



ACT
Government

ACT Health

Policy: Management of healthcare workers with blood borne viruses

Document number	AHDPD-12:2019
Effective date	3 March 2021
Review date	December 2024
Author branch	Communicable Disease Control
Endorsed by	Directorate Leadership Committee
Audience	Health-system
Version number	2.0

Policy Statement

The ACT Health Directorate is committed to maintaining a safe working environment for healthcare workers (HCWs) and patients in the ACT.

There is a very low, but real, risk of an HCW infected with hepatitis B virus (HBV), hepatitis C virus (HCV) and/or human immunodeficiency virus (HIV) – collectively referred to as blood borne viruses (BBV) - transmitting a BBV to a patient. This risk is higher for HCWs with BBVs who perform certain types of procedures, known as exposure prone procedures (EPPs), as these procedures carry an increased risk of a HCW's blood being exposed to a patient's open tissues.

In 2018 the Australian Health Ministers' Advisory Council (AHMAC) endorsed revised [*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*](#) (the National Guidelines), which supersede the previous 2012 version.

The ACT Health Directorate endorses these National Guidelines as best practice for the management of HCWs with BBVs. This policy provides a broad overview of the roles and responsibilities underpinning adoption of these guidelines within the ACT public healthcare sector and should be read in conjunction with the National Guidelines.

Purpose

The purpose of this policy is to ensure all HCWs employed by the ACT Government in the ACT public healthcare sector are compliant with the National Guidelines. This includes Canberra Health Services (CHS), Calvary Public Hospital Bruce and Tresillian at Queen Elizabeth II Family Centre.

Scope

This policy applies to all HCWs, including students and voluntary workers, who undertake work in public healthcare settings in the ACT that involves patient care and/or contact with blood or other body fluids. This includes, but is not limited to, medical practitioners, nurses, midwives, allied health, dentists and dental assistants. Parts of this policy are also applicable to medical practitioners responsible for the management of a BBV-infected HCW, herein referred to as the 'treating doctor'.

Requirements

All HealthCare Workers

- All HCWs should familiarise themselves with the National Guidelines and undertake all actions necessary to comply with these guidelines.
- All HCWs should be aware if any procedure they perform is classified as an EPP.
- All HCWs should be aware of their BBV status.
- All HCWs, including student HCWs, should be vaccinated against HBV prior to the commencement of employment, studies or clinical placements if they have no documented evidence of pre-existing immunity.
- All HCWs should be assessed for HBV immunity post-vaccination.
- All HCWs should understand their responsibility to exercise appropriate infection prevention and control precautions at all times, in accordance with the [Australian Guidelines for the Prevention and Control of Infection in Healthcare](#) and all other relevant infection control policies and procedures at their place of employment.
- All HCWs should understand their responsibility to report any workplace incidents or accidents where a patient may have been exposed to the HCW's blood and comply with all relevant policies or procedures for managing such incidents.

Healthcare Workers Who Perform Exposure Prone Procedures

In addition to the responsibilities of all HCWs, HCWs who perform EPPs should ensure they are tested for BBVs at least every three years, and more frequently if they are at risk of non-occupational exposure to a BBV.

- HCWs performing EPPs should have appropriate timely testing and follow-up care after a potential occupational or non-occupational exposure associated with a risk of BBV infection.
- HCWs performing EPPs should understand their obligation to report all sharps injuries, whether or not there was a risk of patient exposure.

Healthcare Workers with a Blood Born Virus

- All HCWs with a BBV have a professional obligation to seek medical care from an appropriately qualified medical practitioner.
- Any HCW who performs EPPs and is diagnosed with a BBV should cease performing all EPPs immediately and should not return to performing EPPs until they have received adequate treatment and monitoring to enable compliance with the clinical criteria specified in the National Guidelines for resuming EPPs.

- Once a BBV-infected HCW has received adequate treatment and monitoring to comply with the National Guidelines, they can resume performing EPPs but must remain under the care of an appropriately qualified treating doctor and maintain compliance with ongoing treatment and viral load monitoring.

Treating Doctor

- The treating doctor has a responsibility to ensure their own understanding of the National Guidelines, ensure there are no real or perceived conflicts of interest for managing a HCW with a BBV, and must be willing to actively monitor the HCW's compliance with the National Guidelines.
- BBVs are notifiable conditions in the ACT and the treating doctor should ensure a notification has been made in line with the *Public Health (Reporting of Notifiable Conditions) Code of Practice 2017*.
- The treating doctor should remind the HCW of their obligation to comply with the National Guidelines, including cessation of EPPs until they have received adequate treatment.
- The treating doctor should ensure the HCW has scheduled appointments of appropriate frequency for the level of monitoring they require, and that any missed appointments are followed-up.
- If the treating doctor has concerns that a BBV-infected HCW is non-compliant with the National Guidelines and may be putting the public at risk, this should be notified as a potential public health hazard, under the *Public Health Act 1997*, to the Chief Health Officer and to AHPRA.

