



Information for healthcare workers who perform exposure prone procedures who are NOT living with a blood borne virus.

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 be eligible to perform 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 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 a BBV from 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.

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 will I have to do to comply with the Guidelines?

Healthcare workers who perform EPPs must take reasonable steps to know their BBV status and should be tested for BBVs at least once every three years. They are also expected to:

- 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
- confirm that they comply with these Guidelines when applying for renewal of registration if requested by their board

Additional details can be found in 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 2017](#).

The relevant specialist college for your profession can provide further advice and guidance on which procedures in their particular specialty constitute exposure prone procedures.

What if I am potentially exposed to a blood borne virus?

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

If the exposure is non-occupational, please see your GP for testing.

The Australasian Society for HIV, Viral Hepatitis and Sexual Health Medicine (ASHM) provides [national guidance on testing for BBVs](#).

What if I receive a diagnosis of a BBV?

If you receive a diagnosis of a BBV, you must immediately cease performing all EPPs and seek medical care from a doctor with appropriate expertise as outlined in the Guidelines. Healthcare workers living with a BBV may be given clearance to return to performing EPPs once they meet the criteria set out in the Guidelines (see [Information - Healthcare workers living with a blood borne viruses who perform exposure prone procedures](#))

What if I receive 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. If you have any concerns in relation to your test results, you should seek advice from a doctor who has relevant expertise.

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 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 low risk to patients.

What happens if I do 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](#).

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](#).