

Management of health care workers with a blood borne virus and those doing exposure prone procedures

Summary This Policy Directive prescribes how 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 2018 (the National Guidelines) are to be implemented within NSW Health Organisations and Affiliated Health Organisations.

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Author branch Communicable Diseases

Branch contact (02) 9391 9195

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MANAGEMENT OF HEALTH CARE WORKERS WITH A BLOOD BORNE VIRUS AND THOSE DOING EXPOSURE PRONE PROCEDURES

PURPOSE

This Policy Directive prescribes how 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 2018* (the National Guidelines) are to be implemented within NSW Health Organisations and Affiliated Health Organisations.

The objective of implementation of the National Guidelines is to ensure: patients are protected from acquiring a blood borne virus infection from a health care worker (HCW) during an exposure prone procedure (EPP); and, in the event that a HCW with a blood borne virus (BBV) infection may have exposed a patient to a BBV during an EPP, that patient notification and lookback are based on expert advice.

Adherence to this Policy will assist to fulfil the requirements of NSW Health under the National Guidelines.

MANDATORY REQUIREMENTS

All NSW Health local health districts and networks are required to implement this Policy Directive.

Local health districts and networks must establish an incident management team to undertake a risk assessment in all instances where a HCW with a blood borne virus has performed EPPs outside the criteria in the National Guidelines. Where the risk assessment suggests a potential risk of BBV transmission the incident must be referred to the NSW Health Blood Borne Viruses Advisory Panel (BBVAP). Where the HCW is knowingly non-compliant with the National Guidelines, then must be reported to the Australian Health Practitioner Regulation Agency (AHPRA) (section 2.1).

Health care facilities must specify a person to whom a HCW who performs EPPs should notify in the event that the HCW is diagnosed with a BBV infection. Health care facilities must protect the confidentiality and privacy of HCWs with a BBV infection, and support these HCWs in the workplace setting (section 2.2).

Local health district public health units must on receipt of a notification of a HCW who has performed EPPs while infectious with a BBV, provide this information to the designated person in the health facility in which the HCW works. Public health units must complete a risk assessment on any reports of a newly acquired BBV in an individual with a history of an EPP and no known risk factors for infection acquisition, and refer any cases where there is a potential risk of BBV transmission to the BBVAP (section 2.3).

HCWs must be aware whether procedures they perform are classified as exposure prone (section 2.4).

HCWs who perform EPPs are required to comply with the National Guidelines for BBV testing and annual declaration of compliance to AHPRA (section 2.5).

HCWs who are newly diagnosed with a BBV and who perform EPPs must cease EPPs immediately and inform the person identified in their health care facility. HCWs infected with a BBV who perform EPPs must comply with the National Guidelines in order to return to EPP work and must remain compliant when performing EPPs. They must immediately report all incidents of patient exposure to their blood to the identified person in their health facility (section 2.6).

Student HCWs in a discipline that undertakes EPPs must undergo BBV testing within 12 months prior to commencement of study. They must submit a form declaring that they have undergone BBV testing and meet the requirements of this policy directive to NSW Health before their first clinical placement, and notify the person identified in the health facility when newly diagnosed with a BBV if EPPs are to be undertaken during the placement (section 2.9).

IMPLEMENTATION

Health facilities are responsible for promoting awareness of the National Guidelines amongst their employees who perform EPPs.

Section 2 describes the responsibilities of NSW Health employers and HCWs employed in the implementation of the National Guidelines within NSW Health and in the investigation and follow up of incidents where the public may have been put at risk of BBV acquisition via an infected HCW.

Responsibilities under the National Guidelines apply to clinicians who diagnose and/or manage a HCW with a BBV infection, irrespective of whether they work for NSW Health or in the private sector. These include reporting to NSW Health where there is a potential public health risk that has not been reported to NSW Health by the infected HCW.

REVISION HISTORY

Version	Approved by	Amendment notes
June-2019 (PD2019_026)	Deputy Secretary Population and Public Health	Change from implementation of NSW specific guidelines to implementation of revised National Guidelines endorsed by Australian Health Ministers' Advisory Council (AHMAC). Enables health care workers with hepatitis B and HIV to perform exposure prone procedures in certain circumstances.
January 2005 (PD2005_162)	Director General	Change from Circular to Policy Directive
1999 Circular 99/88	Michael Reid Director-General	Inclusion of hepatitis C in addition to hepatitis B and HIV infection
1995 Circular 95/8	John Wyn Owen Director-General	Supersedes Circulars 76/131, 87/266, 92/49 & 93/44

ATTACHMENTS

1. Management of health care workers with a blood borne virus and those doing exposure prone procedures: Procedures.

**Management of health care workers with blood borne
virus and those doing exposure prone procedures**



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1 BACKGROUND

1.1 About this document

NSW Health has a duty of care to provide a workplace environment that is as safe as possible for both patients and health care workers (HCWs) by eliminating health and safety risks so far as is reasonably practicable, and if it is not reasonably practicable to do so, to minimise those risks.

