



1 November 2019

Australian Health Practitioner Regulation Agency
GPO Box 9958
Melbourne VIC 3001

Sent via email: bbvguidelines@ahpra.gov.au

Dear AHPRA,

ASHM's submission to a public consultation on the draft guidelines for registered dental, medical, nursing and midwifery, paramedic and podiatric practitioners and students in relation to blood-borne viruses

Organisational background:

The Australasian Society for HIV, Viral Hepatitis and Sexual Health Medicine (ASHM) is a peak organisation of health professionals in Australia and New Zealand who work in HIV, viral hepatitis, other blood-borne viruses (BBV) and sexually transmissible infections (STI). ASHM draws on its experience and expertise to support the health workforce and to contribute to the sector, domestically and internationally. ASHM works towards achieving the virtual elimination of HIV, viral hepatitis, other BBVs and significant reduction of sexually transmissible infections. To contribute to this vision, we provide leadership in the field of HIV, viral hepatitis, other BBVs and sexually transmissible infections through collaboration, facilitation, direct action, and workforce capacity building.

Disclosure of existing relevant interests:

1. ASHM has contributed to *the 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* (update as endorsed by AHMAC June 2018 as well as the original guidelines published in 2012).
2. ASHM was represented on the 2016 – 18 Technical Working Group for the updated guidelines referenced above by Associate Professor Jeffrey Post, Infectious Diseases Physician, Prince of Wales Hospital / University of NSW.
3. ASHM is named as a resource organisation with a specific role (Appendix 2) i.e. ASHM supports the health workforce in HIV, viral hepatitis and sexually transmissible infections, and can provide expert clinical advice and referral for HCWs who are living with a BBV.

Policy Positions:

ASHM supports the introduction of the updated CDNA guidelines (2018) Australian national guidelines for the management of healthcare workers (HCWs) living with blood borne viruses and healthcare workers who perform exposure prone procedures at risk of exposure to blood borne viruses and their inclusion of new evidence and significant changes in recommendations made in other countries, on the management of HCWs with HIV as well as advances in the treatment of HCV and improved sensitivity of virological tests for BBVs. And the following guiding principles and practice (*drawn from the CDNA guidelines*).

1. ASHM recognises that the majority of procedures in the healthcare setting pose minimal risk of transmission from a HCW with a BBV to a patient, provided that appropriate routine infection prevention and control precautions are practised. However, there are certain procedures performed by HCWs during which BBVs may be more likely to be transmitted. For this reason, HCWs with BBVs, who are considered to pose such a risk, must not perform EPPs unless complying with these Guidelines.
2. ASHM recognises that HCWs have the same right to access confidential testing, counselling and treatment as the general population. All patients and HCWs have the right to protection from healthcare acquired infections, in accordance with workplace health and safety, including exposure to BBVs via nosocomial sharps injuries and/or exposure to body fluids and secretions. All HCWs must have access to timely testing, counselling and treatment if such an event occurs.
3. ASHM understand that while the protection of public health is paramount, employers of HCWs must also consider relevant anti-discrimination, privacy, industrial relations and equal employment opportunity legislation in discharging their duty of care to both clients and staff. Employers must ensure that the status and rights of HCWs with a BBV as employees are safeguarded.
4. ASHM support the requirement that all HCWs are expected to protect the health and safety of their patients including taking this obligation includes taking all reasonable measures to prevent transmission of BBVs from themselves to their patients. All HCWs should be aware of their BBV status, and if they have non-occupational risk factors associated with the acquisition of BBVs, they should be encouraged to have regular BBV testing according to standard guidelines and 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 (from resolved infection or prior vaccination). All HCWs should be assessed for immunity post-vaccination.

Parameters of the submission:

ASHM is responding to the consultation paper released by the Dental, Medical, Nursing and Midwifery, Paramedicine and Podiatry Boards of Australia on the need for and concerns relating to the Guidelines for registered health practitioners and students in relation to blood-borne viruses (the draft guidelines). ASHM understands that the Boards are supportive of the preparation, finalisation and issuance of such draft guidelines that are intended to support practitioners in these professions to comply with the Communicable Diseases Network Australia *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 Boards are inviting general comments on the draft guidelines for the health practitioners that they register, in relation to blood-borne viruses; specifically;

Question 1; Are the draft guidelines necessary?

The current CDNA guidelines are accessible and clear with a number of information sheets available to provide concise information for health care workers, students and employers.

The Medical Board and APHRA certainly need additional policy and potentially supporting procedure to inform all practitioners that they must comply with the Communicable Diseases Network Australia (CDNA) guidelines *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* and their related duties and obligations. However, it is vital that any additional guidance completely aligns with the CDNA guidelines as outlined in further detail below.

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

From an initial review they appear to align except for one crucial area. Thus, any helpfulness will be compromised in line with the objections outlined in the response to question 3 below.

Question 3; Do you agree with the proposal that the Boards expect registered health practitioners and students to comply with CDNA guidelines? That includes testing requirements set in the CDNA guidelines.

