**Information for healthcare students 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 HIV.

Previously, some healthcare workers living with a blood borne virus (BBV) were excluded from performing exposure prone procedures (EPPs). The Guidelines allow healthcare workers living with a BBV to perform EPPs, provided they comply with these 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 the 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 HBV, HCV 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.

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.

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 tissue 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.

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 2017*](http://www.health.gov.au/internet/main/publishing.nsf/content/cda-cdna-bloodborne.htm)*.*

The relevant specialist college for your profession can provide further advice and guidance on which procedures in their particular specialties constitute an EPP.

What do healthcare students have to do to comply with the Guidelines?

All healthcare students should:

* be aware of their BBV status
* be offered testing for BBVs at or before entry into their course

Healthcare students who are performing EPPs are expected to:

* be tested for hepatitis B, hepatitis C and HIV at least once every three years
* have appropriate and timely testing and follow up care after a potential occupational exposure associated with a risk of BBV acquisition
* have appropriate testing and follow up care after potential non- occupational exposure, with testing frequency related to risk factors for virus acquisition
* cease performing all EPPs if diagnosed with a BBV until the criteria in the Guidelines are met

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

What if a healthcare student doesn’t perform EPPs?

The Guidelines do not apply to a healthcare student who does not, or will not be required to perform EPPs.

What if a healthcare student is potentially exposed to a BBV?

If the exposure is occupationally related, such as a needle stick injury, the student should follow local protocols.

If the exposure is non-occupational, they should see their GP for testing.

The Australasian Society for HIV, Viral Hepatitis and Sexual Health Medicine (ASHM) provides [national guidance on testing](http://www.testingportal.ashm.org.au/) for BBVs.

What if a healthcare student receives a diagnosis of a BBV?

If a healthcare student receives a diagnosis of a BBV, they must immediately cease performing all EPPs and seek appropriate medical care. Healthcare workers, including students, living with a BBV may return to performing EPPs once they meet the criteria set out in the [Guidelines](http://www.health.gov.au/internet/main/publishing.nsf/content/cda-cdna-bloodborne.htm) (see *Information healthcare workings living with blood borne viruses who perform exposure prone procedures*)

Healthcare students found to have a positive result should be counselled by their treating doctor about appropriate management and about potential impacts of future career options.

Healthcare students living with BBVs should receive education to ensure they understand their obligations should they wish to continue performing EPPs.

What if a healthcare student receives a false positive result on BBV testing?

Modern BBV screening tests in Australia are extremely accurate, and involve a two-stage testing process to ensure the rate of false positives is very low.

Accreditation standards are in place in Australian laboratories to ensure that positive hepatitis B, hepatitis C and HIV results are only reported after confirmatory supplementary testing has been performed. Therefore the risk of a health professional having to stop practice due to a false positive laboratory result is highly unlikely.

Why is regular BBV testing important?

BBV infections can be asymptomatic or only cause minor symptoms, so it is possible to be unknowingly infected for extended periods. Delay in diagnosis can lead to the development of health complications in the healthcare worker, and increase the risk of transmission to family, other close contacts, or patients.

Regular testing and early diagnosis of a BBV allows appropriate timely management and support, enables prompt treatment, reduces the risk of complications due to disease progression, and reduces the risk of transmission.

It was recognised that excluding healthcare workers and healthcare students living with a BBV from performing EPPs was not justified based on the risk of transmission and could act as a deterrent to appropriate and timely testing and treatment. In combination with new treatments for BBVs, the new Guidelines offer a pathway to return to work performing EPPs which mitigates the already very small risk to patients.

What happens if a healthcare student does not comply with these Guidelines?

A healthcare worker performing EPPs who does not comply with the Guidelines can be notified to AHPRA, to the relevant Board and to the public health authorities in the relevant jurisdiction.

Where can I get more information?

Additional information can be found in the [Guidelines and other supporting material](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 your specialist college or from the [Australasian Society for HIV, Viral Hepatitis and Sexual Health Medicine](http://www.ashm.org.au/).