Adherence to standard precautions as outlined in the current [NSW Health Infection Prevention and Control Policy](#) ensures that the majority of procedures in health care settings pose minimal risk of transmission of a blood borne virus (BBV) from an infected health care worker to a patient. However, while the risk is very low, there are certain procedures during which it is possible for human immunodeficiency virus (HIV), hepatitis B and/or hepatitis C to be transmitted to a patient. Such procedures are referred to as exposure prone procedures (EPPs). During EPPs it is possible that an injury to the HCW could unknowingly result in the worker's blood contaminating the patient's open tissues.

Conversely, when performing EPPs, HCWs are also at risk of being exposed to the blood of patients and so may unknowingly acquire a BBV from an infected patient. [NSW Health Policy Directive PD2017_010 HIV, Hepatitis B and Hepatitis C – Management of Health Care Workers Potentially Exposed](#) assists health services to appropriately assess and manage a HCW following a known occupational exposure in order to prevent BBV acquisition.

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 2018](#) (the National Guidelines) were developed by the Communicable Diseases Network of Australia and endorsed by the Australian Health Ministers' Advisory Council in June 2018.

Registered HCWs in professions which perform EPPs must declare whether they are complying with the National Guidelines at the time of their health practitioner registration and annually at registration renewal, including that they are compliant with the testing requirements in the National Guidelines.

NSW Health policy is to follow the National Guidelines, and this Policy Directive outlines the implementation of the National Guidelines within NSW Health services. It should be read in conjunction with the National Guidelines.

1.2 Key definitions

Must - indicates a mandatory action that must be complied with.

Should - indicates a recommended action that should be followed unless there are sound reasons for taking a different course of action.

Healthcare worker - persons, including students and voluntary workers who undertake procedures in public and/or private healthcare settings that normally involve patient care and/or contact with blood or other body fluids.

Infected healthcare worker - a HCW with a confirmed infection of one or more BBV

Blood borne virus – refers to HIV, hepatitis B and hepatitis C viruses.

Student – refers to a person enrolled at a university or other educational institution

Exposure prone procedures – are procedures where there is a risk of injury to the HCW resulting in exposure of the patient's open tissues to the blood of the HCW. 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. Examples of EPPs are at Appendix 1 of the [National Guidelines](#) and included in Appendix 3 of this document.

Blood Borne Virus Advisory Panel - NSW Health Blood Borne Viruses Advisory Panel provides expert advice to the NSW Chief Health Officer on the assessment of potential public health risks related to transmission of blood borne viruses.

1.3 Legal and legislative framework

Health services have a duty of care to their patients and obligations under the *Work Health & Safety Act 2011* (NSW), the *Public Health Act 2010* (NSW) and their associated regulations and the *Health Records and Information Privacy Act 2002* (HRIP Act). Consideration must be also given to the requirements of Part 4A of the *Anti-Discrimination Act 1977* (NSW) which deals with discrimination on the ground of disability and the *Disability Discrimination Act 1992* (Cth).

Registered medical practitioners have a responsibility to protect public health by complying with the Medical Board of Australia's *Guidelines for Mandatory Notifications* and *Good Medical Practice: A Code of Conduct for Doctors in Australia*.

2 REQUIREMENTS UNDER THIS POLICY DIRECTIVE

The following sections describe the obligations for individuals and the procedures to be followed by health facilities, medical practitioners and educational institutions in fulfilling the requirements of this Policy Directive.

2.1 Local Health District Directors of Clinical Governance

Response when an infected HCW has performed EPPs outside the criteria for the specific BBV regarding care, treatment, monitoring and viral load as stipulated in the National Guidelines

The Director of Clinical Governance must:

- Establish an incident management team to collect relevant information and undertake a preliminary assessment of any risk of BBV transmission to patients. The team should include:
 - the head of infection prevention and control unit at the health facility;
 - the local public health unit;
 - the designated person from the health facility (refer to 2.2 below;)
 - a clinician with expertise in the relevant area; and
 - other members as appropriate (e.g. Staff Health, laboratory staff, other clinicians).
- Refer, via the public health unit, to the NSW Health Blood Borne Viruses Advisory Panel (BBVAP) any incident where the preliminary risk assessment suggests a potential risk of BBV transmission in the health care setting
- Ensure any instances where a HCW has been diagnosed with a BBV and is non-compliant with the National Guidelines are reported to the Australian Health Practitioner Regulatory Authority (AHPRA) as this is placing the public at risk of substantial harm and therefore meets the criteria for mandatory reporting under the National Law (for further information see the [Mandatory notifications guidelines for registered health practitioners 2014](#)).

2.2 Health facilities

Management of an infected HCW

The health facility must:

- Promote awareness of the National Guidelines amongst their employees who perform EPPs (for example at orientation and infection control training).
- For students in disciplines that undertakes EPPs, verify each student's declaration form (Attachment 1) indicating that they are aware of and comply with the requirements of this PD and enter the information into ClinConnect¹.
- Ensure that confidentiality of an infected HCW's BBV status is maintained as far as possible, even if the HCW has died or ceased practice.
- Ensure the rights of the infected HCW as employees are safeguarded.
- Ensure infected HCWs have access to appropriate expert medical advice as required (noting that some HCWs will seek expert medical advice outside NSW Health).
- Support an infected HCW to return to work in accordance with the NSW Policy Directive *Injury Management and Return to Work* (PD 2013_006) and the current Public Service Commission's document *Procedures for Managing Non-Work Related Injuries or Health Conditions*.
- Provide an environment in which HCWs living with a BBV know their privacy and confidentiality will be respected and maintained.

