



HEALTH PROFESSIONS LICENSING AUTHORITY		
TITLE: Position Statement Medical Practitioners Infected with Blood Borne Pathogens		
EFFECTIVE DATE: May 2004	REVIEWED May 2005, July 2006	REVIEW: July 2008
BOARD: Medical Board of the Northern Territory		

1. Objective

The *Health Practitioners Act 2004* is the legislation that regulates the practise of medical practitioners in the Northern Territory. This Position Statement has been developed to ensure that the Medical Board of the Northern Territory is satisfied that:

- The medical practitioner has sufficient competence and capacity to practise prior to being issued with a practising certificate. The medical practitioner is required pursuant to Section 22 (c) of the Act to make a declaration, which will satisfy the Board that, they have “sufficient physical and mental capacity to practise”.
- Medical practitioners practise in a way that maintains and enhances public health and safety by ensuring that the risk of the spread of infectious diseases is prevented or minimised.

2. Introduction

Transmission of blood borne pathogens from medical practitioners to patients in the health care setting is extremely rare. All reasonable measures must be taken to ensure that patients are protected from the risk of acquiring life-threatening infections as a consequence of their treatment, and that medical practitioners have a safe working environment.

3. Purpose

The following Position Statement has been produced to assist medical practitioners and others in managing the risk of transmission of a blood borne pathogen from a medical practitioner to patients or others.

4. Principles

The Position Statement takes account of the following:

- The Medical Board is responsible for providing safe and competent medical practice in the Northern Territory.
- Successful infection control involves a two-tiered approach of ‘standard’ and ‘additional’ precautions that provide a high-level of protection to patients, health care workers and other people in health care establishments.
- Individual medical practitioners owe a duty of care to their patients;
- All employees have a legal obligation under the *Work Health Act 1986 (NT)* to contribute to the maintenance of workplace health and safety, and not to place others at risk;
- All employers have a responsibility to have appropriate policies in place to respond to occupational exposure;
- Anti-discrimination legislation prohibits discrimination on the grounds of impairment, which includes the presence of a blood borne pathogen;

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- Medical practitioners who become infected with blood borne pathogens are entitled to the same level of confidentiality and support as is provided to other patients. Only in the most exceptional circumstances, when a patient's health or safety must be protected, would a medical practitioner infection status be disclosed to others without the medical practitioner's consent, and
 - Future developments in treatment of blood borne pathogens may occur that will have an impact on the relevance of this position statement. The statement will therefore be regularly reviewed.

5. Definitions

5.1 Blood Borne Pathogen

For the purposes of this Position Statement the term blood borne pathogen includes but is not limited to Human Immunodeficiency Virus (HIV), Hepatitis B virus (HBV) Hepatitis C virus (HCV) and Human T-cell Lymphotropic Virus 1 (HTLV-1).

5.2 Invasive procedure

Include any situation where the hands of a health care worker enter the tissue, body cavity or organs of a patient, or surgically repair traumatic injury to a patient.

5.3 Exposure prone procedure

Encompass invasive procedures where there is potential for direct contact between the skin (usually finger or thumb) of the health care worker and sharp surgical instruments, needles or sharp tissues (spicules of bone or teeth) in body cavities or in poorly visualised or confined body sites, including the mouth of a patient. An exposure-prone procedure is one in which there is potentially a high risk of transmitting a blood borne disease between an HCW and a patient during a medical or dental procedure.

Procedures where the hands and fingertips of the medical practitioner are visible and outside the patient's body at all times and internal examinations/procedures that do not require the use of sharp instruments are not considered exposure prone. Therefore, they are unlikely to pose a risk of transmission of HIV, HBV or HCV from an infected medical practitioner to a patient. Exposure prone procedures have been associated with transmission of blood borne pathogens from infected health care workers to patients despite the health care worker's adherence to standard infection control procedures.

5.4 RNA

A polymeric constituent of all living cells and many viruses.

5.5 NAAT

Polymerase Chain Reaction (PCR) is an example of a Nucleic Acid Amplification Test used as a sensitive technique for detecting viral RNA – HCV PCR is a marker of viral replication and infectivity if positive.

5.6 HBe positive

Hepatitis B e antigen – marker of high level of infectiousness.

5.7 HBV DNA

Hepatitis B virus genetic material – marker of high level of infectiousness. This is not necessarily performed by NAAT.

5.8 HTLV-1

Human T-cell Lymphotropic Virus 1 is associated with at least 2 kinds of disease manifestation; adult T-cell leukaemia and tropical spastic paraparesis.

5.9 Standard Precautions

Standard Precautions are work practices required for the basic level of infection control and are recommended for the treatment and care of all patients. Standard Precautions are designed to reduce the risk of transmission of microorganisms from both recognised and unrecognised sources of infection to a susceptible host. Standard Precautions include:

- Handwashing,
- Use of personal protective equipment (PPE),
- Aseptic practices,
- Appropriate reprocessing of instruments and equipment following use,
- Safe handling and disposal of potentially infectious material and
- Environmental controls.

6. Position Statement

6.1 Immunisation

The Medical Board of the Northern Territory recommends that:

- All medical practitioners involved in patient contact or contact with patient blood or body fluids should be immunised against HBV:
- Post immunisation serological testing should occur to confirm response;
- Those who do not respond to the immunisation and those who are immunosuppressed should seek medical advice about appropriate management, including actions to be taken after occupational exposure.

