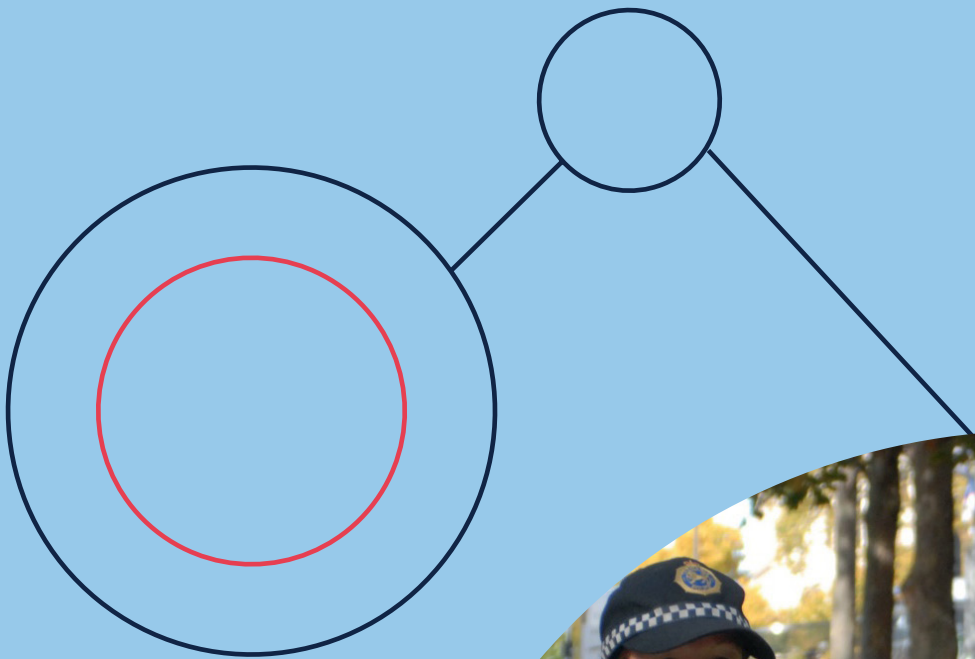




ashm

Developing a sustainable HIV,
viral hepatitis & sexual health workforce

Police and Blood-Borne Viruses 2023



ANZPAA

Australia New Zealand
Policing Advisory Agency

www.ashm.org.au



ashm

Developing a sustainable HIV,
viral hepatitis & sexual health workforce

ASHM Health

General enquiries

Tel: (+61) 02 8204 0700

Fax: (+61) 02 8204 0782

Email: ashm@ashm.org.au

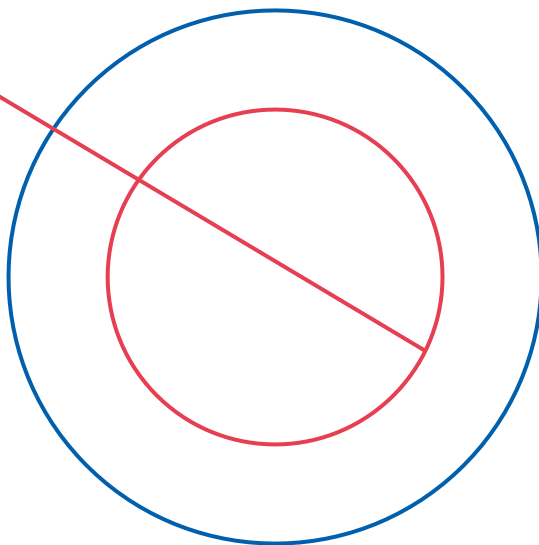
ASHM Head Office: Sydney

Level 3, 160 Clarence Street
Sydney, NSW 2000

Developed by **ASHM Health**
ABN 48 264 545 457 | CFN 17788

Acknowledgements

Graphic Design: [Daniel Cordner Design](#) & [Mario Purba](#)



PURPOSE

The occupational risk of contracting a blood-borne virus (BBV) whilst on operational duties is extremely low for all frontline workers, including police.

It is important for Police Officers (Officers) to understand transmission of BBVs - to promote the use of standard precautions and to break down stigma and discrimination against people living with BBVs that is driven by misinformation.

