



Emergency Service Providers and Blood-Borne Viruses



Emergency Service Providers can be exposed to a person's blood or other body fluids in the course of their work. Several studies show that the incidence of occupational exposure to blood or other body fluids among Emergency Service Providers is higher than that in the general public and is second only to that in healthcare workers.¹⁻⁵ This resource is intended for Emergency Service Providers in Australia.

This resource provides general information about blood-borne viruses specific to Emergency Service Providers; this includes Paramedics, Fire Service workers, First Aid providers and State Emergency Services personnel. It is designed for use throughout the country, and it is therefore necessarily broad in content and advice. The resource focuses on blood-borne viruses and the principles of transmission, prevention and management. This document is supplementary to the policies and procedures of each emergency agency and its purpose is to provide information and guidance rather than being mandatory. Where jurisdictional detail is required, reference must be made to local policies and procedures.

The Facts

The three major blood-borne viruses – hepatitis B virus (HBV), hepatitis C virus (HCV) and human immunodeficiency virus (HIV) – are different viruses and are not related to each other. They can all be transmitted by blood. HBV and HIV can also be transmitted by other body fluids. Many people with HBV and HCV, and some people with HIV, are unaware that they have the infection and may unknowingly pass the virus on to others. These infections can be prevented. They can all be treated, but if left untreated, can lead to serious health problems (Table 1).

Table 1. The Facts About HBV, HCV and HIV			
	HBV	HCV	HIV
Prevalence	An estimated 233 947 people in Australia have chronic HBV infection. ⁶	An estimated 182 144 people in Australia have chronic HCV infection. ⁶	An estimated 27 545 people in Australia are living with HIV infection. ⁶
Vaccination/Immunity	HBV can be prevented by vaccination.	There is no vaccine for HCV.	There is no vaccine for HIV.
	95% of adults infected with HBV naturally clear the virus and become immune for life.	25% of adults infected with HCV clear the virus naturally, but do not become immune.	HIV infection cannot be cleared by the body and infection is for life.
Transmission	<p>Blood-to-blood contact:</p> <ul style="list-style-type: none"> ■ injecting equipment ■ needle-stick injury ■ open wounds ■ tattooing and body piercing equipment. <p>Sexual contact (unprotected anal or vaginal sex).</p> <p>Mother to baby.</p> <p>Saliva in the mouth, eyes and bites that break the skin.</p> <p>Infected blood products (all blood in Australia has been screened since 1970).</p>	<p>Blood-to-blood contact:</p> <ul style="list-style-type: none"> ■ injecting equipment ■ needle-stick injury ■ open wounds ■ tattooing and body piercing equipment. <p>Not considered sexually transmitted unless blood contact occurs.</p> <p>Mother to baby.</p> <p>Infected blood products (all blood in Australia has been screened since 1990).</p>	<p>Blood-to-blood contact:</p> <ul style="list-style-type: none"> ■ injecting equipment ■ needle-stick injury ■ open wounds ■ tattooing and body piercing equipment. <p>Sexual contact (unprotected anal and vaginal sex).</p> <p>Mother to baby.</p> <p>Infected blood products (all blood in Australia has been screened since 1985).</p>
Signs and symptoms	<p>Initial signs and symptoms may include:</p> <ul style="list-style-type: none"> ■ feeling unwell ■ loss of appetite ■ dark urine ■ yellow skin known as jaundice ■ right upper abdominal pain. 	<p>Initial signs and symptoms may include:</p> <ul style="list-style-type: none"> ■ tiredness ■ nausea ■ right upper abdominal pain ■ intolerance to fatty foods and alcohol. 	<p>Initial signs and symptoms may include:</p> <ul style="list-style-type: none"> ■ flu-like illness ■ rash ■ fever. <p>HIV damages the immune system. If left untreated, HIV can progress to AIDS.</p>
Treatment	<p>Long-term antiviral treatment is available for chronic HBV to prevent liver damage.</p> <p>Treatment does not cure HBV infection.</p>	<p>Antiviral treatment is available that will cure almost all HCV infection, prevent further liver damage, and stop transmission.</p>	<p>Antiretroviral treatment is available for HIV infection.</p> <p>Treatment does not cure HIV infection, but minimises damage to the immune system and progression to AIDS.</p>