¹ ClinConnect is a web-based application built to assist Districts Health Services (Local Health and Specialty Health Networks) and Education Providers manage all clinical placements in NSW Health facilities. It is used to book and manage placements in Nursing & Midwifery, Allied Health and Dental & Oral Health and used to record clinical placement activity for Medicine.

Response when a HCW has performed EPPs outside the criteria in the National Guidelines

The health facility must have local procedures in place to be followed in the event that a HCW who performs EPPs is newly diagnosed with a blood borne virus (BBV), or if a HCW with a BBV inadvertently exposes a person to their blood or performs EPPs outside the criteria in the National Guidelines. These procedures must:

- Specify who the HCW should notify (the designated person); this person should have an understanding of the principles underpinning this policy directive including confidentiality requirements, and have the authority to relieve the HCW of their EPP duties and appoint another HCW to fulfil these duties without breaching the HCW's confidentiality (e.g. Director of Medical Services or Director of Nursing).
- Direct that the incident be reported in a de-identified manner to the local health district Director of Clinical Governance.
- Direct that the incident be notified in a de-identified manner on the Incident Information Management System (IIMS).
- Indicate that the local health district, via the local public health unit, will liaise with Health Protection NSW and refer the incident in a de-identified manner to the Blood Borne Virus Advisory Panel (BBVAP) to seek advice on the need for patient notification and testing as appropriate.
- Ensure a system is in place for urgent BBV viral load testing of HCWs, if required, in the event of an incident in which another person is exposed to the blood/bodily fluids of an infected HCW (noting the facility may not be aware of the HCW's infection until such an incident occurs and the HCW discloses their status).

Health facilities must also:

- Report, via the designated person, any instances where an infected HCW is knowingly non-compliant with the National Guidelines to the Australian Health Practitioner Regulatory Authority (AHPRA).
- Ensure that the confidentiality of the infected HCW is protected as far as possible.

2.3 Local Public Health Units must:

Response when a HCW has performed EPPs outside the criteria in the National Guidelines

On report that a HCW who performs EPPs is newly diagnosed with a BBV, or if a HCW with a BBV inadvertently exposes a person to their blood, or performs EPPs outside the criteria in the National Guidelines, the local public health unit must:

- Participate in the local health district incident management team to collect relevant information and undertake an initial assessment of the risk of BBV transmission to patients.
- In collaboration with Health Protection NSW, complete a detailed risk assessment on any reports of a newly acquired hepatitis B, hepatitis C or HIV

infection in an individual with a history of an EPP and no known risk factors for infection acquisition.

- Refer via HPNSW to the BBVAP for advice on management of situations in which a preliminary assessment indicates a potential risk of BBV transmission in the health care setting.
- Receive and refer, as appropriate, reports where an infected HCW is knowingly non-compliant with the National Guidelines to the BBVAP for advice on the need for patient lookback.
- On receipt of a notification of a HCW who has performed EPPs while infectious with a BBV which indicates a serious threat to public health, and subject to s56 of the *Public Health Act 2010*, provide this information to the designated person (refer section 2.2) in the health facility in which the HCW works².

2.4 Health care workers

Management of an infected HCW

All HCWs:

- Must be aware if any procedure that forms part of their (current or known future) duties is classified as an exposure prone procedure (EPP) according to the guidance in the National Guidelines.
- Should be aware of their BBV status, and if they have non-occupational risk factors associated with the acquisition of BBVs, they should have regular BBV testing³ according to standard guidelines (refer to national testing policies for HIV, hepatitis C virus (HCV) and hepatitis B virus (HBV)).
- If infected with a BBV and compliant with treatment and monitoring set out in the National Guidelines, may continue to provide clinical care to patients and are not required to disclose their status if their work does not involve EPPs except in the very unlikely event that a patient is exposed to the HCW's blood/bodily fluids.

2.5 Health care workers who perform EPPs

Management of an infected HCW

HCWs who perform EPPs must:

- Be familiar with the National Guidelines.
- Take reasonable steps to know their BBV status and undergo testing for HIV, HCV and HBV at least once every three years as set out in the National Guidelines.

² Disclosure by an organisation of information that a HCW who has performed EPPs while infectious is permitted under the *Health Records and Information Privacy Act 2002* if disclosure is reasonably believed to be necessary to lessen or prevent a serious threat to public health or safety. In the case of HIV infection, disclosure of the identity of the HCW can only be made to the Secretary under section 56(4)(c) of the *Public Health Act 2010* (on the basis that failure to disclose the information about a HCW with HIV and un-suppressed viral load who undertakes EPPs is likely a risk to public health).

