**Canberra Hospital and Health Services**

**ClinicalProcedure**

**Blood Borne Virus in Health Care Workers**

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| Purpose |

To describe the determination and ongoing management of the scope of clinical practice for HCWs infected with a blood borne virus (BBV), including when indicated provision of public health advice from the Chief Health Officer (CHO).

The risk of transmitting a BBV infection needs to be accurately assessed and managed to protect a BBV-infected HCW’s patients and his/her own health and professional interests.

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| Scope |

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| Scope |

This procedure applies to all ACT Health personnel involved in managing the public health risk posed by a HCW infected with a BBV.

ACT Health endorses the current *Australian National Guidelines for the Management of Health Care Workers Known to be Infected with Blood-Borne Viruses* (the National Guideline).

[***Australian National Guidelines for the Management of Health Care Workers Known to be Infected with Blood-Borne Viruses***](http://www.health.gov.au/internet/main/publishing.nsf/Content/cda-cdna-bloodborne.htm)

The National Guideline outlines the responsibilities of HCWs who are infected with a BBV and provides a broad framework for managing and supporting these HCWs. This procedure should be read in conjunction with the National Guideline.

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| Section 1 – Roles and Responsibilities |

**Responsibilities of ACT Health**

The ACT Health *Work Health and Safety Management System* (WHSMS), supported by the ACT Health *Work Health and Safety* policy, outlines the specific roles and responsibilities, governance arrangements and processes for managing work health and safety risks in the organisation.

It is the responsibility of all Health Care Workers to appraise themselves of this policy and associated procedures.

ACT Health is committed to supporting HCWs in the delivery of safe, appropriate and high quality clinical and non-clinical services. This procedure is reflective of that commitment.

The intention of this procedure is to promote safety and well-being for HCWs and patients.

ACT Health recognises that BBVs are infections still frequently regarded as stigmatising and has put in place measures to protect the confidentiality of BBV-infected HCWs.

This procedure will **not** exclude HCWs from employment with ACT Health on the basis that they are known to be infected with a BBV however there may be restrictions on the scope of clinical practice for BBV-infected HCWs. ACT Health highly values the clinical and non-clinical services provided by these HCWs.

**Chief Health Officer (CHO)**

The CHOhas statutory responsibility for public health hazards in the ACT, which includes the potential for transmission of infectious diseases.

***Note:***

If, during the investigation of a notification of an infectious disease to the CHO (e.g. a Health Protection Service review of a laboratory or General Practitioner notification), it becomes known that a HCW has become infected with a BBV, this information should be made available to the CHO, who will notify this to relevant persons, in accordance with the *Public Health Act 1997*.

**Chief Medical Administrator**

Is Chair of the Expert Advisory Committee for BBV-infected doctors and medical students.

**Principal** **Dentist**

Is Chair of the Expert Advisory Committee for BBV-infected dentists and dental students.

**Chief Nurse**

Is Chair of the Expert Advisory Committee for BBV-infected nurses, midwives and nursing/midwifery students.

**Allied Health Advisor**

Is Chair of the Expert Advisory Committee for BBV-infected allied health professionals and allied health students.

**Medical and Dental Appointments Advisory Committee (MDAAC)**

MDAAC is an approved Scope of Clinical Practice Committee under the *Health Act 1993*. MDAAC has powerto make a recommendation to the DDG-CHHS to grant a scope of clinical practice to doctors, dentists and eligible midwives. MDAAC also has power to make a recommendation to the DDG-CHHS about whether there ought to be an amendment to (or withdrawal of) the scope of clinical practice of a doctor, dentist or eligible midwife.

In making a recommendation to amend (or withdraw) the scope of clinical practice of a doctor, dentist or eligible midwife, MDAAC has power under Part 64 of the *Health Act 1993* to obtain information (including sensitive and protected information) from other third parties, for example, the CHO, a Expert Advisory Committee or Chief Health Officer Advisory Panel.

**Australian Health Practitioner Regulation Agency (AHPRA)**

AHPRA has responsibility under the *Health Practitioner Regulation National Law Act 2010* (the National Law) for allowing practitioners to practice in particular fields and applies restrictions on registration, as appropriate. It regulates, among other professions, the registration of doctors, dentists, nurses and midwives and some allied health professionals.