There is an unwarranted and unnecessary deviation in the proposed draft guidelines as opposed to the CDNA guidelines. The key recommendations for a) All HCWs b) HCWs who perform EPPs and c) HCWs living with a BBV are clearly set out in the CDNA guidelines i.e. see the table from pages 8 and 9 below:

Key recommendations for all HCWs

<i>All HCWs should be encouraged to undertake regular testing for BBVs.</i>
<i>All HCWs have the right to access confidential testing, counselling, support and treatment.</i>
<i>All HCWs should be vaccinated against HBV.</i>

Key recommendations for HCWs who perform EPPs

<i>HCWs who undertake EPPs must take reasonable steps to know their BBV status and should be tested for BBVs at least once every three years.</i>
<i>All registered HCWs who undertake EPPs must declare when applying for renewal of registration that they are complying with and have been tested in accordance with these Guidelines.</i>
<i>All HCWs who undertake EPPs should understand their obligation to report their BBVs status, if required, under jurisdictional legislation and/or policies.</i>
<i>HCWs should understand their obligation to report all sharps injuries, whether or not there was a risk of patient exposure.</i>

Key recommendations for HCWs living with a BBV

When diagnosed with a BBV, HCWs must cease performing EPPs immediately and seek appropriate medical care. HCWs with a BBV may return to performing EPPs once they meet the criteria set out within these Guidelines.

<i>All HCWs with a BBV must have appropriate and ongoing medical care.</i>
<i>All HCWs living with one or more BBVs must be tested for the respective BBV viral load levels, as well as for other BBVs, in accordance with the Guidelines</i>
<i>HCWs who are HBV deoxyribonucleic acid (DNA) positive are permitted to perform EPPs if they have a viral load below 200 International Units (IU)/mL and meet the criteria set out in detail within these Guidelines.</i>

HCWs must not perform EPPs while they are HCV ribonucleic acid (RNA) positive but may be permitted to return to EPPs after successful treatment or following spontaneous clearance of HCV RNA.

HCWs who are HIV positive are permitted to perform EPPs if they have a viral load below 200 copies/mL and meet the criteria set out in detail within these Guidelines.

While the draft guidelines align to the statement in the CDNA guidelines that medical practitioners with a BBV who are not following their doctor's advice could be reported to AHPRA this should be relevant only to HCWs who perform EPPs and not all HCWs. The CDNA guidelines already adequately provide for scenarios where a HCW performing EPPs is non-compliant and where a HCW is compliant with requirements to return to performing EPPs. Including all HCWs is an over-reach as there is no evidence that such an approach would protect the public from harm. The relevant sections which suggest that all HCWs with BBVs may be reported to AHPRA (vs those performing EPPs who are non-compliant) are as follows:

5.3 Registered health practitioners and students who are living with a blood-borne virus must remain under regular medical supervision. They must seek and accept their treating practitioner's advice on the safe limits of practice. If the practitioner or student who is living with a blood-borne virus does not comply with the treating practitioner's advice, the treating practitioner may have to report their practitioner or student patient to AHPRA.

6.3 If a registered health practitioner or student living with a blood-borne virus is not complying with the CDNA guidelines, they may be putting the public at risk. Therefore, treating practitioners may have an obligation to notify AHPRA. Treating practitioners must inform AHPRA if their patient:

- *does not attend their appointments or fails to be tested with the prescribed timeframe without prior notification and adequate justification to their doctor*
- *refuses to have their viral load tested, or*
- *continues to perform exposure-prone procedures when excluded by the CDNA guidelines.*

[Question 4; Is there any content that needs to be changed, added or deleted in the draft guidelines?](#)
[Suggested changes are outlined in tracked changes below:](#)

5. Guidance for registered health practitioners and students living with blood-borne viruses

5.3 Registered health practitioners and students who are living with a blood-borne virus must be 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, as outlined in the CDNA guidelines. If the practitioner or student who is living with a blood-borne virus and performing EPPs does not comply with the CDNA guidelines, the treating practitioner may have to report their practitioner or student patient to AHPRA.

6. Guidance for treating practitioners

6.3 If a registered health practitioner or student living with a blood-borne virus who performs EPPs is not complying with the CDNA guidelines, they may be putting the public at risk. Therefore, treating practitioners may have an obligation to notify AHPRA. Treating practitioners must inform AHPRA if their patient:

- does not attend their appointments or fails to be tested with the prescribed timeframe without prior notification and adequate justification to their doctor
- refuses to have their viral load tested, or
- continues to perform exposure-prone procedures when excluded by the CDNA guidelines.

Question 5: Do you have any other comments on the draft guidelines?

APHRA and the Medical Board may wish to consider more targeted guidance depending on the feedback received on specific areas of additional areas of guidance. This might help to shape the response by APHRA and better understand whether additional guidelines (or additional policy or procedures). Additionally, further direction on the CDNA guidelines might better provided via training, on-line learning or Frequently Asked Questions targeted to specific disciplines or cadres of HCW. Finally, the APHRA guidelines should be evidence based and the current version has the potential to cause unnecessary alarm when the evidence demonstrating that the risk of transmission of a blood borne virus to another person when that infection has been appropriately treated is mitigated by following the CDNA guidelines. Over-reaching and the unfounded inclusion of all HCWs with a BBV regardless of their EPP performing status should be avoided.

Kind regards,



Alexis Apostolellis

Chief Executive Officer

Australasian Society for HIV, Viral Hepatitis and Sexual Health Medicine