referral to the EAP may be made by the Director of the CDCB, or may be requested by a treating doctor, employer, or the individual HCW.

The EAP membership will vary depending on the situation, but may include

- > Director of CDCB (chair)
- > Chief Public Health Officer
- > an infectious disease physician
- > a worker health and safety professional
- > a representative from the relevant professional college and discipline
- > a legal advisor.

National Expert Reference Panel

A National Expert Reference Panel (NERP) will be formed by the Australian Department of Health Its role will be:

- > to provide advice to jurisdictions, if requested, and
- > to guide nationally consistent decision making.

Referrals to the NERP will be made by the Director of the CDCB or the Chief Public Health Officer.

Contact numbers

Communicable Disease Control Branch Director

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Adelaide SA 5000

Phone: 1300 232 272

Australian Health Practitioner Regulatory Agency

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80 Grenfell Street
Adelaide SA 5000

Phone: 1300 419 495

References

Australian national guidelines for the management of healthcare workers living with blood borne viruses and healthcare workers who perform exposure prone procedures at risk of exposure to blood borne viruses. Communicable Diseases Network Australia.

<http://www.health.gov.au/internet/main/publishing.nsf/Content/cda-cdna-bloodborne.htm>.

South Australian Public Health Act 2011.

<https://www.legislation.sa.gov.au/LZ/C/A/SOUTH%20AUSTRALIAN%20PUBLIC%20HEALTH%20ACT%202011.aspx>.

Privacy Act 1988 (Cth).

<https://www.legislation.gov.au/Details/C2018C00034>.

Health Practitioner Regulation National Law (South Australia) Act 2010.

[https://www.legislation.sa.gov.au/LZ/C/A/HEALTH%20PRACTITIONER%20REGULATION%20NATIONAL%20LAW%20\(SOUTH%20AUSTRALIA\)%20ACT%202010/CURRENT/2010.5.AUTH.PDF](https://www.legislation.sa.gov.au/LZ/C/A/HEALTH%20PRACTITIONER%20REGULATION%20NATIONAL%20LAW%20(SOUTH%20AUSTRALIA)%20ACT%202010/CURRENT/2010.5.AUTH.PDF).

Good Medical Practice: A Code of Conduct for Doctors in Australia. Medical Board of Australia.

www.medicalboard.gov.au/Codes-Guidelines-Policies/Code-of-conduct.aspx.

For more information

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www.ausgoal.gov.au/creative-commons



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