HBV: hepatitis B virus

HCV: hepatitis C virus

HIV: human immunodeficiency virus

AIDS: acquired immune deficiency syndrome

Prevention, Infection Control and Standard Precautions in a Community Setting

The following section addresses how Emergency Service Providers can protect themselves from exposure to blood-borne viruses.

Emergency Service Providers should be HBV vaccinated as a means to protect themselves and others, both personally and professionally.



Vaccination

It is recommended that Emergency Service Providers should be vaccinated against HBV if they are assigned to duties which may involve exposure to a person's blood and other body fluids.⁷

Vaccination involves three doses of HBV vaccine over 6 months. A blood test after completion of the vaccination course can confirm immunity. If immunity is achieved, no booster doses are required.⁷ If immunity cannot be confirmed following the primary course of vaccination, further vaccination may be required. People who fail to develop immunity after vaccination must be aware that they are an unvaccinated person and have no protection against HBV.

Personal Protective Measures

The following work practices are minimum requirements needed for effective infection control. If correctly followed, they will ensure a high level of protection against transmission of infection including blood-borne viruses. Standard precautions are taken by all personnel having contact with blood, other body fluids, non-intact skin, and the eye, nose or mouth surfaces. Standard precautions are just that: standard for all, not just those suspected or known to have a blood-borne virus.⁸

The rule is: treat all blood and body fluids as potentially infectious

a) Personal protective equipment (gloves and protective clothing)

- Emergency Service Providers should wear disposable gloves in situations where they may be exposed to blood or other body fluids. The gloves do not have to be sterile.
- Personal protective equipment, such as eyewear and face shields, should be worn when there is the chance of being splashed or sprayed in the face and eyes with blood or body fluids.

b) Avoiding exposure to broken skin

- Cover all your open wounds/cuts/blisters with waterproof dressings and check the dressings are intact and adherent. This is especially important for any injuries on the hands and palms where dressings are hard to stick.
- Maintain good hand care; moisturise hands with a good hand cream and avoid irritants that may cause dermatitis (and therefore broken skin).

c) Proper handling and disposal of sharp objects such as needles, blades and glass

- Gloves should be worn when handling sharp objects (sharps). The safest way to hold a syringe is by the barrel, with a gloved hand. Do not handle the metal needles. Never recap a needle, bend or break it by hand or remove the needle from the barrel or disposable syringe.
- Sharp objects should be handled as little as possible. Avoid crossing your hands when handling a sharp.
- Only one person should handle the sharp object until it is disposed of in a sharps container or specifically designed evidence containers.
- A sharps container is a yellow, rigid-walled container displaying the biohazard label and symbol. It should be available in work places that are likely to involve the handling of sharps. In the field, other containers may do, such as thick plastic drink bottles.
- Take the sharps containers to the sharp object, rather than carrying the sharp object to the container.

d) Prevention of needle stick and sharps injuries when doing searches

- Employ a slow systematic approach to searching.
- Do not put your hands in places where you cannot see.
- Do not slide your hand when searching, pat your hand instead.

- Use tools instead of your hand, to assist with hard-to-access areas.
- Empty the contents of bags and containers onto a flat surface for inspection, rather than putting your hands in to feel when searching.
- Perform the search in a well-lit area or use mirrors and torches to assist with the search.

e) Environmental blood and body substance spills

- Blood and other body-fluid spills should be dealt with as soon as is practicably possible.
- A 'spills kit' should be easily available for blood spills.
- Wear personal protective equipment (gloves, goggles, waterproof apron).
- Soak up spills, including those on clothing, with paper towels.
- Wash the spills down with detergent and water, and then allow to air dry.
- For larger spills, confine and contain the spill, clean visible matter with disposable absorbent material and discard in appropriate waste container.
- Furnishings such as chairs and mattresses can be washed with water and detergent and should be allowed to dry.
- Leather goods (belts, shoes) can be washed with soap and water.
- Uniforms can be commercially laundered. Hot temperatures in a clothes dryer assists disinfection. Heavily contaminated clothing should be destroyed.