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| Section 2 – Prevention and Detection |

Although BBV-infected HCWs could be working in any environment, clinical settings are most relevant, especially hospitals where exposure prone procedures (EPPs) such as surgery are performed. For this reason, managing **Category A BBV-infected HCWs** is a priority for this procedure.

**Category A HCWs** are HCWs who care for, or have contact with, patients and/or blood, body substances or infectious materials. **Category A1 HCWs** are HCWs who perform EPPs. For more information refer to the ACT Health *Occupational Assessment, Screening and Vaccination* procedure.

All Category A HCWs should be vaccinated against Hepatitis B. Category A1 HCWs should know their BBV status (Hepatitis B s Antigen, Hepatitis C antibody and HIV antibody/antigen) and be encouraged and supported to have annual testing, with immediate re-testing and follow-up care after a potential occupational or non-occupational exposure. For more information refer to the ACT Health *Occupational Assessment, Screening and Vaccination* procedure and the National Guideline.

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| Section 3 – Notification Procedure |

1. **Initial notification**

Category A HCWs with a BBV infection must notify ACT Health of their BBV-infected status when they become aware of their BBV-infection and when there is a change to their infective status. BBV-infected HCWs may elect to make all relevant notifications themselves or may nominate their treating doctor to make relevant notifications on their behalf. BBV-infected HCWs who nominate their treating doctor to make relevant notifications are responsible for ensuring all relevant notifications are made by their treating doctor.

The relevant person to be notified of a BBV-infected HCW will depend on the profession of the BBV-infected HCW. See **Table 1**.

**Table 1**

*Relevant Person to be Notified of a BBV-Infected HCW*

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| **Profession of the BBV-Infected HCW** | **Relevant Person to be Notified** |
| **Doctors** | Chief Medical Administrator |
| **Dentists** | Principal Dentist |
| **Nurses and Midwives** | Chief Nurse |
| **Allied Health Professionals** | Chief Allied Health Advisor |

The relevant person will identify whether the BBV-infected HCW’s clinical practice involves EPPs or may involve EPPs in the future. Whether or not the BBV-infected HCW performs EPPs, the relevant person will initiate an assessment of the risks of transmission through clinical practice.

1. **Assessment**

In most circumstances, the risk assessment will be conducted by an Expert Advisory Committee. In some circumstances, the risk assessment will be conducted bya Chief Health Officer Advisory Panel (CHOAP) constituted under the *Public Health Act 1997*.

1. **Expert Advisory Committee**

The constitution of the Expert Advisory Committee will depend on the profession of the BBV-infected HCW. See **Table 2** overleaf.

After consideration of all available information, the Expert Advisory Committee may determine that appropriate management of a BBV-infected HCW requires a change to the scope of clinical practice of the BBV-infected HCW. See the National Guideline for more information.

The Chair of the Expert Advisory Committee is responsible for notifying a change to the scope of clinical practice of a BBV-infected HCW to a relevant third party **if this is required by legislation**. For doctors, dentists and eligible midwives, the Chair of the Expert Advisory Committee **must** notify the Chair of MDAAC.

**Table 2**

*Constitution of the Expert Advisory Committee*

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| **Profession of the BBV-Infected HCW** | **Panel Constitution** |
| **Doctors** | Chief Medical Administrator (Chair)  Infectious Diseases Physician  Director, Canberra Sexual Health Centre  Gastroenterologist (if HBV, HCV)  Chief Health Officer (or Delegate) |
| **Dentists** | Principal Dentist (Chair)  Infectious Diseases Physician  Director, Canberra Sexual Health Centre  Gastroenterologist (if HBV, HCV)  Chief Health Officer (or Delegate) |
| **Nurses and Midwives** | Chief Nurse (Chair)  Infectious Diseases Physician  Director, Canberra Sexual Health Centre  Gastroenterologist (if HBV, HCV)  Chief Health Officer (or Delegate) |
| **Allied Health Professionals** | Chief Allied Health Officer (Chair)  Infectious Diseases Physician  Director, Canberra Sexual Health Centre  Gastroenterologist (if HBV, HCV)  Chief Health Officer (or Delegate) |

1. **Exposure Prone Procedures (EPPs)**

If aBBV-infected HCW performs EPPs (i.e. is a Category A1 HCW),his/her scope of clinical practice **may** be amended such that he/she ceases performing EPPs. If a BBV-infected HCW does not perform EPPs, his/her scope of clinical practice may be amended such that he/she does not commence performing EPPs.