³ All laboratory testing referred to in this policy are to be conducted in a NATA/RCPA accredited laboratory

- Make a declaration to the Australian Health Practitioner Regulation Agency (AHPRA) at the time of annual registration renewal, stating that they are compliant with the National Guidelines.

2.6 Health care workers infected with HIV, hepatitis B and/or hepatitis C who perform EPPs

Response when a HCW has performed EPPs outside the criteria in the National Guidelines

HCWs infected with HIV, hepatitis B and/or hepatitis C who perform EPPs must:

- Cease performing EPPs immediately and inform the person identified in their health facility local procedures if they are newly diagnosed with a BBV
- Seek ongoing care from an appropriately skilled medical practitioner (see section 2.8).
- Meet the criteria for viral suppression outlined in the National Guidelines for initial clearance to perform EPP.
- If cleared for EPP work by their treating medical practitioner, meet the ongoing health monitoring requirements described in the National Guidelines in order to continue EPP work.
- Make a declaration to the Australian Health Practitioner Regulation Agency (AHPRA) at the time of annual registration renewal that they are compliant with the National Guidelines.
- Seek medical advice if they experience a change in health condition which may affect their ability to practice.
- Immediately report all incidents to the designated (refer section 2.2) person in their health facility where he/she is aware of accidentally exposing a patient to their blood or bodily fluids, regardless of the risk of transmission.

2.7 Clinicians who conduct BBV testing for health care workers

The diagnosing clinician must:

- Refer a HCW who performs EPPs who is newly diagnosed with a BBV to an appropriate treating medical practitioner (see section 2.8).
- Counsel the infected HCW to notify the designated person (refer section 2.2) in their workplace, as required by the National Guidelines, if it is possible that he/she performed any EPPs while infectious.

In the event that the diagnosing clinician is aware that the HCW does not notify their workplace that it is possible that the HCW performed EPPs while infectious and there is a serious threat to public health or safety the diagnosing clinician must notify the local public health unit⁴.

⁴ Disclosure by an organisation of information that a HCW who has performed EPPs while infectious is permitted under the *Health Records and Information Privacy Act 2002* if disclosure is reasonably believed to be necessary to lessen or prevent a serious threat to public health or safety. In the case of HIV infection, disclosure of the identity of the HCW can only be made to the Secretary under section 56(4)(c) of the *Public Health Act 2010* (on the basis that failure to disclose the information about a HCW with HIV and un-suppressed viral load who undertakes EPPs is likely a risk to public health).

2.8 Medical practitioners who provide expert clinical care to BBV infected health care workers and student HCWs who perform EPPs

The treating doctor for the infected HCW who performs EPPs must:

- Be familiar with the National Guidelines and aware of the requirements and necessary skill sets of treating medical practitioners set out in the National Guidelines.
- Provide formal advice to the HCW regarding personal care, health monitoring and work practices (including initial and ongoing clearance to perform EPPs).
- Ensure a HCW who is newly diagnosed with a BBV receives counselling regarding potential impacts on future career (advice may be sought from the relevant professional college as needed).
- Encourage BBV infected HCWs who perform EPPs to notify the health service of their BBV status.
- Ensure that the HCW has scheduled appointments of appropriate frequency to meet the required level of monitoring and actively follow up missed appointments.
- Report concerns regarding HCW compliance with professional standards and/or breaches in compliance with the National Guidelines to AHPRA, as appropriate.
- Ensure that concerns regarding actual or potential exposures constituting a serious public health risk are reported to the local public health unit in a timely manner to enable a risk assessment of BBV risk to patients to be undertaken.⁵

2.9 Student health care workers in a discipline that undertakes EPPs

Disciplines that may undertake EPPs include: medicine; midwifery; paramedicine; dentistry and oral health.

Student HCWs of a discipline that undertakes EPPs must:

- Undergo testing for BBVs at commencement of study or within the 12 months prior to commencement.
- Follow the same BBV testing requirements as health care workers who perform EPPs (refer to Section 3).
- Submit a form (Attachment 1) declaring that they have undergone BBV testing and meet the requirements of this Policy Directive to NSW Health as part of the verification process before their first clinical placement.
- Ensure they undergo regular testing as outlined in this Policy Directive and submit further declaration forms to NSW Health, via their education provider's partner local health district
- Notify the person identified in the health facility local procedures when newly diagnosed with a BBV if EPPs are to be undertaken during the placement.

The educational institution for students of a discipline that undertakes EPPs must:

- Inform all students of the requirements of this Policy Directive

- Ensure that all students in the relevant disciplines are aware of the requirement to undergo BBV testing and complete a form declaring that they have undergone BBV testing and meet the requirements of the Policy Directive.
- Inform students of the process to have their declaration form verified by NSW Health
- Inform students that those who are non-compliant will not be able to attend clinical placements

3 MANAGEMENT OF HCWs

3.1 BBV testing for health care workers who perform EPPs

HCW who perform EPPs must take reasonable steps to know their BBV status and should be tested for BBVs at least once every three years as outlined in the National Guidelines.

It is the responsibility of the HCW to arrange BBV testing. Following the demonstration of immunity to hepatitis B, further HBV testing is not required.