This resource has been developed to provide information for Officers on blood-borne viruses (BBVs). It includes guidance on appropriate prevention and response actions for exposure to blood or body fluids during police work. The document focuses on the three main BBVs in Australia - hepatitis B (HBV), hepatitis C (HCV) and human immunodeficiency virus (HIV).

The resource provides general information and guidance on BBVs. It does not replace policies and procedures of policing agencies or advice from a qualified medical professional. Where State or Territory detail is needed, Officers should check their local policies and procedures.

You cannot get hepatitis B, hepatitis C or HIV by:



Contact with faeces
or urine



Saliva on a uniform, or on
unbroken skin



Sweat to broken or
unbroken skin



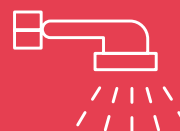
Blood on clothing or
unbroken skin



Casual physical contact
including hugging, kissing and
shaking hands



Coughing or
sneezing



Using the same shower,
toilet or laundry
facilities



Sharing food or drink,
plates, cutlery and
glasses

The Facts

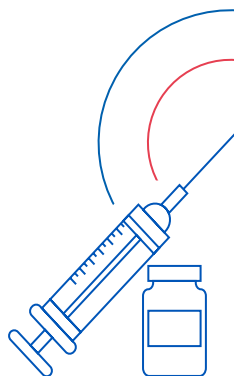


There are three major BBVs in Australia - hepatitis B, hepatitis C, and HIV.

Research shows that the occupational risk of contracting a BBV whilst on operational duties is extremely low for all frontline workers, including police [1]



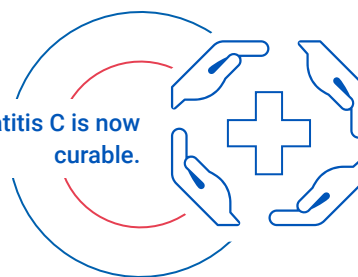
There have been no recorded incidences of occupational transmission of HIV to a Police Officer in Australia.



All Police Officers should be fully vaccinated against hepatitis

B. A person who has received a full course of HBV vaccination is at zero risk of acquiring hepatitis B.

Hepatitis C is now curable.



Key Messages

Officers should follow standard precautions where a potential contact with blood and body fluids, broken skin, and eye, nose or mouth surfaces may occur. Standard precautions are just that - standard practices of infection control used with all people, not just with those suspected or known to have a BBV.

A potential exposure event can be stressful for an Officer, however, it should not affect the ability of an Officer to perform normal duties. Any Officer who experiences an exposure to blood or body fluids should be assessed by a qualified health professional without delay and should seek counselling to address any fears that are based on stigma or incorrect information.

A qualified health professional will assess the risk relevant to the actual exposure incident and may recommend a pathway of care that includes testing and/or preventative treatment, and a return-to-work plan.

Policies and practices that protect people's privacy and confidentiality are important. Legislation prohibits discrimination against people with a blood-borne virus. There are also laws protecting people's health information. Discrimination happens because of fear and misunderstanding. Having good quality information about blood-borne viruses and how they are spread (and not spread) can remove fears about transmission and thereby reduce discrimination.

Officers should not delay in following WHS policies and procedures and seek a risk assessment from a qualified health professional for any possible exposure.

BBV Transmission Risk

BBVs are transmitted through contact with blood or other body fluids including breastmilk and semen. Unless contaminated with blood, there is very low to no risk of BBV transmission from contact with sweat, saliva, sputum, urine, vomit or faeces if skin is not broken. There are many factors that determine the risk of BBV transmission and infection, including:

- How the person has been exposed to the virus (type of exposure)
- The pathogen (type of virus)
- How much of the virus is transmitted
- Whether the person with the BBV is on treatment
- For HBV, whether the person exposed has been vaccinated.

Often, the source (person living with a BBV) of a potential exposure in a policing context is not known e.g. a needle-stick injury from a discarded needle and syringe. Transmission risk is based on the prevalence of the virus (HBV, HCV or HIV) in the community and the risk from type of exposure: risk of transmission = (risk of source having a BBV) x (risk per exposure type). For most incidents of exposure, the outcome of assessment (based on this equation) will indicate a **low** risk of transmission.