The National Guideline currently recommends that:

* All HCWs infected with a BBV should remain under general medical supervision.
* HCWs must not perform EPPs if they are human immunodeficiency virus (HIV) antibody positive.
* HCWs must not perform EPPs while they are hepatitis C virus (HCV) RNA positive, but may be permitted to return to EPPs after successful treatment or following spontaneous clearing of HCV RNA.
* HCWs must not perform EPPs while they are hepatitis B virus (HBV) DNA positive, but may be permitted to return to EPPs following spontaneous clearing of HBV DNA or clearing of the HBV DNA in response to treatment.

See the National Guideline for more information, including frequency of testing.

**4.1 Certificate of Occupational Assessment, Screening and Vaccination – EPP Checkbox**

The *Certificate of Occupational Assessment, Screening and Vaccination* issued to HCWs who perform EPPs includes a tick in the EPP checkbox when the HCW has been assessed by ACT Health as compliant with the requirements of the ACT Health *Occupational Assessment, Screening and Vaccination* procedure for the purposes of performing Category A1 work duties. This measure **protects the confidentiality** of a positive test result for a BBV because it means that, for example, a Category A1 HCV-infected HCW who may perform EPPs because he/she has been approved to do so by an Expert Advisory Committee will be issued with a certificate that includes a tick in the checkbox beside EPP.

**4.2 Students Required to Perform or Assist with EPPs**

Dental, medical and midwifery students are classed as Category A1 HCWs as they may be required to perform or assist with EPPs during their clinical placement and must consent to provide information about their BBV status. These students will not be permitted to attend a clinical placement until they have provided information about their BBV status. Other students (e.g. allied health) are not required to provide information about their BBV status **except** if this is required for a particular clinical placement known to involve EPPs. Refer to the ACT Health *Occupational Assessment, Screening and Vaccination* procedure for more information.

1. **Assessment of the public health risk posed by an infected HCW by the CHO**

When determining how to mitigate the risk to public health, the Expert Advisory Committee **may** seek an assessment of the risk to public health by the CHO. The CHO can provide advice to the Expert Advisory Committee on the potential risk to public heath posed by a BBV-infected HCW and potential actions to mitigate this.

In formulating advice, the CHO may convene a CHO Advisory Panel (CHOAP). The composition and terms of reference of the CHOAP are provided in **Attachment 1**.

The CHO may also take action under the *Public Health Act* *1997* with respect to a BBV-infected HCW’s scope of practice.

1. **Monitoring the status of HCWs infected with a BBV**

The Expert Advisory Committee or CHOAP may advise the CHO that the infective status of a BBV-infected HCW be monitored. This is to determine whether the BBV-infected HCW may cease to pose a risk to public health and whether they may be able to perform EPPs.

If the Expert Advisory Committee or CHOAP advises that a BBV-infected HCW be monitored, then the CHO may nominate a doctor to perform this monitoring, provided that the BBV-infected HCW agrees to this.

The monitoring doctor will provide a letter outlining the infectious status of the BBV-infected HCW to the CHO at intervals determined by the CHO.

The CHO may elect to ask the advice of the Expert Advisory Committee or CHOAP in interpreting the monitoring information provided by a doctor in relation to a BBV-infected HCW.

The CHO may, upon receipt of monitoring information, issue new advice regarding the public health risk posed by a BBV-infected HCW to the Expert Advisory Committee (and a third party **if this is required by legislation**).

A BBV-infected HCW will only be monitored by the CHO as long as the BBV-infected HCW practices in the ACT.

1. **Non-compliance with a limited scope of practice**

If a BBV-infected HCW continues to practise in a manner which poses a risk to public health despite having been instructed not to do so by the CHO, the Expert Advisory Committee, the CHOAP, MDAAC and/or AHPRA (or any other third party that has legislated power to instruct), then the CHO may take action under the *Public Health Act* *1997* to mitigate the risk to public health.