Workplace Protective Measures

Emergency Service Provider's work can be very unpredictable when in the field; however it is important that, where possible, all appropriate measures be taken to ensure safety. Safe Work Australia⁹ advises the following:

- **Hazard identification:** identify activities in the workplace that may put you, your colleagues or members of the public at risk of transmission of blood-borne viruses as a result of work activities.
- **Risk assessment:** evaluate the risk to yourself and colleagues from blood or other body fluid exposures. Risk assessments need to be consistently monitored, reviewed and evaluated to take into account the specific duty.

- **Risk control, including:**
 1. Limiting exposure to sharps
 2. Safe working environment
 3. Standard precautions in place, as outlined above
 4. Access to personal protective equipment
 5. Education and training about blood-borne viruses for staff
 6. Post-exposure procedures in place (see Table 2).

Risk Assessments

Emergency Service Providers are less likely to experience an exposure than hospital workers, and the exposures that do occur tend to be less significant and carry less risk.¹⁰ Needlestick injuries (NSIs) carry the highest risk for infection compared to all other types of exposures. An American study found that emergency service personnel receive 87–370 NSIs per 1,000 workers each year, compared to 50–2,000 NSIs/1,000 doctors/yr.¹¹

Since the introduction of a vaccine for HBV, the risks of HBV infection to vaccinated Emergency Service Providers is negligible.¹⁰

The whole-of-career risk of acquiring HCV through work has been estimated to be less than 1 in 1000 for US Emergency Services Personnel.¹⁵

Table 2 presents an estimate of risk of infection by various exposures from a person who is known to have a blood-borne virus. It includes the risk for sexual exposures as a comparison. Risk estimates are approximate and will vary according to individual circumstances.

The risk is many times lower when the person is not known to have HBV, HCV or HIV. As an estimate, the risk from a person not known to have HBV or HCV would be approximately 200 times less for HBV, and 100 times less for HCV. The risk of HIV transmission from a person not known to have HIV would be 1000 times less. These estimates are based on the prevalence of blood-borne viruses in the community and the following equation:

$$\text{Risk of transmission} \times \text{likelihood of source having a BBV} = \text{Risk of exposure}$$

There are many factors that determine the likelihood of transmission. Each exposure needs to be independently evaluated by an experienced health professional, so it is important to seek medical advice when exposure to blood or other body fluids occurs.

Potential Blood-borne Virus Exposure Management

The following advice is general. Please refer to your local policies and procedures for advice on the management of a potential blood-borne virus exposure.

It is important to act immediately on the following:

Table 2. Risk of HBV, HCV and HIV Transmission From a Known Positive Source			
Exposure type	Known Positive Source Status		
	HBV+	HCV+	HIV+
Blood contact with broken skin, mouth or eyes <ul style="list-style-type: none"> ■ e.g. Punch from bleeding person to body causing break in skin ■ Large blood splash, e.g. arterial bleed ■ Blood contact to mouth from giving mouth-to-mouth resuscitation if no protective equipment used 	moderate	low	low~
Needle stick injury and other penetrating injuries <ul style="list-style-type: none"> ■ e.g. Cut by a blade which recently penetrated another person ■ Recently used needle penetrating skin 	very high#	high^	moderate*
Blood and saliva to intact skin and skin-to-skin contact	zero	zero	zero
Sexual exposure (no condom used) <ul style="list-style-type: none"> ■ Anal (receptive) ■ Vaginal or anal (insertive) ■ Oral 	high high moderate	very low very low zero	high moderate very low
Biting ^{13,14}	very low	very low	very low
Spitting ^{13,14}	very low	zero	zero