Types of Exposure

There are three main types of occupational exposure that can facilitate BBV transmission:

- **A puncture or sharps exposure** – the skin is punctured by a sharp object contaminated with blood such as a needle, glass, knife or other object
- **A splash exposure** – when the mucosal surfaces of the body (such as the eyes or inside the mouth) or uncovered cuts are exposed to blood or body fluids that contain blood (includes spit with visible blood present)
- **A biting exposure** – the skin is broken and there is the presence of blood (this also poses a transmission risk from the person bitten to the biter).

Each BBV has a very different risk profile for each exposure type, and any exposure should be promptly assessed by a qualified health professional.

No transmission of HIV through biting or spitting has ever been documented in Australia ^{2,3}

4

Officers may get advice from a health professional of their choice. It is preferable to seek advice from a qualified health professional experienced in the management of BBV exposures.



**Table 1:
Risks of Occupational BBV Exposure Types**

Medical Practitioner Assessment and Management of an Emergency Worker
These recommendations are based on *the third party's BBV status being unknown.*

| Type of exposure | Near or zero risk of blood borne virus exposure ^{2,3} | Low-medium risk of blood borne virus exposure ^{2,3} |
|----------------------------------|--|---|
| Type of contact with third party | <ul style="list-style-type: none"> + Spitting with or without visible blood from third party + Biting with or without visible blood in the mouth of the third party + Fist punch resulting in broken skin of the worker. | <ul style="list-style-type: none"> + Needle stick wound that breaks the skin of the worker (risk is larger where blood is visible inside the syringe). + Broken skin of the worker (as a result of single or multiple injuries) AND exposure to a visible amount of the third party's blood. |
| First Aid | <p>Wash with soap and water to remove any blood or body fluid.</p> <p>If exposure to –</p> <ul style="list-style-type: none"> + Eye: irrigate or wash the eye with clean water or normal saline + Mouth: rinse out the mouth with clean water + Skin: Wash with soap and water to remove any body fluid. | <p>THESE INJURIES REQUIRE IMMEDIATE ATTENTION.</p> |
| BBV Prophylaxis | <p>None. No further action recommended.</p> | <ul style="list-style-type: none"> + Take blood of worker for BBV testing <p>Vaccinated worker for hepatitis B</p> <ul style="list-style-type: none"> + Consider HIV post exposure prophylaxis (PEP). If indicated, prophylaxis should be started as soon as possible - and no later than 72 hours. Do not wait for the results of the source. <p>Unvaccinated worker for hepatitis B</p> <ul style="list-style-type: none"> + Consider HIV PEP for vaccinated worker + Consider hepatitis B immunoglobulin + Start hepatitis B vaccination. |

After hours it is recommended to: attend the Emergency Department if no one is designated to manage exposure in your workplace.

Other care may be required: If there may have been soil in the wound, consider a tetanus injection if not received in the last 5 years. Antibiotics may be indicated for infected wounds.

Risk of BBV exposure will depend on injury, vaccination status of worker and prevalence of BBV in the population.

High risk occupational exposures of BBVs are rare in the Australian context. An example of a high-risk exposure would be an intentional needlestick injury with a syringe filled with a third party's blood. In such events, follow the guidance in the [ASHM PEP guidelines](#).

Hepatitis B

All Officers should be vaccinated against HBV. A person who has received a full course of HBV vaccination is at zero risk of acquiring HBV.

6

The HBV vaccine is safe and effective. This vaccine has been available in Australia since the early 1980s and has been part of the National Immunisation Program schedule since 2000.^{4,5}

People working in occupations considered at increased risk of infection including correctional officers, emergency services staff and police have been able to access the vaccines since 1997. Post-exposure prophylaxis (HBV immunoglobulin and a 3-dose vaccine course) is available for people that have not been vaccinated and are exposed to HBV.

The HBV affects the liver and causes both short-term (acute) and long-term (chronic) infections. Most adults that are infected with hepatitis B recover from and clear the infection without treatment, providing them with lifelong immunity. This also means that they are not infectious but some blood tests will indicate previous infection. Around <5% of adults develop chronic infection, and their treatment may include antiviral therapy and regular monitoring of their liver function. (CHO MDT Guidelines). There were an estimated 222,559 people living with chronic HBV in Australia at the end of 2020 (approximately 1% of the population).⁶

Hepatitis C

Hepatitis C is now curable. Direct-acting antiviral medications are highly effective (>95%) at clearing the virus and have minimal side effects.⁷

HCV also affects the liver and results in a short-term (acute) or long-term (chronic) infection. Chronic HCV infection, if left untreated, can lead to lifelong illness including cirrhosis (liver scarring) and liver cancer. With no vaccine available, prevention of HCV transmission relies on preventing blood-to-blood contact. For Officers, this is by minimising exposure to blood through standards precautions.

