

1 November 2019

Executive Officer, Medical
AHPRA
GPO Box 9958
Melbourne 3001

By email: bbvguidelines@ahpra.gov.au

Avant Mutual Group Limited
ABN 58 123 154 898

Registered office
Level 6, Darling Park 3
201 Sussex Street, Sydney NSW 2000

Postal address
PO Box 746 Queen Victoria Building
Sydney NSW 1230

DX 11583 Sydney Downtown
avant.org.au

Telephone 02 9260 9000 **Fax** 02 9261 2921
Freecall 1800 128 268 **Freefax** 1800 228 268

Consultation - Guidelines for registered health practitioners and students in relation to blood borne viruses

Avant welcomes the opportunity to provide input into AHPRA's consultation on the blood-borne viruses guidelines.

Avant is Australia's largest medical defence organisation, providing professional indemnity insurance and legal advice and assistance to more than 76,500 healthcare practitioners and students around Australia.

General Comments

Health care workers ('HCW') with blood borne virus ('BBV') infections are a heterogeneous group of people who face complex challenges. Through our medico-legal advisory service, we hear about the prejudice that practitioners with a BBV experience because of the lack of understanding about these diseases from employers and the general community. We support AHPRA's introduction of these guidelines as a way of improving understanding in the area and alleviating misconceptions.

Whilst protection of the public is of paramount importance, the inherent sensitive nature of these infections requires consideration of the practitioners' privacy and confidentiality. This is also complicated by increasingly complex and evolving treatment plans and the limited evidence surrounding the risk of occupational transmission. Further, all HCWs have a right to protect themselves from the transmission of BBVs and should be equipped with practical guidance about how to practise safely.

We agree that it is appropriate to rely on and defer to those with expertise of the management of HCWs infected with BBVs and the testing requirements of HCWs who perform exposure prone procedures ('EPP'). The Board needs to be satisfied that the CDNA is the appropriate expert in this area, and that the CDNA guidelines do represent best practice on the management of HCWs infected with BBVs. We note that AHMAC has endorsed the CDNA's guidelines, and we agree that the CDNA is the relevant expert group on which to rely.

Given the complex and fluid evidence base underpinning any guidelines in this area, our view is that the proposed Board guidelines should not supersede or exceed any clinical guidance that is stated by the CDNA.

1. Are the draft guidelines necessary?

Yes. Guidelines in this area are necessary for HCWs and others to understand how to manage their disease and continue to work in health care. It is helpful for the Board to defer to the CDNA guidelines particularly regarding obligations for testing for all HCWs. It is also useful to explain to practitioners treating HCWs living with a BBV about when they need to notify the Board of that practitioner's infection.

They are also useful in supporting delegated decision makers to make consistent decisions about the management of HCWs or students with a BBV.

2. Is the content of the draft guidelines helpful, clear and relevant?

The guidelines are particularly helpful in clarifying that if a HCW living with a BBV is complying with the CDNA guidelines, they are not placing the public at risk, and can continue in their profession.

The guidelines are also helpful in clarifying the mandatory reporting obligations of treating practitioners – namely that practitioners treating a HCW or student with a BBV does not have an obligation to report their patient if the patient is complying with CDNA guidelines.

3. Is there any content that needs to be changed, added or deleted in the draft guidelines?

In the second bullet point in paragraph 7.2 of the Board's guidelines we suggest that the word 'therefore' in the first sentence be deleted. The Board should act if the practitioner is not complying with the CDNA guidelines and is placing the public at risk. There are two distinct elements that should be separated. This is because mere noncompliance with the CDNA's guidelines does not automatically put the public at risk.

There may be conflict depending on the content of hospital, health service provider or health department policies or guidelines on HCWs with BBVs. As these policies and guidelines may be more prescriptive than the Board's guidelines, it would be useful to add to the Board's guidelines a comment that HCWs should be aware of and comply with any hospital, health service provider or health department policies that apply to them.

4. Do you agree with the proposal that the Boards expect registered health practitioners and students to comply with CDNA guidelines? That includes testing requirements set in the CDNA guidelines.

Yes.

5. Do you have any other comments on the draft guidelines?

Reference to the CDNA guidelines suggests that the Board will have an obligation to monitor the CDNA guidelines and alert the profession to any changes.

Please contact me on the details below if you require any further information or clarification of the matters raised in this letter.

Yours sincerely,



Georgie Haysom
Head of Advocacy, Research and Education

Direct: (02) 9260 9185

Email: georgie.haysom@avant.org.au