

Nursing and Midwifery Board of Australia
Dental, Medical, Paramedicine Board of Australia
Podiatry Board of Australia
bbvguidelines@ahpra.gov.au

Re: Submission into the consultation on Guidelines for registered health practitioners and students in relation to blood-borne viruses

Dear Nursing and Midwifery Board of Australia,

Positive Life NSW (Positive Life) welcomes the opportunity to provide a submission into the consultation on Guidelines for registered health practitioners and students in relation to blood-borne viruses.

Positive Life is the state-wide peer based non-profit organisation that speaks for and on behalf of people living with and affected by HIV (PLHIV) in NSW. We provide leadership and advocacy in advancing the human rights and quality of life of all PLHIV, and to change systems and practices that discriminate against PLHIV, our friends, family and carers in NSW.

Background:

The Australian Health Ministers' Advisory Council (AHMAC) endorsed the updated Communicable Diseases Network Australia's (CDNA) [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](#) on 26 June 2018.

The Dental, Medical, Nursing and Midwifery, Paramedicine and Podiatry Boards of Australia (the Boards) have drafted [Guidelines for registered health practitioners and students in relation to blood-borne viruses](#) intending to support practitioners to comply with the CDNA guidelines.

1. Are the draft guidelines necessary?

Positive Life believes that the Boards current consultation process is an apt opportunity to update their guidelines and stance about blood-borne viruses (BBVs) in relation to exposure prone procedures (EPPs), as the last review was in 2014 and a significant amount of scientific advancement relating to the risk of BBV transmission has occurred since then, as well as updated CDNA guidelines.

2. Is the content of the draft guidelines helpful, clear and relevant?

The Board guidelines are a brief, summary-style document that points to the CDNA guidelines as a more comprehensive set of guidelines for the relevant parties involved in BBVs in relation to EPPs and makes it clear that practitioners are to comply with the CDNA guidelines.

The Board guidelines are somewhat repetitive of the CDNA guidelines, and point readers to the CDNA guidelines as an addendum for further information. If the Board guidelines are intended to be concise and clear, then they achieve that goal. The relevancy of an additional set of guidelines as a summary supplementary to the CDNA guidelines is not quite as clear.

Both the CDNA guidelines and Board guidelines are explicit that practitioners living with a BBV can practise their profession including performing EPPs, and do not need to be reported to the Board, if

they comply with the CDNA guidelines. We think that these are very important points to ensure all practitioners, employers, students and treating practitioners understand.

3. Is there any content that needs to be changed, added or deleted in the draft guidelines?

Positive Life believes that it is important that the following information from the CDNA guidelines is included in the Board guidelines:

that health care practitioners are not required to disclose their BBV status to their employer.

It is also not outlined or discussed in either the CDNA guidelines or the Board guidelines what the provisions would be for a practitioner living with a BBV, in compliance with the CDNA guidelines experiences a viral blip over guideline levels, e.g. for HIV over 200 copies/mL, who ceases conducting EPPs until viral suppression is reached and maintained again, and needs an alternative work arrangement with their employer, and according to guidelines chooses not to disclose their BBV status to their employer. Information on how the guidelines protect the practitioner's privacy in this way when enforcing temporary EPP cessation would be useful for practitioners living with a BBV.

We note that the CDNA guidelines state that: the disclosure of the identity of a practitioner to a patient should not be necessary and the right to confidentiality of the practitioner should be respected, even if the practitioner with a BBV has died or has already been identified publicly. Healthcare facilities should provide an environment in which practitioners living with a BBV know their privacy and confidentiality will be respected and maintained. We agree with this assertion and extend it to privacy and confidentiality in the workplace around BBV status, viral blips, and EPP cessation.

We also think it is important to include the following key information from the CDNA guidelines in the Board guidelines:

that exposure to the blood or bodily fluids of a practitioner with a BBV, who has been complying with CDNA guidelines would pose an extremely low risk of transmission of a BBV to a patient. In fact, risk of HIV transmission per exposure episode from untreated infected practitioner to a patient is 0.0000024% to 0.000024%, and from untreated infected patient to a practitioner is 0.3%.

These risk percentages are further reduced when the person living with a BBV is on effective treatments and are virally suppressed.

4. Do you agree with the proposal that the Boards expect registered health practitioners and students to comply with CDNA guidelines?

Positive Life agrees that the Board's guidelines require health practitioners and students to comply with the CDNA, which have already been the subject of wide-ranging consultation and have been endorsed by AHMAC.

Summary:

Positive Life commends the Dental, Medical, Nursing and Midwifery, Paramedicine and Podiatry Boards of Australia in their dedicated and thorough review and consultation process with the aim of ensuring practitioners living with BBVs and their patients and colleagues are informed, healthy, and protected from onward transmission of BBVs, and breaches to privacy and bodily autonomy.

If this submission requires additional information or clarification, I can be contacted at

[REDACTED]

Yours respectfully,



*Neil Fraser
Interim co-Chief Executive Officer*



*Craig Andrews
Interim co-Chief Executive Officer*

1 October 2019