There were an estimated 117,800 people living with chronic HCV in at the end of 2020 (less than <0.5% of the population).⁸ With curative treatment available, the number of people living with HCV continues to decrease.

All these infections can be prevented. Hepatitis C can be cured and hepatitis B and HIV can be treated.

There have been no recorded incidences of occupational transmission of HIV to a Police Officer in Australia.

HIV

Approximately 29,000 people were living with HIV in Australia at the end of 2021, equating to about 0.1% of the population.⁹

There is extremely effective treatment available for people diagnosed with HIV. This treatment (known as antiretroviral therapy – ART) which not only protects the person's immune system but can also reduce the level of virus in the blood to undetectable, preventing forward transmission. Having an undetectable viral load means they cannot transmit HIV through sexual activity, and the risk of transmitting HIV through other routes is greatly reduced.¹⁰ 97% of people diagnosed with HIV are on antiretroviral treatment and have an undetectable viral load.¹¹

Other HIV prevention options available include pre-exposure prophylaxis (PrEP) which is ART taken by people at ongoing risk of HIV to reduce their risk of infection through sex or drug use. And post-exposure prophylaxis (PEP) is a four-week course of ART taken by a person to reduce the risk of infection following a known exposure to HIV.

With such high treatment rates and prevention options in Australia, the risk of occupational exposure through blood or body fluids with a person who has a detectable viral load of HIV is extremely low.

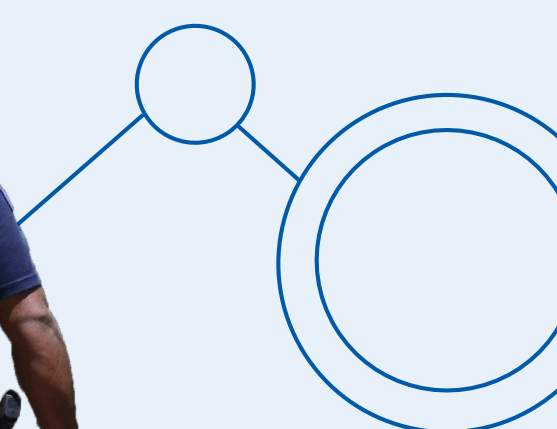


Table 1: An Overview of Blood-Borne Viruses

| | Hepatitis B | Hepatitis C | HIV |
|-----------------------------------|--|---|---|
| Treatment | <p>For the <5% of people who are infected with hepatitis B and who do not clear the hepatitis B virus naturally, treatment is available to prevent further liver damage. Not all people with chronic hepatitis B (CHB) require treatment. Treatment rarely cures CHB, but it does reduce virus in the blood and liver damage and prevents transmission.</p> <p>People living with CHB should attend regular 6-12 monthly monitoring and care to assess the phase of their CHB and whether they need treatment.¹²</p> | <p>Direct-antiviral treatment is available that will cure almost all HCV infections (>95%), prevent further liver damage, and prevent transmission. HCV antiviral treatment has almost no side-effects.</p> <p>From 2016 to 2020, it is estimated that almost half of all Australians living with chronic hepatitis C had initiated curative treatment.¹³</p> | <p>Antiretroviral treatment (ART) does not cure HIV but it does stop the virus reproducing and reduces damage to the immune system.</p> <p>ART reduces virus in the blood to undetectable levels and prevents transmission. This is known as U=U (undetectable = untransmissible).¹¹</p> <p>The vast majority of Australians living with HIV are on ART, have an undetectable viral load, and cannot sexually transmit the virus to an HIV-negative partner. This also significantly reduces the risk of transmission through other routes, such as needle stick injuries.</p> <p>On treatment, most people with HIV can expect to live a normal lifespan.</p> |
| Vaccination & Immunity | <p>There is a safe and highly effective vaccine for HBV.</p> <p>95% of adults exposed to HBV naturally clear the virus and become immune for life.¹⁴</p> | <p>There is no vaccine for HCV.</p> <p>Treatment resulting in a cure does not confer immunity to repeat exposure.</p> <p>25% of people infected with hepatitis C recover spontaneously and clear the virus with no treatment.¹⁵</p> | <p>There is no vaccine for HIV.</p> <p>HIV infection cannot be cleared by the body and infection is for life.</p> |