HCWs who are classified as hepatitis B vaccine non-responders can continue to perform EPPs but must be retested in accordance with the National Guidelines and should seek advice following an occupational exposure to the blood/bodily fluids of a patient.

HCW who perform EPPs must make a declaration to AHPRA when applying for renewal of registration that they are complying with, and have been tested in accordance with the National Guidelines. The results of BBV testing will not be declared to, or recorded by, AHPRA.

The procedures that health services should follow to prevent disease transmission following an occupational exposure to a BBV are outlined in the NSW Policy Directive *HIV, Hepatitis B and Hepatitis C—Management of Health Care Workers Potentially Exposed*.

3.2 Health care workers infected with BBVs who perform EPPs

HCWs who are infected with BBVs are permitted to perform EPP work providing he/she:

1. Is under the care of an expert in the treatment of their BBV who also has an understanding of the regulatory framework for HCWs infected with BBVs, including the National Guidelines and this Policy Directive
AND
2. Meets the criteria for initial and ongoing health clearance set out for each BBV in the National Guidelines as assessed by the HCW's treating medical practitioner

3.2.1 Clearance to allow an infected HCW to perform EPPs

Initial and ongoing clearance to perform EPP work is provided by the treating medical practitioner to the health care worker if the treating practitioner is satisfied that the criteria are met as stipulated in the National Guidelines. Expert assistance is available from the BBVAP (via the Director Communicable Diseases Branch) if required.

3.2.2 Non-compliance by an infected HCW

In accordance with the mandatory reporting requirements under the National Law and the National Guidelines the treating medical practitioner must notify the HCW to AHPRA if the HCW is putting the public at risk. If required advice can be sought from the local public health unit.

The treating medical practitioner must also inform the local public health unit if a serious risk to public health is suspected so that the public health unit can undertake a risk assessment (refer to Section 4).

3.2.3 Support for an infected HCW

Providing the individual is complying with the National Guidelines there is no requirement for an infected HCW who is permitted to perform EPPs to inform a health facility of their BBV status at the commencement of employment; however this is encouraged to facilitate an immediate response to an incident in which a patient is exposed to their blood or other infected bodily fluid. Note that disclosure of the HCW's BBV status to relevant health facility/LHD staff is required in the event of such an incident (refer to Section 4).

Should a HCW disclose their BBV status to their health facility, this information must be treated confidentially and appropriate support and advice provided to the HCW as required.

NSW Health services are required to have occupational rehabilitation programs in place consistent with the NSW Directive [Injury Management and Return to Work \(PD2013_006\)](#) to manage employees with a work related blood borne virus infection. This includes, where relevant, making every effort to provide alternative suitable employment both within NSW Health, and if that is not possible, external to NSW Health. Where the HCW acquired the BBV infection outside of work, the obligations of all public health facility employers are outlined in the Public Service Commission's document *Procedures for Managing Non-Work Related Injuries or Health Conditions* and includes where relevant the investigation of alternative positions within NSW Health and other agencies.

Should the HCW be required to take time off from their work duties due to their infection, the relevant health profession board and the relevant specialist college can provide support and advice on retraining and supervision on their return to work.

4 INVESTIGATION AND RESPONSE WHEN A HCW HAS PERFORMED EPPs OUTSIDE THE CRITERIA IN THE NATIONAL GUIDELINES

4.1 Newly diagnosed HCW who has performed EPPs

In the event that a HCW who performs EPPs is newly diagnosed with a BBV he/she must stop all EPP work immediately and seek medical care from an appropriately skilled practitioner. At the time of diagnosis, the HCW must notify the designated person (section 2.2) identified in their health facility local procedures if it is possible that they have been performing EPPs while infectious. The relevant professional college can provide advice as to the classification of procedures. If required, the newly diagnosed HCW can discuss the need to inform the health facility/LHD with their diagnosing doctor or the local public health unit.

In the unlikely event that the newly diagnosed HCW has been involved in an incident in the previous 72 hours where it was recognised that another person was exposed to the HCW's bodily fluid, decisions regarding the use of post exposure prophylaxis for HIV and HBV for the exposed person(s) should be made locally based on a risk assessment of the nature of the exposure as outlined in the [NSW Policy Directive 2017_010 HIV, Hepatitis B and Hepatitis C—Management of Health Care Workers Potentially Exposed](#).

The health facility, in collaboration with the local public health unit, will collect information regarding the infected HCW (including relevant surgical procedures performed, infection control practices, any known incidents where another person was exposed to the HCW's blood and health monitoring information) in order to make an assessment of the risk of BBV transmission in the health care setting. (Refer to Appendix 1 for guidance.) Where there is the potential for BBV transmission, the public health unit, in conjunction with Health Protection NSW will refer the case in a de-identified manner to the Blood Borne Virus Advisory Panel (BBVAP). The HCW should be informed that their de-identified health and health practice information will be provided to the BBVAP.

The BBVAP will review the risk assessment (refer to Appendix 2 for the terms of reference for the BBVAP). The Chief Health Officer, on advice from the BBVAP, will make decisions regarding the need for a lookback⁵ investigation to identify any patients who may have acquired a BBV from the HCW. The health facility should ensure that the infected HCW is informed of this process.