Chief Executive Officer of Health Services

- The Chief Executive Officer of healthcare facilities, or their nominated Delegate, has a responsibility to ensure appropriate policies/procedures are in place to protect patient safety, ensure HCWs are aware of their responsibilities to comply with the National Guidelines and ensure HCWs who are found to be non-compliant with the National Guidelines are managed appropriately.
- Healthcare facility policies/procedures should consider relevant anti-discrimination, privacy, industrial relations and equal employment opportunity legislation in discharging their duty of care to both the public and HCWs.
- Healthcare facility policies and procedures should make it clear that a BBV-infected HCW has a right to have their privacy and confidentiality maintained, and if policies or procedures require a BBV-infected HCW to disclose their BBV status to their employer they should clearly articulate how the privacy and confidentiality of the BBV-infected HCW will be safeguarded.
- Any scope of clinical practice decisions for a BBV-infected HCW must be governed by a committee that has received Ministerial approval as a scope of clinical practice committee, as specified under Part 5 of the *Health Act 1993*.

Chief Health Officer

- Under the *Public Health Act 1997* the CHO, or a Delegate of the CHO, has statutory responsibility for surveillance of notifiable conditions and responding to public health hazards in the ACT.
- Beyond receiving a notification when a BBV is diagnosed, the CHO does not have a routine role in managing BBV-infected HCWs who are complying with the National Guidelines.
- If the CHO is notified of a BBV-infected HCW who is non-compliant with the National Guidelines and poses a potential public health hazard, the CHO has a responsibility to undertake a public health investigation and take any actions necessary to protect public health.
- To assist with the public health investigation and response, the CHO may convene an expert advisory panel and may also seek advice from the National Expert Reference Panel (NERP), convened by the Australian Government Department of Health.
- On request, the CHO (or their Delegate) may also have a role in providing public health advice to a treating doctor or to a representative of a healthcare facility scope of clinical practice committee to assist with the management of complex situations involving a HCW with a BBV.

ACT Health Directorate Clinical Placement Office

- Students and trainees are admitted for placement in ACT public health facilities through the ACT Health Directorate Clinical Placement Office (CPO), which is under the responsibility of the ACT Chief Nursing and Midwifery Officer.
- The CPO acts for the ACT Health Directorate, Canberra Health Services and Calvary Public Hospital Bruce to ensure that all students and trainees are compliant with mandatory placement requirements, including immunisation requirements.
- The Flow Chart at Attachment A illustrates the process for assessing Category A students and trainees with a BBV prior to their placement within ACT public health facilities.
- Student welfare should be considered in the management of this policy with encouragement to seek further medical and counselling assistance from their medical specialist or educational institutions.

Records Management

All relevant records related to this policy will be managed in accordance with the Territory Records Act 2002 (ACT) and Directorate policies and procedures.

Evaluation

Outcome Measures	Method	Responsibility
What will be measured to determine achievement – has the policy purpose occurred?	How will this be done?	Who is responsible for evaluation?
There are no instances of BBV transmission from HCW to patients in the ACT public health care system.	Routine surveillance activities for notifiable diseases.	Communicable Disease Control

Related Documents

Legislation

- Public Health Act 1997
- Public Health (Reporting of Notifiable Conditions) Code of Practice 2017 (No 1)
- Health Act 1993
- Human Rights Act 2004
- Health Practitioner Regulation National Law (ACT)
- Health Records (Privacy and Access) Act 1997
- Work Health and Safety Act 2011
- Work Health and Safety Regulation 2011
- List all applicable Acts

Supporting Documents

- ACT Public Sector Work Health and Safety Policy Statement
- ACT Health Policy Incident Management ACT Health Incident Management Procedure
- Australian National Guidelines for the Management of Health Care Workers Living with Blood Borne Viruses and Healthcare Workers who Perform Exposure Prone Procedures at Risk of Exposure to Blood Borne Viruses (2018). Available from: <http://www.health.gov.au/internet/main/publishing.nsf/Content/cda-cdna-bloodborne.htm>
- National Guidelines for Managing HIV Transmission Risk Behaviours (2018). Available from: <https://www.health.gov.au/internet/main/publishing.nsf/Content/ohp-hiv-guideline-at-risk>
- ACT Health Guidelines, Management of People with Human Immunodeficiency Virus (HIV) Who Place Others at Risk, DGD16-001, February 2017.
- Australian Guidelines for the Prevention and Control of Infection in Healthcare (2019). Available from: <https://www.nhmrc.gov.au/file/14289/download?token=QNDTcrjY>

