

HRANZ Joint Guidelines for registered health care workers on transmissible major viral infections

Introduction

1. Under the Health Practitioners Competence Assurance Act 2003 (HPCAA), the primary responsibility of health practitioners' registration authorities is to protect the health and safety of the public. The HPCAA provides registration authorities with functions and powers to ensure that the registered health practitioners ('health care workers') for whom they are responsible are competent and fit to practise – both at the time of initial registration and on an ongoing basis.
2. The Health Regulatory Authorities of New Zealand (HRANZ) believes that the following policies regarding transmissible major viral infections (TMVI) best ensure a balance between safeguarding the public and safeguarding the rights of health care workers and infected health care workers.
3. These policies address primarily Hepatitis B Virus (HBV), Hepatitis C Virus (HCV), and Human Immunodeficiency Virus (HIV).

Adherence to standard (universal) precautions and infection control practices

4. The available medical and scientific data show that the most effective means of preventing HBV, HCV and HIV transmission in health care settings is by strict adherence to standard (universal) precautions and established infection control practices. These decrease the opportunity of direct exposure to blood and body fluids for both health care workers and patients.

Guidelines in relation to HCV and HIV

Health care workers who may have been exposed to HCV and HIV

5. All health care workers who may have been exposed to HCV and HIV through personal risk behaviour, exposure to blood products that are later identified as having been contaminated, or occupational accidents are strongly advised to seek testing in order to know their own serological status and, where appropriate, initiate post-exposure prophylaxis.

Health care workers who perform exposure-prone procedures

6. Those health care workers who perform exposure-prone procedures must know their HCV and HIV status.

Mandatory screening for HCV and HIV

7. Mandatory screening of health care workers for HCV or HIV is not recommended; in the present state of medical knowledge this is not justified by the very low risk of transmission from health care workers to patients.

Recommended screening frequency

8. If screening is undertaken, frequency of screening should include consideration of the risk of the activities undertaken by the health care worker. For example, for those health care workers who perform exposure-prone procedures, screening could be prior to employment and, for example, every one – two years thereafter. For those health care workers for whom the level of risk is lower, screening could be prior to employment and, for example, every five years thereafter.

Guidelines in relation to HBV

HBV vaccination

9. Immunisation is a key means of protection against HBV.
10. All health care workers and those studying to become health care workers should be encouraged to be vaccinated against HBV where appropriate (ie, if not immune and not infected), and retested to confirm immunity following vaccination.

Health care workers who may have been exposed to HBV

11. All health care workers who may have been exposed to HBV through peri-natal or childhood exposure, exposure to blood products, or occupational accidents are strongly advised to seek testing in order to know their own serological status.
12. All health care workers who may have been exposed to HBV should be offered appropriate post-exposure immunisation or protection.

Health care workers who perform exposure-prone procedures

13. All health care workers who perform exposure-prone procedures must know their HBV status by being tested to determine whether they:
 - (a) have HBV infection, or
 - (b) are susceptible to HBV infection, or
 - (c) are already immune to HBV infection.

Health care workers not HBV infected and with low antibodies

14. Health care workers who are not HBV infected ie, HBsAg negative, and who fail to produce protective levels of antibody following vaccination (ie, have an Hbs antibody titre < 10 IU/L) should be:
 - (a) referred for specialist advice eg, consideration of alternative methods of vaccine administration and
 - (b) offered HBV specific immunoglobulin following recognised episodes of exposure to HBV infection.

Health care workers with HBV infection

15. Health care workers found to be HBV infected should be tested to determine whether they are highly infectious ie, HBeAg or HBV DNA positive. The infected health care worker should not perform exposure-prone procedures until their level of infectivity has been clarified.
16. Health care workers who have HBV infection and are HBeAg or HBV DNA positive should not perform exposure-prone procedures. The decision to allow such a health care worker to perform exposure-prone procedures should be taken by an expert panel after reviewing all relevant information.
17. In view of the lower risks of transmission, health care workers who have HBV infection, but are HBeAg and HBV DNA negative, may be allowed to continue to perform exposure-prone procedures. The decision to allow such health care workers to continue to perform exposure-prone procedures should only be made after consideration by an expert review panel and counselling of the health care worker by member(s) of that panel.

Mandatory screening for HBV

18. Given the higher risk of transmission for HBV and the availability of immunisation, mandatory screening of health care workers for HBV is recommended for those health care workers who perform, or may perform, exposure-prone procedures. Frequency of screening should include consideration of the health care worker's level of immunity and the risk of the activities undertaken by the health care worker.