4.2 BBV infected HCWs and lookback exercises

In the event that the Chief Health Officer, following receipt of advice from the BBVAP, requests that a lookback be undertaken, the infected HCW must be counselled by the health facility that relevant patients will be informed about a potential exposure to the blood of a HCW who is infected with a BBV in a non-identifying manner. In accordance with the *NSW Privacy Manual for Health Information*, only staff for whom it is considered

⁵ A lookback is defined as the process of identifying, tracing, recalling, counseling and testing patients or HCW who may have been exposed to an infection in the health care setting in the *NHMRC Australian Guidelines for the Prevention and Control of Infection in Healthcare 2010*.

necessary in order to carry out their work duties should be aware of the infected HCW's BBV status.

Disclosure of an individual HCW's BBV status to a patient is not necessary and the health facility has an obligation to ensure that confidentiality of an infected HCW's BBV status is maintained as far as possible even if the infected HCW has died, ceased practice or has been identified publicly.

4.2.1 Potential health care associated BBV transmission

All new HIV diagnoses are notified (using a name code) to Health Protection NSW which routinely collects risk factor information from the relevant clinician. Notifications of newly acquired hepatitis B and hepatitis C cases are routinely followed up for risk factor information by the local public health unit. If a patient presents with a newly acquired hepatitis B, hepatitis C or HIV infection after undergoing an EPP, and the origin of the infection is unclear, the local public health unit will complete a detailed risk assessment in conjunction with Health Protection NSW. Referral to the BBVAP for advice as to the appropriate public health action may occur depending on the outcome of the risk assessment.

4.2.2 Management of patients following exposure to blood/bodily fluids of an infected HCW

Infected HCWs who are performing EPPs as permitted within the National Guidelines, are required to report to the designated person (refer section 2.2) in their health facility any incidents in which a patient is known to have been accidentally exposed to their blood or bodily fluids.

In this situation, a detailed risk assessment should be done, in conjunction with the HCW's treating clinician and the local public health unit as outlined in the National Guidelines. This should include assessment of several factors including the most recent viral load of the HCW, the history of the HCW with a BBV including their adherence to treatment, the frequency and magnitude (if any) of fluctuations in their viral load and the presence of factors which might increase the HCW's viral load. If there is concern that the viral load of the HCW could be above the level stipulated in the National Guidelines, the health facility should arrange for the infected HCW to undergo urgent viral load testing. The local public health unit will work with the health facility to collect the information required for a detailed risk assessment and, in conjunction with Health Protection NSW urgently refer the matter to the BBVAP.

In consultation with the HCW's treating doctor, the BBVAP will make an assessment of the risk to the patient(s) based on the criteria outlined in the National Guidelines. Following the risk assessment, the BBVAP will make recommendations to the Chief Health Officer regarding the need for follow up of patient(s).

Where urgent decisions on the need for post exposure prophylaxis for HIV and HBV are required (potential patient exposures within the previous 72 hours), the facility should follow the risk assessment guidance in the NSW Policy Directive PD2017_010 *HIV, Hepatitis B and Hepatitis C, Management of Health Care Workers Potentially Exposed*

APPENDIX 1 Guide for assessing the risk of BBV transmission in the health care setting

When there is evidence that a HBeAg, HBV DNA, HCV PCR or HIV positive HCW has performed exposure prone procedure/s the following steps should be taken to determine if there is a risk of transmission from the infected HCW to others.

It should be noted that there are serious legal, human and financial implications of look-back exercises to identify and test patients on whom the infected health care worker performed invasive procedures. The health facility has an obligation to ensure that confidentiality of an infected HCW's BBV status is maintained as far as possible, even if the HCW has died or ceased practice.

The health facility should work with the local public health unit to collect the information required to determine if there is the potential for BBV transmission in the health care setting. This should be done in cooperation with the infected HCW and in a non-identifying manner.

Information required for a risk assessment includes:

- Relevant health monitoring information (such as viral load).
- The nature and history of the clinical practice of the HCW, including the type of procedural practice.
- Evidence of physical or mental impairment or behavior which could have affected the HCW's standard of practice.
- Evidence of poor infection prevention and control practice by the HCW or at the relevant health care setting during the time the HCW was likely infectious with the BBV (a formal infection control audit may be required).
- Known episodes of high risk exposure to a patient, for example sharps injuries (a review of previously reported occupational exposure incidents may be required) , and
- Any other relevant considerations.

The health facility, together with the local public health unit, will review this information and make an assessment of the potential for BBV transmission. Where there is a risk of transmission, the public health unit will refer the matter to the BBVAP for advice regarding a lookback. The health facility should inform the infected HCW that relevant de-identified information will be shared with the BBVAP for the purposes of determining if a lookback is required. The extent of any lookback will be decided by the BBVAP on a case-by-case basis using a risk-based approach.

APPENDIX 2 NSW Health Blood Borne Viruses Advisory Panel

Role of the Advisory Panel

The role of the NSW Health Blood Borne Viruses Advisory Panel (the Panel) is to provide expert advice to the NSW Chief Health Officer on the assessment of potential public health risks related to transmission of blood borne viruses. Its members come from a range of specialist fields to inform the response to a wide range of blood borne virus transmission health risks.