| | Hepatitis B | Hepatitis C | HIV |
|--|--|--|---|
| Transmission Routes | <p>Blood-to-blood contact:</p> <ul style="list-style-type: none"> + Sharing injecting equipment + Needle-stick injury (if the syringe has recently been used) + Open wounds + Tattooing and body piercing equipment. <p>Sexual contact (condomless anal and vaginal sex) with a person who has HBV.</p> <p>Vertical transmission (mother to baby).</p> <p>Important notes:</p> <ul style="list-style-type: none"> + <i>Transmission is prevented when people are vaccinated for HBV</i> + <i>Vertical transmission risks are minimised if the person with HBV is on treatment</i> + <i>HBV is not spread through spitting or saliva exchange. Bites that break the skin and draw blood are very low risk.</i> | <p>Blood-to-blood contact:</p> <ul style="list-style-type: none"> + Sharing injecting equipment + Needle-stick injury (if the syringe has recently been used) + Open wounds + Tattooing and body piercing equipment. <p>Not considered sexually transmitted unless blood contact occurs.</p> <p>Vertical transmission (mother to baby).</p> <p>HCV is not spread in saliva.</p> | <p>Blood-to-blood contact:</p> <ul style="list-style-type: none"> + Sharing injecting equipment + Needle-stick injury (if the syringe has recently been used) + Tattooing and body piercing equipment. <p>Sexual contact (condomless anal and vaginal sex) with a person who has HIV.</p> <p>Vertical transmission (mother to baby).</p> <p>Important notes:</p> <ul style="list-style-type: none"> + <i>There is no risk of sexual transmission and minimal risk of vertical transmission if the person with HIV is on effective treatment.</i> + <i>HIV is not spread in saliva.</i> |
| "Window period" <small>The time period from the point of infection to when the virus is detectable in the person's blood.*</small> | <p>4 weeks by Nucleic Acid Amplification Testing (NAAT) NAAT looks for HBV, HCV or HIV genetic material (virus RNA/DNA)</p> <p>Up to 12 weeks by serology²⁰ Serology is the most commonly used test and looks for antibodies to the virus</p> | <p>4 weeks by NAAT NAAT looks for HBV, HCV or HIV genetic material (virus RNA/DNA)</p> <p>8 weeks by serology^{16, 17, 18} Serology is the most commonly used test and looks for antibodies to the virus</p> | <p>2 weeks by NAAT NAAT looks for HBV, HCV or HIV genetic material (virus RNA/DNA)</p> <p>6 weeks by serology (4th gen, 3-4 weeks)¹⁹ Serology is the most commonly used test and looks for antibodies to the virus</p> |
| Survival of virus outside the body | <p>Up to 7 days.²⁰</p> | <p>Up to 6 weeks depending on conditions such as the type and volume of body fluid the virus is in, the volume of virus in the body fluid, temperature, humidity.²¹</p> | <p>From just a few hours up to 7 days depending on conditions such as the type and volume of body fluid the virus is in, the volume of virus in the body fluid, temperature, humidity sunlight.²²</p> |

Prevention, Standard Precautions and Infection Control in a Police Setting

Vaccination

All Officers should be vaccinated against hepatitis B to protect themselves and others.

Vaccination involves three doses of HBV vaccine over six months.²³ A blood test 4-8 weeks after the 3rd dose can confirm immunity.

Officers should provide proof of immunity and/or age-appropriate vaccination to their health unit, HR department or WHS Advisors, dependent on jurisdictional processes. Applicants may be tested by the police service as part of the recruitment process.

Standard Precautions: Infection Control

Standard precautions are practices of infection control that should be used at all times of potential exposure to blood and body fluids and used with all people, not just with those suspected or known to have a BBV.²⁴ They are used to reduce the risk of transmission of blood-borne viruses and other pathogens from both recognised and unrecognised sources. Standard precautions require all blood and body fluids to be treated as infectious and include the use of personal protective equipment, hand hygiene, cleaning and appropriate handling and disposal of sharps.