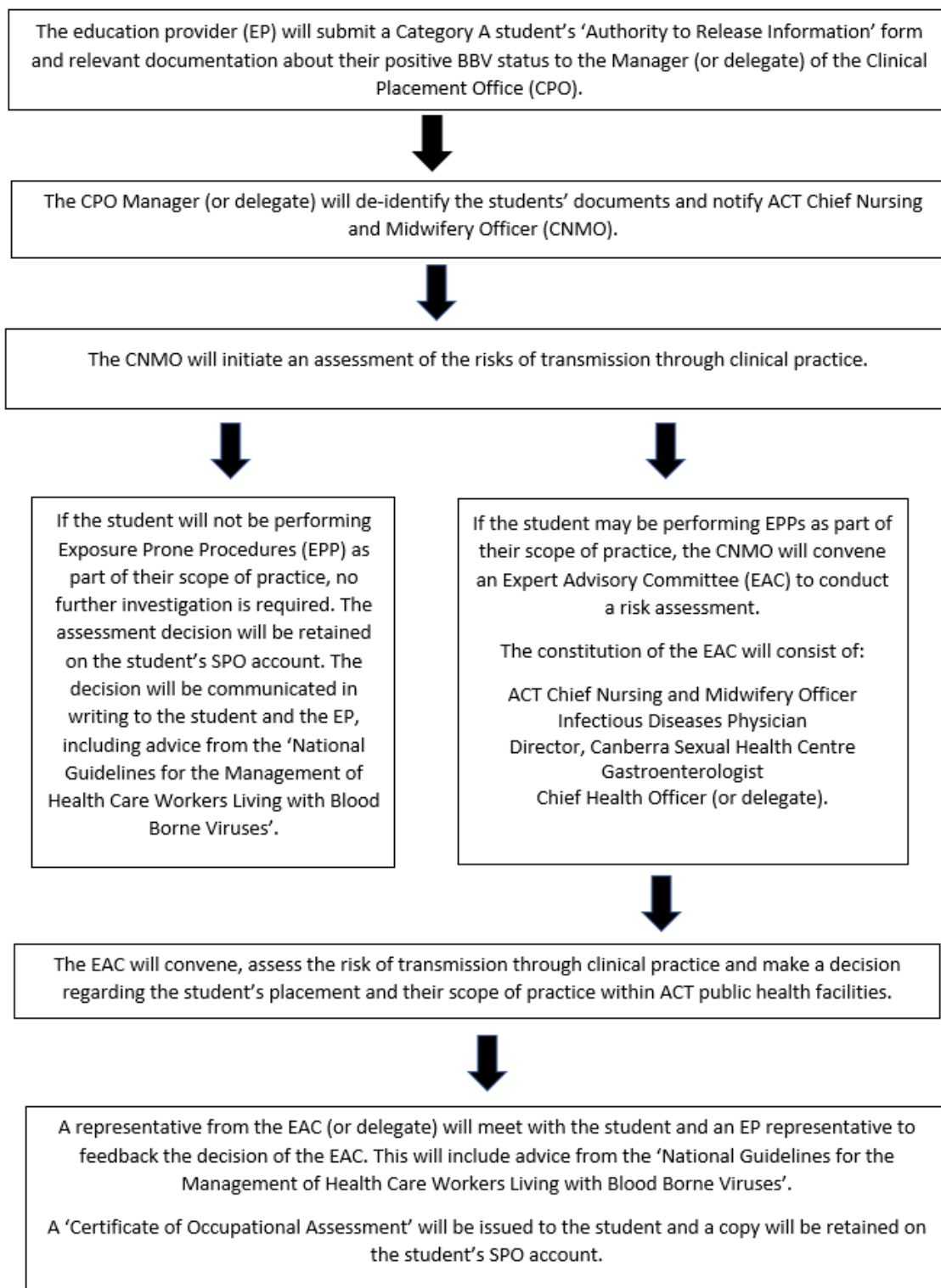
Definitions

Term	Definition
Healthcare workers (HCWs)	Persons, including students and voluntary workers, who undertake procedures in public and/or private healthcare settings, that normally involve patient care and/or contact with blood or other body fluids
Treating doctor	A specialist in the treatment of BBVs, which 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 BBV(s).
Non-exposure prone procedures (non-EPPs)	Procedures where the hands and fingers of the HCW are visible and outside of the body at all times and procedures or internal examinations that do not involve possible injury to the HCW's hands by sharp instruments and/or tissues, provided routine infection prevention and control procedures are adhered to at all times. Examples of non-EPPs are provided in Appendix 1 of the National Guidelines.
Exposure prone procedures (EPPs)	Procedures where there is a risk of injury to the HCW resulting in exposure of the patient's open tissues to the blood of the HCW. These procedures include those where the HCW's hands (whether gloved or not) may be in contact with sharp instruments, needle tips or sharp tissues (spicules of bone or teeth) inside a patient's open body cavity, wound or confined anatomical space where the hands or fingertips may not be completely visible at all times. Examples of EPPs are provided in Appendix 1 of the National Guidelines.

Version Control

Version	Date	Comments
1.0	16/12/2019	Initial Policy
2.0	22/09/2020	Revised to include Clinical Placement Office process

Attachment A - Process for assessing a Category A student with a Blood Borne Virus (BBV)



Disclaimer: *This document has been developed by the ACT Health Directorate specifically for its own use. Use of this document and any reliance on the information contained therein by any third party is at his or her own risk and the ACT Health Directorate assumes no responsibility whatsoever.*