Purpose

The Panel will provide advice on the current scientific evidence on a range of issues related to the transmission of blood borne viruses and provide analysis of the potential public health risks.

Specifically the panel will:

- Provide advice regarding the implementation of the current version of the *Australian National Guidelines for the Management of Health Care Workers Known to be Infected with Blood-borne Viruses* (the National Guidelines).
- Undertake the function of the Expert Advisory Committee as defined in the National Guidelines, including providing advice on:
 - a. the risk to patients; and
 - b. the work practices of health care workers infected with a blood borne virus (BBV).
- Provide supplementary specialist occupational advice to physicians of health care workers infected with BBV, occupational physicians and professional bodies.
- Provide advice on the management, including the need for patient notification, of incidents involving:
 - a. the investigation of potential BBV transmission in health care settings;
 - b. inadequate reprocessing of instruments or equipment used in invasive procedures; and
 - c. other incidents in health care settings where patients may have been exposed to a BBV.
- At the request of the Chief Health Officer, provide advice on other issues related to BBV transmission.

Governance

Chair

The Panel Chair is appointed by the NSW Chief Health Officer. The Deputy Chair is the Director of Health Protection NSW.

Code of conduct

Members will be required to agree to and sign a Declaration of Ethical Behaviour upon joining and membership renewal (every 2 years) and adhere to the NSW Health code of conduct as appropriate.

Confidentiality

Members will be required to sign a confidentiality agreement upon joining, and membership renewal (every 2 years). Information provided to members to inform their discussion is provided in confidence and is not to be disclosed to any third party.

Conflicts of interest

Members will be required to declare any potential conflicts of interest (real or perceived) upon joining. In addition conflicts of interest will be addressed as an agenda item at the commencement of each meeting, in light of the issues at hand, and recorded in the meeting minutes.

Decision making

The panel is an advisory body to the NSW Chief Health Officer. The panel will not be a decision making entity.

Membership

Membership will be by invitation of the NSW Chief Health Officer and will be reviewed every 2 years. Membership may include experts from within NSW Health, government agencies, academia, research organisations and industry.

Standing Panel members will include at least one:

- Infectious Diseases Physician
- Director, Health Protection NSW
- Virologist
- Occupational Health Physician
- Infection Control Practitioner
- Ethicist
- Public Health Unit Director
- Director, Communicable Diseases Branch

In addition, the Panel may also include ad hoc members from the following groups:

- A member of the professional group, relevant to the health care worker e.g.
Royal Australasian College of Surgeons
- A health care worker advocate
- A hepatologist, immunologist or other appropriate medical expert

Nominated experts may be invited by the Chair of the Panel to be supplementary members of the Panel to attend meetings to provide specific advice in their areas of expertise on a needs basis for a period of up to 2 years, in conjunction with Panel membership review. Nominated experts will be asked to self-select a secondary contact for this purpose in the event that they are unable to attend a Panel meeting when required. These nominated members (and their secondary contacts) will be subject to the same code of conduct, confidentiality and conflict of interest requirements as other members.

Meeting frequency

The Panel will meet quarterly. Additional meetings will be arranged on a needs basis as issues arise (often on short notice). In these instances, the Panel may meet by teleconference to discuss specific blood borne virus related health risks or incidents.

Where practicable, advance notification and circulation of meeting papers and agenda will be carried out, however, due to the nature of the Panel and the potential urgency of issues to be addressed, meetings may be required to be carried out with less than 48 hours' notice.

Panel Structure

Where issues outside the scope of expertise of standing members arise, additional experts may be invited to participate in relevant meetings of the Panel.

Proxies

Due to the expertise based nature of the panel, proxies will not be accepted if a member is unable to attend a meeting.

Record of meetings

Minutes of the meetings will be prepared by the secretariat, and endorsed by the Panel Chair, prior to submission to the Chief Health Officer.

Referral of issues to the panel

Issues may be referred to the Panel by representatives of Local Health Districts, or by Health Protection NSW. All referrals are required to be submitted in the format of the pro forma referral brief.

A treating doctor may seek individual advice directly from the BBVAP on case management in relation to any aspect of this policy directive or the National Guidelines.

Remuneration

No sitting fees will be provided.

Secretariat

Secretariat support will be provided by Health Protection NSW via the Communicable Diseases Branch.

Terms of reference

The terms of reference will be reviewed every 2 years.

APPENDIX 3: Definitions and examples of EPPs

Non-exposure prone procedures (non-EPPs) are procedures where the hands and fingers of the HCW are visible and outside of the body at all times and procedures or internal examinations that do not involve possible injury to the HCW's hands by sharp instruments and/or tissues, provided routine infection prevention and control procedures are adhered to at all times.

Examples of non-EPPs include routine oral examination (gloved with mirror and/or tongue depressor); vaginal and rectal examinations (except where there is a possibility of pelvic fractures in trauma); insertion and maintenance of intravenous or central lines; incision of superficial abscesses and incision and drainage of superficial haematomas; percutaneous drainage of abscesses and haematoma under radiation or ultrasound guidance; minor suturing of uncomplicated skin lacerations; risk from handling sharps (such as handling needles and scalpels outside of a patient's body).