~ Risk of HIV from blood contact to broken skin is estimated by US CDC at less than 1 in 1000 chance

Risk of HBV from needle stick injury estimated at 1/3

^ Risk of HCV from needle stick injury estimated at 1/30

* Risk of HIV from needle stick injury estimated at 1/300

zero = less than 1 in 1 000 000

First Aid Measures

- Wash exposed skin with soap and water. Use an alcohol-based hand rub if no water is available.
- If the eyes have been exposed, thoroughly rinse them with tap water or saline (0.9% or normal saline), with eyes open.
- If the mouth has been exposed, spit, then rinse the mouth with water and spit again.
- Seek medical advice immediately. If available, call the designated hotline for your service (contact details for each state and territory can be found on page 7).

Consult a health professional immediately for a blood-borne virus risk assessment. It is preferable to seek medical advice from someone experienced in the management of blood-borne virus exposures.

The Source of the Exposure

- Often it is not possible to determine the source of an exposure e.g. a needle stick injury from a discarded needle and syringe.
- Where the identity of the source is known, the source may claim to have, or deny having, a blood-borne virus. Neither assertion can be relied upon unless the source has been, or is tested for, blood-borne viruses. Testing of the source is possible in some jurisdictions through a Disease Testing Order. Testing and results in relation to the source should not delay seeking medical care as treatment may need to commence as soon as possible.

Testing and Avoiding Transmission

If you have had a blood-borne virus exposure, you may be tested for these viruses as part of your risk assessment. While waiting for blood-borne virus test results, it is important not to place others at risk:

- Practice safer sex, i.e. use a condom for vaginal or anal intercourse. As HCV is rarely transmitted by sex, this precaution is not required if your only risk is HCV infection.
- Cover any sores, and attend to any household blood spills yourself.
- Do not share personal items such as razors and toothbrushes.
- Do not share injecting equipment and dispose of used injecting equipment safely.
- Do not donate blood or organs.
- Seek medical advice if you are or are planning to become pregnant or are breast feeding.

For HBV, no further testing is required if you are immune. If you are in the middle of a vaccination course at the time of the exposure, it is recommended that you are tested 4 weeks after the third dose of vaccination.

For HCV, blood tests are recommended at 12 weeks after the exposure. A negative HCV test at 12 weeks means you did not contract HCV.

For HIV, you will often be offered HIV tests at 6 and 12 weeks after the exposure. A negative blood test at 12 weeks means you did not contract HIV.



Post Exposure Prophylaxis (PEP)

PEP is medication taken after exposure to a blood-borne virus to reduce the risk of infection. Your health professional will assess your risk of HIV or HBV infection to determine the need for PEP. PEP is not available for HCV.

For HBV, PEP is not required if you have been fully vaccinated. A blood test to confirm immunity may be recommended.

If you have not been vaccinated against hepatitis B, or your blood test shows you are not immune, you may be offered HBV PEP with vaccination. Non HBV-immune people experiencing a significant exposure such as a needle stick injury or blood splash to broken skin, mouth or eyes, are advised to have a vaccination against hepatitis B. The first dose is given as soon as possible after the exposure, and further doses are given over the next 6 months. If in addition the source is known to have HBV, you may be offered hepatitis B immunoglobulin (HBIG) within 72 hours of an exposure.

For HCV there is no PEP but it is still important to seek medical advice for an assessment of the risk and follow-up procedure.

For HIV there are jurisdictional and national guidelines for PEP. These guidelines are applicable to the community setting. For contact details of services that can provide information on PEP if you have experienced a blood-borne virus exposure, refer to Table 3 Helplines for Emergency Services Providers. Alternatively, refer to the national PEP guidelines¹⁵ for further information.

PEP for HIV consists of two or sometimes three antiretroviral medications taken daily for 28 days.