Standard precautions should be taken by all Officers who have contact with blood, body fluids, broken skin, and eye, nose or mouth surfaces

Personal Protective Equipment

- + Wear PPE including gloves, masks, eyewear and protective clothing, as appropriate to the situation
- + Wear disposable gloves in situations where you may be in contact with blood or body fluids. The gloves do not have to be sterile
- + Wear PPE, such as eyewear and face shields, when there is any chance of being splashed or sprayed in the face
- + Avoid exposure to broken skin
- + Cover your own open wounds (including cuts and blisters) no matter how small, with waterproof dressings. This is especially important for injuries to your hands
- + Avoid creams that may cause dermatitis or broken skin
- + Avoid contact with a person's mouth or teeth, open wounds, etc.

Safely handle and dispose of sharp objects (such as needles, blades and broken glass)

- + Hold a syringe by the barrel with a gloved hand.
- + Never touch the needle.
- + Do not re-cap, bend or break the needle.
- + Do not remove a needle from the barrel.

- + Never move your hands across your body or another person's body when handling a sharp.
- + Dispose of the sharp in a sharps container (a yellow, rigid walled container displaying the biohazard label and symbol).
- + When in the field, dispose of a sharp in a thick plastic drink bottle if a sharps container is not available.
- + Take the sharps container to the sharp rather than carrying the sharp around.

Prevention of needle-stick and sharps injuries when doing searches

- + Take a slow systematic approach to searching.
- + Do not slide your hand when searching.
- + Do not put your hands into places you cannot directly see e.g. bags, cupboards, drawers, under a mattress
- + Use tools, instead of your hand, to examine hard-to-access areas.
- + Empty the contents of bags and containers onto a flat surface for inspection, rather than putting your hands inside.
- + Use mirrors and adequate lighting (including torches) to assist with the search.

Environmental blood and body-substance spills

- + Deal with blood and body-substance spills as soon as possible.
 - + A 'spills kit' should be readily available for blood spills. A spills kit should contain PVC household rubber or disposable latex gloves, plastic apron, eye protection, face masks, cleaning agents, disposable absorbent material (e.g. paper towels), a leak-proof waste bag, mop and a bucket with a lid.
 - + Wear personal protective equipment (gloves, goggles, waterproof apron).
 - + Mop up spills, including those on clothing, with paper towels and dispose of towels immediately. Change contaminated clothing as soon as possible.
 - + Wash spills on hard surfaces with detergent and cold water, and allow to air dry.
 - + Wash furnishings such as chairs and mattresses with cold water and detergent and allow to dry.
 - + Wash soiled uniforms and other clothing separately in cold water. Washing in hot water will cause the bloodstain to clot and stay on the clothes. Wash leather goods (belts, shoes) with soap and cold water.
- See AS/NZS 4146:2000 for further guidance.

Environmental Risk Assessment

Police fieldwork can be very unpredictable. However, it is important that, where possible, all appropriate measures are taken to ensure safety. SafeWork Australia advises the following steps to promote environmental safety:²⁵

- + Hazard identification: Identify activities in the workplace and in the field that may put Officers or members of the public at risk of infection with blood-borne viruses
- + Risk assessment: Evaluate the risk to Officers of blood or body fluid exposures. Risk assessments should be supported by qualified health professionals, consistently monitored, reviewed and evaluated to ensure relevancy and account for specific police duties
- + Risk control: The most important step in controlling risks involves eliminating them as far as possible or if not, then minimising the risks so far as is reasonably practicable.

Officers must comply with all WHS policies and procedures including:

1. Limiting exposure to sharps
2. Maintaining a safe working environment
3. Complying with standard infection control precautions
4. Following policies and procedures in case of accidental exposure.

BBV Exposure Care Pathways

Managing exposure to blood and body fluids

It is important to act immediately:

- + Wash exposed skin with soap and water. Use an alcohol-based hand rub if no water is available. Do not suck or squeeze the wound
- + If the eyes have been exposed, thoroughly rinse the eyes with tap water or saline while open. Flush from the inside corner outwards
- + Remove contact lenses before rinsing the eyes. Clean contact lenses before reinserting
- + If the mouth has been exposed, spit, then rinse the mouth with water and spit again
- + Seek advice from a qualified health professional, including a BBV risk assessment, promptly. Tetanus exposure and vaccination will also be considered, dependent on the type of exposure. If available, call the designated hotline for your service (contact details for each state and territory can be found in the Helpline Resources for Police table at the end of this document).
- + Officers must also report the incident according to the local policies and procedures.