6.2 Responsibilities of ascertaining HIV/HBV/HCV/HTLV-1 status

It is the responsibility of individual medical practitioners to be aware of their infection status for HIV, HBV, HCV (and HTLV-1 see 6.2.1).

Medical practitioners who engage in exposure-prone procedures should be encouraged to seek routine testing if they believe they are at risk of occupational or other exposures. In particular, medical practitioners who perform exposure-prone procedures should be encouraged to have voluntary testing if they are:

- Untested and presently performing exposure-prone procedures;
- About to begin performing exposure-prone procedures;
- Involved in a significant occupational exposure to blood or body substances;
- Involved in a significant non occupational exposure to blood or body substances (including needle sharing or unprotected sexual intercourse with an individual infected with HIV or HBV, HTLV-1, or with a person at increased risk of HIV); or
- Untested for 12 months.

Medical practitioners who fail to be aware of their infection status may be guilty of professional misconduct.

6.2.1 HTLV-1

Antibody serology should be included as part of the above testing for medical practitioners following significant occupational or non-occupational exposure with people from areas with a higher incidence of HTLV-1, i.e., Katherine and areas extending south to Alice Springs. Medical practitioners regularly undertaking exposure prone procedures with a group at high risk of HTLV-1 should also include this in their yearly routine testing.

A significant exposure includes needlestick injuries with deep penetration through skin or mucous membrane and/or injection of blood and/or penetration with large-bore hollow needles. Other exposure, such as superficial needlestick injuries, mucosal exposure and contamination of nonintact skin, should be assessed by a clinician to determine if the exposure is considered significant.

If there is any uncertainty about the level of risk involved, the matter should be referred and assessed by a specialist in the field of infectious diseases.

6.3 Responsibilities of HIV/HBV/HCV/HTLV-1 infected medical practitioners

6.3.1 Medical practitioners must not perform exposure-prone procedures if they are:

- HIV antibody positive;
- HTLV-1 antibody positive;
- HCV antibody positive and HCV RNA positive (by PCR or similar test); or
- Hepatitis B 'e' antigen (HBe) positive and/or HBV DNA positive at high titres.

Medical practitioners who test positive for HBV surface antigen (HBs) should seek medical advice from a specialist in the field of infectious diseases before they perform exposure prone procedures.

Medical practitioners who do not immediately cease to perform these procedures may be guilty of professional misconduct.

6.3.2 Risk assessment/management and role of the board

Medical practitioners who carry a blood borne pathogen have a professional and ethical responsibility to review the way they practice to ensure that they minimise the likelihood of transmission of infection to their patients.

They should:

- Obtain and follow the advice of their treating specialist physician;
- Know their infectious status;
- Follow the treatment recommended by the medical practitioner; and
- Modify their involvement in direct patient care to eliminate exposure-prone procedures if they meet the criteria outlined in 6.3.1.

The risk of transmission can be almost completely eliminated by the infected medical practitioner not undertaking exposure prone procedures and the use of 'standard precautions'.

Medical practitioners are not required by the Medical Board to inform their employer or the Board of their HIV, HTLV-1, HBV or HCV status. It is desirable for them to do so in order that appropriate support may be put in place to enable them to continue working without being asked to engage in exposure prone procedures. If they have been performing exposure prone procedures, informing employers can allow appropriate action to be taken to ensure that patient safety is maximised.

The Medical Board has a responsibility to protect the public from the following risks:

- The risk of transmission of the virus to others; and
- The risk that the virus will impair the professional performance of the medical practitioner.

6.4. Patient Disclosure

The Board does not recommend that infected medical practitioners inform patients of their HIV/HTLV-1/HBV/HCV status. The reasons for this are:

- Patients are best protected by consistent use of infection control practices, primarily 'standard precautions';
- Patients are not bound by any confidentiality requirements, and
- Informing patients may send inappropriate messages regarding the level of risk of such transmission.

6.5 Responsibilities of all medical practitioners

All medical practitioners must adhere to standard infection control procedures. There is no requirement for notification to the Board by any party, of the infection status of a medical practitioner, unless there are concerns that an individual is not complying with this position statement, or if there are complications that may be affecting professional practice.

Medical practitioners who fail to notify the Board of a colleague infected with a blood borne virus who is continuing to undertake exposure prone procedures or in whom there are complications affecting performance, may be guilty of professional misconduct.

6.6 Medical students

Students who identify themselves to the Medical Board or their education provider as being infected with blood borne pathogens will not be treated differently from their peers in applying for registration / enrolment. Students who meet the criteria listed 6.3.1 should not be performing exposure prone procedures so they will not be expected to be competent in performing these procedures.

References:

New South Wales Medical Board, Policy Statement "Medical Students, Medical Practitioners and Blood Borne Viruses" September 2001.

Revised Queensland Nursing Council position statement "Nurses infected with blood borne viruses" August 2003. <http://www.qnc.qld.gov.au/home/index.aspx>

Infection Control Guidelines (ICG) for the prevention of transmission of infectious diseases in the health care setting. Endorsed by the Communicable Diseases Network Australia, the National Public Health Partnership and the Australian Health

Ministers' Advisory Council January 2004. <http://www.icg.health.gov.au>

The National Health and Medical Research Council (NHMRC) The Australian Immunisation Handbook 8th Edition 2003. <http://immunise.health.gov.au/handbook.htm>

Dental Practice Board of Victoria "Infection Control Information" November 2004
<http://www.dentprac.vic.gov.au/>

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