**Information for doctors who care for healthcare workers living with a blood borne virus who perform exposure prone procedures**

The new *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 Guidelines)* have been updated and reflect the effectiveness of antiviral treatment for the following blood borne viruses – hepatitis B virus (HBV), hepatitis C virus (HCV) and human immunodeficiency virus (HIV). The Guidelines allow healthcare workers living with a blood borne virus (BBV) to become eligible to return to performing exposure prone procedures (EPPs), provided they comply with the Guidelines.

The Guidelines also support timely testing and treatment of healthcare workers. All healthcare workers who are performing EPPs are required to take reasonable steps to know their BBV status and should be tested for BBVs at least once every three years, and are required to have appropriate and timely testing after potential BBV exposures, both occupational and non-occupational.

Why do we have these Guidelines?

There is a very low risk of transmission from a healthcare worker with a BBV to a patient during the performance of EPPs, even with best practice infection prevention and control. Due to the nature of EPPs, healthcare workers who perform these procedures are at a higher risk of acquiring a BBV from a patient and, rarely, also of transmitting a BBV to a patient. The purpose of the Guidelines is to mitigate the risk of transmission of a BBV from a healthcare worker to a patient.

The Guidelines have been updated to reflect current medical evidence around the effectiveness of antiviral treatment for hepatitis B, hepatitis C and HIV. Worldwide, since widespread availability of antiviral medication, there has not been a published case of transmission of a BBV from an effectively treated healthcare worker to a patient.

A broad range of health professional groups were consulted and provided feedback during the development of the Guidelines.

What are exposure prone procedures (EPPs)?

EPPs are procedures where there is a risk of injury to the healthcare worker resulting in exposure of the patient’s open tissues to the blood of the healthcare worker.

These procedures include those where the healthcare worker’s hands, even when gloved, 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.

Non-exposure prone procedures are procedures where the hands and fingers of the healthcare worker are visible and outside of the body at all times and procedures or internal examinations that do not involve possible injury to the healthcare worker’s hands by sharp instruments and/or tissues, provided routine infection prevention and control procedures are followed.

More information on which procedures are exposure prone can be found in the [*Guidance on classification of exposure prone and non-exposure prone procedures in Australia 201*](http://www.health.gov.au/internet/main/publishing.nsf/content/cda-cdna-bloodborne.htm)*7.*

When will the Guidelines apply?

The updated Guidelines apply now. Health practitioner Boards who register practitioners who may perform EPPs are developing their own guidelines to support implementation of these Guidelines

Who is a “treating doctor” in the context of the Guidelines?

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.

What are my responsibilities as the treating doctor of a healthcare worker living with a BBV who perform EPPs?

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), including contemporary treatment and prescribing guidelines
* 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 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 any relevant jurisdictional policy in relation to healthcare workers living with BBV as well as relevant public health and privacy legislation
* 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 relevant area of the jurisdictional health department 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 relevant area of the jurisdictional health department
* consider whether to notify the healthcare worker to AHPRA if the healthcare worker is putting the public at risk. Further information can be found in the health practitioner boards’ [*Mandatory notifications guidelines for registered health practitioners*](http://www.medicalboard.gov.au/Codes-Guidelines-Policies/Guidelines-for-mandatory-notifications.aspx)

How do I provide initial health clearance for healthcare workers living with a BBV who wish to perform EPPs?

As the treating doctor, you can grant initial health clearance for a healthcare worker living with a BBV to perform EPPs in accordance with the Guidelines. Criteria vary for the different BBVs and details are provided in the [Guidelines](http://www.health.gov.au/internet/main/publishing.nsf/content/cda-cdna-bloodborne.htm).

If you believe there is a potential conflict of interest between your responsibilities as the treating doctor and the interests of public health, please contact your jurisdictional health department who can provide advice.

Depending upon your jurisdiction and the employment arrangements of your patient, you may need to provide evidence of initial clearance for your patient to provide to their employer.

What if I am uncertain about providing clearance to a healthcare worker living with a BBV to perform EPPs?

If there are more complex situations where there are considerations other than virological factors that are impacting your decision to provide clearance, you are able to consult with the relevant area of your jurisdictional health department. For example, concerns about recency of practice (which should be discussed with the healthcare worker’s relevant specialist college), behaviours which could affect the healthcare worker’s standard of practice and individual work variances.

Complex situations or disagreements with the healthcare worker about meeting the Guideline criteria can be referred to the relevant area of the jurisdictional health department by either the treating doctor or the healthcare worker living with a BBV. A pathway to consider these situations is in place for each jurisdiction.

What steps should I take if a healthcare worker living with a BBV fails to attend appointments or refuses to be tested?

You must inform AHPRA and then follow local jurisdictional processes as required under national and public health legislation in order to protect the public in situations where a healthcare worker with a BBV:

* does not attend their appointments or fails to be tested within the prescribed timeframe without prior notification and adequate justification to their doctor
* refuses to have their viral load tested
* continues to perform EPPs when excluded by the Guidelines

You may also need to inform the relevant area of the jurisdictional health department that the healthcare worker is no longer cleared to perform EPPs until it has been established that the healthcare worker is complying with the Guidelines.

Where can I get more information?

More information can be found in the [Guidelines](http://www.health.gov.au/internet/main/publishing.nsf/content/cda-cdna-bloodborne.htm).

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](http://www.ashm.org.au/).