



**Australian Federation of
AIDS Organisations
(AFAO)**

Comments on

**Draft SA Nursing and Midwifery Board
Standards for the Prevention of Blood-Borne
Virus Transmission to Patients and Others**

29 January 2010

About AFAO

The Australian Federation of AIDS Organisations (AFAO) is the peak body for Australia's community sector response to the HIV/AIDS epidemic. AFAO is charged with representing the views of our members: the AIDS Councils in each state and territory; the National Association of People Living with HIV/AIDS; the Australian Illicit and Injecting Drug Users' League; the Anwernekenhe National Aboriginal and Torres Strait Islander HIV/AIDS Alliance (ANA); and Scarlet Alliance, Australian Sex Workers Association.

AFAO advocates for its member organisations, promotes medical and social research into HIV/AIDS and its effects, develops and formulates policy on HIV/AIDS issues, and provides HIV policy advice to Commonwealth, State and Territory Governments.

AFAO has had the opportunity to read the AIDS Council of South Australia (ACSA's) feedback to the Board on the draft Standards for the Prevention of Blood-Borne Virus Transmission to Patients and Others (the draft Standards). We concur with the points made by ACSA and strongly endorse its recommendations.

In this brief submission we highlight issues of particular relevance to the Australian HIV response.

Timing of the revision of the guidelines

AFAO recently provided comments to the Department of Health and Ageing regarding the Exposure Draft of the Healthcare Identifiers Bill 2010. In our submission we noted the stated commitment of the Commonwealth, state and territory governments to ensuring that the confidentiality and privacy of medical records and personal data regarding individuals' HIV status is not compromised by e-health reform. AFAO proposed that introducing the Healthcare Identifier legislation prior to the harmonisation of Commonwealth and state/territory privacy legislation, and before the construction of a national privacy framework, would run counter to that commitment.

AFAO is concerned that the Board's revision of the guidelines regarding BBV testing for South Australian nurses and midwives is contrary to principles underlying the national health reform agenda, and is premature. It is crucial, in our view, that imminent national reforms inform the development of such state/territory policies and procedures – especially those flowing from implementation of the suite of new national health strategies, including the Sixth National HIV Strategy.

As noted by ACSA, the Council of Australian Governments (COAG) has agreed to a single national registration and accreditation scheme for health professionals from 1 July 2010. We propose that if there is a need to revise the South Australian Nursing and Midwifery Board Standards for the Prevention of Blood-Borne Virus Transmission to Patients and Others, any revision should be postponed until the National Strategies are approved and the national privacy framework is in place. This will ensure that the SA guidelines comply with and are complementary to national policies and strategies.

Obligatory testing

AFAO is particularly concerned that the draft guidelines create obligations/requirements for regular BBV testing by nurses and midwives, and an obligation to disclose HIV status in some situations.

Most importantly, the draft guidelines depart from current national HIV testing policy. Since the establishment of National Guidelines for HIV Testing by the Australian National Council on AIDS and Related Diseases and the Intergovernmental Committee on AIDS and Related Diseases in 1998, there have been significant changes and developments in the Australian HIV epidemic.

Policy development regarding HIV testing in different contexts has formed a fundamental component of the Australian response to HIV. As noted in the fifth National HIV Strategy, the National HIV Testing policy was revised in 2006 to reflect those developments, and includes the following section covering healthcare workers with specific policies applying to workers performing exposure-prone procedures (EPPs):

Key Points:

- Health care workers have a professional obligation to know their HIV status if they are performing exposure-prone procedures (EPPs).
- Health care workers who have a confirmed positive HIV antibody test must not perform EPPs.
- Testing should be offered to health care workers following occupational exposure to blood or body substances, for example through needlestick injury.

HIV testing of health care workers should be conducted in accordance with the general principles set out in this policy regarding consent, privacy and access to appropriate pre-test information, post-test discussion and clinical care.

In order to ensure compliance with this recommendation, it is essential that appropriate support is available to health care workers who test positive for HIV antibodies given the potential major psychological, social and financial costs to the individual.

To encourage compliance with these obligations, health care workers should receive regular reminders of their responsibilities (for example through inclusion of prompting questions as part of medical, dental and nursing registration renewal processes), and easily accessible, free confidential testing and counselling arrangements. The health care system must also support health care workers by creating a work environment that minimises the risk of infection including appropriate training in infection control techniques and provision of equipment that reduces the risk of exposure.

In general the risk of HIV transmission in the Australian health care setting is low, and routine HIV testing of all health care workers is not recommended.

Transmission of HIV from health care worker to patient

There is a small risk of HIV transmission from an infected health care worker to their patients during the performance of EPPs⁵.