In addition to this, if the BBV-infected HCW is an employee of a public health facility in the ACT and is not compliant with an instruction not to perform EPPs, the HCW will be subject to ACT Health performance management procedures.

1. **Patient Lookback**

A patient lookback should be considered in all cases where a HCW who is performing EPPs is found to be infected with a BBV. These cases should be assessed on a case by case basis. Refer to the National Guidelines for further details. The DG and DDG-CHHS will determine the need for a lookback and may seek advice from the CHO, Expert Advisory Committee and/or CHOAP before making the determination.

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| Implementation |

A formal implementation action plan will be developed in 2015. In the interim please contact the Occupational Medicine Unit for advice on implementation.

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| Related Policies, Procedures, Guidelines and Legislation |

***ACT Legislation* Available** at: <http://www.legislation.act.gov.au/>

Public Health Act 1997

Health Act 1993

Human Rights Act 2004

Health Practitioner Regulation National Law (ACT)

**Standards**

Australian Commission on Safety and Quality in Health Care (2012). *Safety and Quality Improvement Guide Standard 3: Preventing and Controlling Healthcare Associated Infections*.Sydney, Australia: ACSQHC.

<http://www.safetyandquality.gov.au/wp-content/uploads/2012/10/Standard3_Oct_2012_WEB.pdf>

Australian Commission on Safety and Quality in Health Care (2012). *Safety and Quality Improvement Guide Standard 7: Blood and Blood Products*.Sydney, Australia: ACSQHC. <http://www.safetyandquality.gov.au/publications/safety-and-quality-improvement-guide-standard-7-blood-and-blood-products-october-2012/>

**National Guidelines**

Australian National Guidelines for the Management of Health Care Workers Known to be Infected with Blood-Borne Viruses (2012). Communicable Diseases Network Australia (CDNA). <http://www.health.gov.au/internet/main/publishing.nsf/Content/cda-cdna-bloodborne.htm>

Australian Immunisation Handbook (10th Edition) (2014). National Health and Medical Research Council (NHMRC). <http://www.health.gov.au/internet/immunise/publishing.nsf/Content/Handbook10-home>

Australian Guidelines for the Prevention and Control of Infection in Healthcare (2010). NHMRC. <http://www.nhmrc.gov.au/guidelines-publications/cd33>

Australian Guidelines for the Management of Health Care Workers Known to be Infected with Blood-Borne Viruses. (2012). Communicable Diseases Network Australia. <http://www.health.gov.au/internet/main/publishing.nsf/Content/cda-cdna-bloodborne.htm>

National Hepatitis B Testing Policy (2012). HBV Expert Reference Committee – A Joint Working Party of the BBVSS and MACBBVS. <http://testingportal.ashm.org.au/hbv>

National Hepatitis C Testing Policy (2012). HCV Expert Reference Committee – A Joint Working Party of the BBVSS and MACBBVS. <http://testingportal.ashm.org.au/hcv>

National HIV Testing Policy (2011). HIV Expert Reference Committee – A Joint Working Party of the BBVSS and MACBBVS. <http://testingportal.ashm.org.au/hiv>

**Related ACT Health Policies and Procedures**

Available at: <http://acthealth/c/HealthIntranet?a=&did=5004883>

*Occupational Assessment, Screening and Vaccination* procedure

*Occupational Risk Exposure: Management of a Health Care Worker Potentially Exposed to a Blood Borne Virus* procedure

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**AHPRA**

<https://www.ahpra.gov.au/>

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| Definition of Terms |

**Category A** means HCWs who have contact with patients and/or blood, body substances or infectious materials.

**Note:** For more information on interpreting this definition refer to the ACT Health *Occupational Assessment, Screening and Vaccination* procedure.

**Clinical Placement**  is a professional practice placement undertaken within a workplace setting by medical, allied health, nursing and midwifery students, inclusive of undergraduate, post-graduate and “return to profession” programs that are formally undertaken with an education/vocational/tertiary institution and/or professional association bodies.

**EPP** means exposure prone procedure.An EPP is a procedure where there is a risk of injury to the HCW resulting in exposure of the patient’s open tissues to the blood of the worker. These procedures include those where the HCW’s hands (whether gloved or not) 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.