Additional guidelines in relation to HBV, HCV and HIV

Health care workers who may be infected with HBV, HCV or HIV

19. A health care worker infected with HBV, HCV, or HIV must not continue in clinical practice merely on the basis of his/her own assessment. It is unethical, and could be deemed professional misconduct, for a health care worker so infected to act in a way that puts a patient at risk.
20. Health care workers who know or believe themselves to be infected with HBV, HCV, or HIV could put patients at risk and so must seek appropriate counsel and act upon that advice. This advice could include a requirement not to practise, or to limit practice in certain ways.
21. Each registration authority should maintain a list of health care workers who are qualified and are prepared to act as consultants to advise others in their profession or students as to how they may need to limit their practice when infected with HBV, HCV, or HIV.

Duty to notify registration authority

22. In accordance with section 45 of the HPCAA, a health care worker who has counselled an HBV-, HCV-, or HIV-infected health care worker to modify practice in order to safeguard patients, and who is aware that this advice is not being followed, must inform the appropriate registration authority that he or she has reason to believe that the infected health care worker is "unable to perform the functions required for the practice of his or her profession because of his or her mental or physical condition".

23. The obligation to notify the registration authority also applies to any registered health practitioner, any organisation that provides health services, any employer of the infected health practitioner, or any medical officer of health, who is aware that an HBV-, HCV-, or HIV-infected health care worker has been advised to modify practice in order to safeguard patients and that this advice is not being followed.

24. If non-compliance continues, it may be necessary for the registration authority to exercise its statutory functions to impose conditions on the health practitioner's scope of practice or suspend the practitioner's registration.

Registration and limitations on practice

25. HBV, HCV or HIV infection alone does not justify refusing registration of a health care worker, limiting their scope of practice or limiting professional duties. Limitations, if any, should be determined on a case-by-case basis after consideration of:

- (a) the virus the person is infected with;
- (b) the concentration of that virus in the person's blood;
- (c) the ability of anti-viral treatment to be able to control the person's viral load below levels of recognised risk of transmission in a clinical setting;
- (d) the nature of the procedures the person performs; and
- (e) other factors that may influence transmission risk, including inability or unwillingness to comply with infection control standards or functional impairment which interferes with professional performance.

26. A health care worker, who has been advised that he or she should not perform exposure-prone procedures, may perform such procedures in a life threatening emergency where there is no other alternative practitioner or other adequately trained person available to carry out the procedure.

Notifying patients of infected health care worker

27. A health care worker infected with HBV, HCV, or HIV is not required to inform patients that he or she is infected. Requiring infected health care workers to inform patients would only serve as a deterrent to their seeking voluntary testing and medical evaluation. A health care worker, like any other

person, has a right to privacy and confidentiality where there is no risk to the public.

Students

28. To increase public and practitioner safety, undergraduate courses for registered health practitioners must include adequate education in appropriate infection control and occupational health and safety techniques and procedures.
29. Students contemplating careers as a registered health practitioner should be aware of their serological status with respect to HBV, HCV or HIV. Infection with these viruses may affect an individual's ability to practise in the future. In addition, entry to some university courses requires documentation of HBV and HCV status and infection with these viruses may result in exclusion from a training programme or modification of an individual's training programme.
30. Early in their undergraduate courses, those studying to become registered health practitioners should be made fully aware of the risks to themselves and their patients of HBV, HCV and HIV infections.
31. Under normal circumstances, a person in charge of an educational programme in New Zealand, which includes or consists of a course of study or training that is a prescribed qualification for a scope of practice of a health profession, is not required to report students with HBV, HCV or HIV infection to a registering authority. However, if the person in charge has reason to believe that a student who is completing a course would be unable to perform the functions required for the practices of the relevant profession because of the infection, the person must promptly give the registering authority written notice of all the circumstances.

Patients who may have been exposed to HBV, HCV or HIV

32. All patients who may have been exposed to HBV, HCV or HIV through peri-natal or childhood exposure, personal risk behaviour, exposure to blood products that are later identified as having been contaminated, or occupational accidents should be advised to seek testing in order to know their own serological status and, where appropriate, initiate post-exposure prophylaxis.

Definitions

33. **Standard (Universal) precautions** are infection control measures which apply during the treatment of all patients for the protection of staff, patients and the environment. Such measures involve the use of safe work practices and protective barriers.
34. **Exposure-prone procedures** are characterised by the potential for direct contact between the skin (usually finger or thumb of the health care worker) and sharp surgical instruments or needles in body cavities or in poorly visualised or confined body sites including the mouth.

References

Gunson, R. N. et al; 'HBV and HCV infections in health care workers (HCWs): guidelines for prevention of transmission of HBV and HCV from HCW to patients' *Journal of Clinical Virology* 27 (2003) 2 13-230.

Reitsma, Angelique, M. et al; 'Infected Physicians and Invasive Procedures: Safe Practice Management' *Clinical Infectious Diseases* 2005;40 (1 June) 1665-1 672.

The Health Regulatory Authorities of New Zealand (HRANZ) is an informal group made up of 15 registering authorities. HRANZ oversees and manages matters of common interest.

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