Exposure prone procedures (EPPs) are procedures where there is a risk of injury to the HCW resulting in exposure of the patient's open tissues to the blood of the HCW. 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. [5, 76].

Examples of EPPs include:

- **Cardiothoracic surgery:** generally all cardiothoracic procedures.
- **Dentistry:** including maxillofacial surgery and oral surgical procedures, including the extraction of teeth (but excluding extraction of highly mobile or exfoliating teeth), periodontal surgical procedures, endodontic surgical procedures, implant surgical procedures.
- **Gynaecological surgery:** including perineal surgery, trans-vaginal surgery, and open abdominal gynaecological surgery.
- **Neurosurgery:** that involves exposure to sharp bone fragments e.g. trauma and some spinal surgery.
- **Obstetric or midwifery procedures:** including caesarean birth, instrumental birth, infiltration of the perineum with local anaesthetic, episiotomy, repair of an episiotomy or perineal/vaginal tear, application of a fetal scalp electrode, and fetal blood sampling.
- **Open surgical procedures:** including open abdominal or thoracic general surgery, open abdominal or thoracic vascular surgery and open urological procedures.
- **Orthopaedic procedures:** including procedures involving the cutting or fixation of bones or the distant transfer of tissues from a second site (such as in a thumb reconstruction), and open surgical procedures where there is the possibility of bone fragments and/or bone spicules, mechanical drilling is involved, or the procedure involves deep tunneling using sharp instruments.
- **Otolaryngology, head and neck surgery:** in particular bony facial reconstructive surgery (elective or after trauma).

- **Plastic surgery:** where it involves extensive cosmetic procedures that involve bony reconstruction or free tissue transfer involving bone or in the thorax.
- **Trauma:** including open head injuries, facial and jaw fracture reductions, extensive soft tissue trauma, rectal examination in the presence of suspected pelvic fracture, deep suturing to arrest haemorrhage and internal cardiac massage.

Examples of procedures that are generally considered to be non-EPP but have the potential to escalate to open or trauma procedures that will require access to a colleague who can perform EPPs include:

- **Minimally invasive procedures:** including laparoscopy, endovascular procedures, thoracoscopic procedures, Natural Orifice Transluminal Endoscopic Surgery (NOTES), cystoscopic procedures, arthroscopic procedures, and robotic surgery.
- **Trauma/emergency situations:** there is the risk in trauma/emergency situations that a previously non-EPP may escalate (and quickly) into an EPP. This context must be considered for paramedics, emergency department staff, and HCWs who work in rural or remote areas.

These lists are intended as a guide only and do not cover all eventualities and must be interpreted with caution. Moreover, it is recognised that variations in practice may exist in Australia, and may change over time. It is therefore recommended that the over-arching EPP definition given is used as the primary guidance when deciding whether a particular practice/procedure is exposure prone or not. The relevant specialist college can provide more detailed information about what procedures are considered exposure prone in their specialities. The relevant specialist colleges may recommend a greater frequency of BBV testing for their speciality, particularly when high risk EPPs are commonly performed, and their contact details are provided in [Appendix 2: Roles of the National Guidelines](#).

Attachment 1: Blood Borne Virus Student Declaration Form



All student health care workers of a discipline* that undertakes exposure prone procedures (EPPs) must complete this document prior to their first clinical placement, and again after repeat testing has been undertaken every three years. Students will only be permitted to attend clinical placements if they have submitted this form.

The educational provider must ensure that all student health care workers of a discipline* that undertakes EPPs have completed this form and submitted it for assessment by NSW Health.

Declaration	Initials
I have read and understand the requirements of 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 and the NSW Health policy <i>Management of health care workers infected with HIV, Hepatitis B or Hepatitis C and health care workers who perform exposure prone procedures</i> .	
<p>Select either A or B</p> <p><input type="checkbox"/> A: I have undergone testing for blood borne viruses** (BBVs) at commencement of study in Australia or within the 12 months prior to commencement.</p> <p><input type="checkbox"/> B: I have undergone a repeat test for BBVs within a three year period from the date of my last test.</p> <p>The date of my test was: _____</p>	
<p>I agree to the following:</p> <ul style="list-style-type: none"> 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 transmission. notify the person identified in the health facility local procedures if I am newly diagnosed with a BBV and will refrain from performing EPPs until a risk management plan has been developed by the NSW Health agency during the placement. cease performing all EPPs if diagnosed with a BBV until the criteria in the National Guidelines are met. 	
Declaration: I _____ declare that I comply with the requirements of the <i>National Guidelines</i> and that the information provided is correct.	
Full name:	Date of Birth:
Email:	Student ID:
Date:	Education Provider:
	Signature:

*Disciplines that undertake exposure prone procedures include: medicine; midwifery; paramedicine; dentistry and oral health.

**Relevant blood borne viruses are Human Immunodeficiency Virus (HIV), Hepatitis B and Hepatitis C.