In view of the risk, albeit low, of transmission of HIV from infected health care workers to patients during the performance of EPPs, health care workers who perform EPPs must know their HIV status by seeking serologic testing if either:

- untested and currently performing EPPs;
- about to commence performing EPPs;
- it is 12 months or longer since their last test if they are performing EPPs;
- they have experienced a significant occupational exposure; or
- non-occupational exposure has been identified, including needle sharing with a person infected with or at increased risk of HIV and/or unprotected sexual intercourse with a person infected with or at increased risk of HIV.

Health care workers who have a confirmed positive HIV test must not perform EPPs².

For health care workers who do not perform EPPs, HIV testing should be offered either on the basis of clinical assessment, or following an occupational exposure to potentially infectious blood or other body fluids.

If a patient is exposed to blood or body fluids (e.g. through needlestick injury) during the provision of health care, the health care worker involved has a responsibility to provide information or consent for testing that enables the safe management of the exposed patient. Consent for testing should be obtained in accordance with the guiding principles of this policy. The health care worker should be advised of the types of tests that may be needed and the consequences to them of the results of tests².

Transmission of HIV from patient to health care worker

Patients may transmit infections to health care workers. The level of risk relates to the transmissibility of the infection, the availability of a route of transmission, the susceptibility of exposed people, and the success of applied control measures (e.g. standard precautions).

All health care workers who have clinical contact with patients can potentially be exposed to blood and other body fluids.

If a health care worker is occupationally exposed to blood or body fluids (e.g. through needlestick injury), the patient involved has a responsibility to provide information or consent for testing that enables the safe management of the injured health care worker. Consent should be obtained in accordance with the guiding principles of this policy. The patient should be advised of the types of tests that may be needed and the consequences for them of the results of those tests. If the patient declines to have an urgent HIV test then it should be

assumed, for the purposes of post-exposure prophylaxis prescription, that they have HIV infection (see Chapter 8).

We note that the only situation or context where it is stipulated that a healthcare worker has an “obligation” to know their HIV status is if they perform EPP’s, with the policy stating that an HIV positive healthcare worker “must not” perform EPP’s. Despite this “obligation” for a healthcare worker to “know” their HIV status, there is no requirement to be tested; and despite the directive that an HIV positive healthcare worker not perform EPP’s, there is no means of monitoring or enforcing this – there being no requirement to disclose positive status to the employer. There is reference to “encouraging” compliance with personal obligations, but no compulsion.

We note that the NSW guidelines¹ covering testing of NSW healthcare workers are in line with the national testing policy and accordingly, are directive in respect of exposure prone procedures but without any compulsion. The *NSW Health – Control Guidelines – HIV and AIDS - Cases among health care workers*, set out policies regarding exposure prone procedures that also comply with the NSW Nurses Association policy on BBV testing, which are, in AFAO’s view, balanced and reasonable. The NSW guidelines regarding EPP’s mirror the national guidelines² - the most important aspect being the development of policies to encourage regular testing on the part of workers performing EPPs, to ensure that EPP nurses and midwives who test positive to a BBV can be re-assigned to other duties without their positive status being disclosed to others, and that appropriate counselling and support services are available.

Students

We note that the separate draft guidelines for students and registered nurses are particularly proscriptive. In our view, although there may be advantages in developing a separate, more comprehensive and informative set of guidelines for students, there should be no substantive differences between testing policies for students and registered nurses.

Process following disclosure of HIV status

Apart from issues regarding compulsory testing and disclosure raised by ACSA and above, for a student or registered nurse who chooses to disclose their HIV positive status to their employer there are immediate and long-term confidentiality and privacy issues regarding storage and use of this information. Disclosure may be ad hoc, as a result of information provided to an employer by another person, or as a result of testing undertaken following an occupational exposure incident.

Whatever the reason for disclosure of a healthcare worker’s HIV (or other BBV) status, issues pertaining to storage and management of information regarding an employee’s HIV status, will be fundamental considerations in e-health reforms affecting healthcare workers. We propose that close consideration needs to be given to these issues in state/territory guideline development.

¹ (at http://www.health.nsw.gov.au/policies/PD/2005/pdf/PD2005_162.pdf)

² <http://www.health.nsw.gov.au/factsheets/guideline/aidshiv.html>

Recommendations

AFAO recommends:

- that if there is a need to revise the Board's guidelines, any revision should be in the light of the national registration and accreditation scheme for health professionals to be introduced from 1 July 2010 and should not pre-date the introduction of the national scheme;
- that the revised guidelines fully comply with and complement the National Guidelines for HIV Testing; and
- that any revision of the guidelines reflect the principles set out in the National Guidelines for HIV Testing and the National Health Strategies covering blood borne viruses.