These medications are the same as those used to treat people with HIV. It is critical that PEP is commenced no later than 72 hours following an exposure. The effectiveness of PEP has not been accurately measured. PEP may cause side-effects such as headache, tiredness and nausea. Emergency Departments at major public hospitals and sexual health clinics are likely to provide PEP medications. Most states have a 24-hour PEP Hotline that you can contact to find locations which dispense PEP and to discuss the exposure (see Table 3 Helplines for Emergency Services Providers for contact details).

Providing Support

Experiencing an exposure to a blood-borne virus can be stressful. Your health professional and your designated employee assistance or counselling services are available to provide support during this period (Table 3).

Duty of Care

Emergency Service Providers or members of the public who are potentially exposed to blood-borne viruses require medical assessment as soon as possible following an exposure.

Discrimination

HBV, HCV and HIV are highly stigmatised conditions and many people living with these viruses experience discrimination. Policies and practices that protect privacy and confidentiality are important. Legislation prohibits discrimination against people with a blood-borne virus, and there are also privacy laws protecting people's health information. Education is also vital, enabling Emergency Services Providers to understand how blood-borne viruses are transmitted and how to reduce the risk of exposure.

There is no need to isolate a person or deal with that person any differently because he or she is known to have, or is suspected of having, a blood-borne virus. Standard precautions provide protection and should be used in all situations regardless of whether a person has an infection. A person's suspected blood-borne virus status or sexual orientation must not be noted in any records unless it is directly relevant to a crime or the person's health state. There may be occasions where Emergency Services Providers may learn of a person's blood-borne virus status. In this case, the information will need to be regarded as confidential and it is essential that every effort is made to protect the privacy rights of the person concerned.

Emergency Services Providers With a Blood-borne Virus Infection

All Emergency Services Providers should adhere to standard precautions to avoid transmitting blood-borne virus in the workplace.⁹ Emergency Services Providers are encouraged to be vaccinated against hepatitis B. It is recommended that Emergency Services Providers, as with the general public, know their own status with regard to blood-borne viruses. Knowing your status means you can get the right health care for yourself.

Emergency Services Providers are generally not required to disclose their blood-borne virus status to their employer. In some jurisdictions and/or employment arrangements, healthcare workers who carry a blood-borne virus are legally obliged to declare their Infectious status.¹⁶ Employers must not unlawfully discriminate against their employees on the basis of their blood-borne virus status.

Emergency Services Providers who have a blood-borne virus should consult a suitably qualified medical practitioner to assess their risk of disease transmission during the performance of their normal duties. That assessment of risk should take into consideration the nature of the duties and refer to section 4.2.5 of the NHMRC (2019) *Australian Guidelines for the Prevention and Control of Infection in Healthcare on Exposure Prone Procedures (EPP)*. The Guidelines provide categories of Exposure Prone Procedures. Exposure Prone Procedures (EPPs) are invasive procedures where there is potential for direct contact between the skin, usually finger or thumb and sharp surgical instruments, needles, or sharp body parts (e.g. fractured bones), spicules of bone or teeth in body cavities or in poorly visualised or confined body sites, including the mouth of the patient. During an EPP there is an increased risk of transmitting a blood-borne virus from the Emergency Services Provider to the patient.¹⁶

If you have a blood-borne virus and your status becomes known to other Emergency Services Providers either from your disclosure, or as a result of testing (e.g. following an exposure or as part of a vaccination program), they must keep this information confidential and not disclose it to anyone without your consent.

Glossary of Terms

Antibody test: An initial screening blood test that looks for antibodies to the virus and not for the virus itself.

Cirrhosis: Extensive and permanent scarring of the liver.

Hepatitis: Inflammation of the liver. It can be caused by alcohol, drugs and viruses including hepatitis B and C.

Immunity: The condition of being immune, or protected, from infection.

Post-exposure prophylaxis (PEP): Drugs and vaccines given as soon as possible but within 72 hours of exposure to HIV or HBV in an attempt to prevent infection.