**Note:** For more information on interpreting this definition refer to the *Australian National Guidelines for the Management of Health Care Workers Known to be Infected With Blood-Borne Viruses*.

**Health Care Facility**  refers to a defined service location such as a hospital, community health centre or other location where health services are provided.

**Health Care Worker (HCW)** means clinical personnel working in a health care facility and includes students (including tertiary and secondary school students). Some HCWs are regulated under the Health Practitioner Regulation National Law (ACT).

**Patient Lookback** is a process of identifying patients who may havehad a potential exposure toa blood borne virus for the purpose of open disclosure and testing (if required)**.**

**Student** means a student enrolled in a program of study at a tertiary or secondary educational institution. Secondary school students include students undertaking vocational education delivered by the Canberra Institute of Technology (CIT) and NSW Technical and Further Education (TAFE) Institutes as well as the Technical and Vocational Education and Training (TVET).

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| Search Terms |

HIV, Hepatitis B, Hepatitis C, Exposure Prone procedures, Bloodborne Virus, BBV

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| Attachments |

Attachment 1: Terms of reference for the Chief Health Officer Advisory Panel

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| Date Amended | Section Amended | Approved By |
| *Eg: 17 August 2014* | *Section 1* | *ED/CHHSPC Chair* |
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## Attachment 1: Terms of reference for the Chief Health Officer Advisory Panel

**CHIEF HEALTH OFFICER ADVISORY PANEL**

The Chief Health Officer Advisory Panel (CHOAP) is an expert panel convened by the Chief Health Officer (CHO) for the purpose of providing public health advice in regard to a health practitioner who undertakes exposure-prone procedures and is / has been infected with a blood borne virus.

The CHOAP is to take a risk assessment and management approach to the provision of advice. The risk assessment and management advice is to consider both individual health practitioner and health system factors. At a minimum, the risk assessment is to consider:

* The health practitioner in the context of the blood borne virus infection.
* The health practitioner in the context of the nature of the exposure-prone procedures that they perform.
* The health practitioner in the context of their routine clinical practice standards especially in regard to adherence with standard precautions and infection control.
* The health system in terms of the standard operating procedures in the work environment, including clinical and administrative procedures.

**Chief Health Officer Advisory Panel Terms of Reference**

The terms of reference of the CHOAP may be determined by the CHO on a case by case basis. Standard terms of reference are provided for routine deliberations:

* Advise an affected health care worker in relation to public health risk and the requirement to protect the public and HCW colleagues.
* Advise health organisations (chief executives and credentialing committees) and treating medical practitioners in relation to public health risk and appropriate public health risk management strategies.
* Advise health organisations (chief executives and credentialing committees) and treating medical practitioners in regard to public health risk and the requirement for “lookback” where the public has potentially been placed at risk
* Assess public health risk in accordance with nationally recognised or endorsed professional guidelines such as the Communicable Diseases Network Australia – *Guidelines for the Management of Health Care Workers Known to be Infected with Blood-Borne Viruses.*

**Chief Health Officer Advisory Panel Membership**

The CHOAP is to consist of the following officials as a minimum:

* Chief Health Officer or delegate (Chair).
* A health practitioner with clinical expertise in a relevant discipline e.g. an infectious diseases physician or microbiologist.
* A health practitioner registered in the same health profession as the referred health practitioner. This health practitioner is to have expertise in the standard clinical practices of the profession.
* A lawyer with expertise in the area of medico-legal or discrimination as relevant.

**Chief Health Officer Advisory Panel Informants**

In conducting a risk assessment the CHOAP may consider advice from:

* The treating medical practitioner of the health practitioner infected with a blood borne virus. The advice may include specific detail regarding the nature, severity and clinical management of the health practitioner’s condition.
* A health professional from the clinical area in which the health practitioner works. This is for the purpose of informing the panel with regard to the day to day health system standard operating procedures.
* A health professional with knowledge of the day to day clinical practice of the referred health practitioner. This is for the purpose of informing the panel regarding the personal attributes of the health practitioner in discharging their clinical responsibilities e.g. observance of standard precautions, use of audit to ensure standard of professional practice
* A health practitioner advocate nominated by the health practitioner under consideration.