Standard Precautions: Minimum required work practices to protect against transmission of infection including blood-borne viruses. Standard precautions should be used with all people and with any blood, body fluids, non-intact skin, and eye or mouth surfaces.

Detailed References

Detailed references are available on the ASHM website at www.ashm.org.au/resources

Resources

Table 3. Helpline Resources for Emergency Services Providers

State	Service	Telephone	Service Provided	Further Information
ACT*	Canberra Sexual Health Centre	02 5124 2184	Advice about being exposed to blood or body fluids and counselling services	It is recommended that Emergency Services Providers contact their local emergency department outside of operating hours.
NSW	Blood and Body Fluid Exposure Phonenumber	1800 804 823	Information, support and referral service for NSW based Emergency Service Providers who sustain a needlestick injury and/or exposure to blood or body fluids during the course of work duties.	This service is available 24 hours, 7 days a week. However it is recommended that Emergency Services Providers contact their local emergency department following an exposure to blood or body fluids for advice.
	NSW PEP Hotline	1800 737 669	Information about the need for and access to PEP	Monday, Wednesday, Thursday and Friday 9am–9pm Tuesday 2pm–9pm Saturday/Sunday 8am–9pm Public Holidays 8am–9pm
	Employee Assistance Program (NSW Govt workers only)	1300 667 197	Counselling services	This service is available 24 hours, 7 days a week.
NT*	Health Direct**	1800 022 222	Expert health advice from Registered Nurses	This service is available 24 hours, 7 days a week. However it is recommended that Emergency Services Providers contact their local emergency department following an exposure to blood or body fluids for advice.
Qld	Infectious Diseases Physician on-call	Local hospital switchboard	Information about the need for and access to PEP	It is recommended that Emergency Services Providers contact their local emergency department outside of operating hours.
SA	SA PEP Hotline	1800 022 226	Information about the need for and access to PEP.	This service is available 24 hours, 7 days a week.
Tas*	Department of Health and Human Services, Sexual Health Clinical Services	1800 675 859	Advice about being exposed to blood or body fluids and counselling services	This service operates week days, 8:30am-5:00pm. It is recommended that Emergency Services Providers contact their local emergency department outside of operating hours.
Vic	NURSE-ON-CALL	1300 606 024	Expert health advice from Registered Nurses	This service is available 24 hours, 7 days a week.
	Vic PEP Helpline	1800 889 887	Information about the need for and access to PEP	
WA	WA PEP Line	1300 767 161	Information about the need for and access to PEP.	This service is available 24 hours, 7 days a week. However it is recommended that Emergency Services Providers contact their local emergency department following an exposure to blood or body fluids for advice.

* If a post-exposure prophylaxis (PEP) helpline is not available in your state or territory, it is recommended that you seek advice from the emergency department of your closest major hospital or public sexual health clinic.

** Health Direct is also available in the ACT, NSW, Tas, SA, WA and QLD.

Australia's Antidiscrimination Law

The Attorney-General's Department provides a snapshot of each anti-discrimination system including information about the grounds and areas of public life on which a complaint can be made in each jurisdiction. Individuals and businesses can also find contact details for each anti-discrimination commission, anti-discrimination board or human rights commission: <https://www.ag.gov.au/RightsAndProtections/HumanRights/Pages/Australias-Anti-Discrimination-Law.aspx>

National Guidelines for Post-Exposure Prophylaxis after Non-occupational Exposure to HIV

These guidelines outline the management of individuals who have been exposed (or suspect they have been exposed) to HIV in the non-occupational setting. The guidelines are available at: <https://www.ashm.org.au/HIV/PEP/>

Safe Work Australia

Safe Work Australia (formerly known as the National Occupational Health and Safety Commission) began operating in 2009 as an independent statutory agency with primary responsibility to improve occupational health and safety and workers' compensation arrangements in Australia. Workers can access the National Code of Practice for the Control of Work-related Exposure to Hepatitis and HIV (blood-borne) Viruses by visiting: www.safeworkaustralia.gov.au.

Register of Public Sexual Health Clinics in Australia and New Zealand

A directory of Public Health Clinics in Australia and New Zealand can be found at: <https://www.racp.edu.au/fellows/resources/sexual-health-medicine-resources>

ASHM resources

ASHM resources are available from the ASHM website:
www.ashm.org.au/resources/

Resources

- Police and Blood-Borne Viruses
- Correctional Officers and BBVs
- Decision Making in Hepatitis C
- HCV Treatments Quick Reference Tool
- Decision Making in Hepatitis B
- Hepatitis B and Primary Care Providers
- Decision Making in Viral Hepatitis Related Advanced Liver Disease
- Hepatitis B and Immigration
- General Practitioners and HIV
- HIV Monitoring Tool
- Decision Making in PrEP
- Decision Making in HIV
- HIV and Immigration

Guidelines

- Australasian Contact Tracing Guideline
- Antiretroviral Guidelines
- ASHM PrEP Guidelines
- Undetectable = Untransmittable: A guide for clinicians to discuss
- Post-exposure Prophylaxis After Non-Occupational and Occupational Exposure to HIV: Australian National Guidelines
- Guide to Australian HIV Laws and Policies for Healthcare Professionals
- HIV Management in Australasia: a guide for clinical care
- Australian Recommendations for the management of hepatitis C virus infection: a consensus statement
- B Positive: all you wanted to know about hepatitis B – a guide for primary care providers

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ASHM offers training in HIV, viral hepatitis and blood-borne viruses for general practitioners, nurses and allied health care workers around Australia.

For further information on upcoming courses:

Visit www.ashm.org.au/courses or contact the ASHM National Policy and Education Division on education@ashm.org.au.

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Further resources and support information is available from the following organisations:

ASHM T 02 8204 0700 E ashm@ashm.org.au W www.ashm.org.au	Human Rights & Equal Opportunity Commission – Commonwealth T 02 9284 9600 W http://www.humanrights.gov.au/
Australian Injecting and Illicit Drug Users League (AIVL) T 02 6279 1600 E info@aivl.org.au W www.aivl.org.au	Gastroenterological Society of Australia T 1300 766 176 E gesa@gesa.org.au W www.gesa.org.au
Australian Drug Foundation T 03 9611 6100 or 1300 858 584 (Infoline) E adf@adf.org.au W www.adf.org.au	Hepatitis Australia T 02 6232 4257 F 02 6232 4318 E achinfo@hepatitisaustralia.com W www.hepatitisaustralia.com
Australian Federation of AIDS Organisations (AFAO) T 02 9557 9399 F 02 9557 9867 W www.afao.org.au	HIV-Hepatitis-STI Education and Resource Centre T 03 9076 6993 E erc@alfred.org.au W www.hivhepsti.info
Australasian Society for Infectious Diseases (ASID) T 02 8315 2152 E enquiries@asid.net.au W www.asid.net.au	National Association of People With HIV Australia T 02 8568 0300 or Freecall 1800 259 666 F 02 9565 4860 W www.napwha.org.au

Most states and territories provide information about their infection control guidelines and policies through their websites:

Australian Government	
National Health and Medical Research Council W https://www.nhmrc.gov.au/about-us/publications/australian-guidelines-prevention-and-control-infection-healthcare-2019	NSW Health Infection Control Policy W https://www1.health.nsw.gov.au/pds/Pages/doc.aspx?dn=PD2017_013
ACT Department of Health and Community Care	Department of Health – Northern Territory W https://health.nt.gov.au/
Queensland Health	Health Department of Western Australia W www.health.wa.gov.au
South Australian Department of Human Services W http://www.health.sa.gov.au/Default.aspx?tabid=47	Victorian Department of Health and Human Services Guidelines for the Control of Infectious Diseases W www.health.vic.gov.au/ideas
Department of Health and Human Services Tasmania	
New Zealand	
The Hepatitis Foundation	New Zealand AIDS Foundation W www.nzaf.org.nz

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