Testing

In some Australian states and territories, laws exist that allow for mandatory BBV testing of individuals whose body fluids may have come in contact with Officers. These laws seek to ensure that appropriate care and support to police can be meaningfully informed by knowing whether there was presence of BBVs in the exposure event. Mandatory testing, however, is unrelated to the risk of exposure to a BBV and can increase anxiety of personnel involved. Officers who are concerned about exposure to blood or body fluids should not delay in seeking a risk assessment from a qualified health professional, even if communicable disease testing orders are in place. Most assessments for perceived exposure result in a very low or no risk factor for infection.

If the health professional determines there is a real risk of infection, consent should always be sought from the source (person suspected of having a BBV) before testing for blood-borne viruses. If blood test results are negative for the person suspected of having a BBV, it does not always mean there is no risk of infection. The person may be still in the 'window-period' – the period of time after infection and before the virus may be detected in the person's blood - and potentially still able to transmit the virus. If the person suspected of having a BBV tests positive to HBV, HCV or HIV, there may still be no actual transmission risk due to type of exposure.

The person being subjected to a mandatory testing order (if known) has a right to privacy, and their BBV status cannot be disclosed without their consent. A person also has the right not to disclose their own BBV status. Some people may not know their status and even if they do, it may be unreliable – their status may have changed since their last test. Officers who have had a verified BBV exposure may be tested for infection as part of the risk assessment.

For HBV no further testing is required if you are immune. A small number of people do not respond to HBV vaccination and are known as 'non-responders'. This means they do not have immunity to HBV even after vaccination. In the event of a high-risk exposure, non-responders will be offered an HBV immunoglobulin injection as soon as possible after the incident.

For hepatitis C, blood tests are recommended at 8-12 weeks after the exposure.^{16, 17, 18} A negative test result at 12 weeks means you did not contract HCV. If earlier confirmation of possible infection is required, a different test (HCV RNA) can be performed after 2-4 weeks from the time of possible exposure.

For HIV, you will likely be offered HIV tests at 4 and 6 weeks after the exposure.¹⁹ If earlier confirmation of possible infection is required, a different test (HIV RNA) can be performed after 2 weeks from the time of possible infection. A negative blood test 6 weeks after the exposure means you did not contract HIV. If available, a point of care test, using a finger prick for blood, may also be conducted prior to commencement of any Post-Exposure Prophylaxis (PEP) treatment for HIV, but this is often not necessary.²⁶

Whilst waiting for test results, there are precautions that can be taken by the Officer to prevent potential onwards transmission of BBVs including:

- + practice safer sex (use condoms or speak to your qualified health professional about PrEP)
- + cover any sores, cuts or abrasions
- + 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 and
- + seek advice from a qualified health professional if you are or are planning to become pregnant or are breast feeding.²⁷

Note: this is a broad list of precautions that cover all BBVs whilst awaiting testing results. Many of these precautions are not relevant for HIV and an Officer should be guided by their qualified health professional on appropriate precautions to take, relevant to exposure type and risk

Post Exposure Prophylaxis (PEP)

PEP is medication taken after exposure to hepatitis B or HIV to reduce the risk of infection. A qualified health professional will assess the risk of HIV or HBV infection based on the exposure incident to determine the need for PEP. PEP is not required for exposure to HCV if you have been fully vaccinated and have proof of immunity through a blood test.

If PEP for HBV is recommended, it must be given within 72 hours of the exposure. It is more effective if given as early as possible post-exposure. PEP is available from hospital emergency departments or through a qualified health professional.²⁸

PEP for HIV is usually only offered for high-risk exposures and can be discussed with your qualified health professional during the risk assessment. There may be side effects from the medication so it is not given routinely to everyone with a possible exposure. If PEP is recommended it must begin within 72 hours, but preferably within 24 hours, of the exposure. For further information see the National PEP Guidelines.²⁶

PEP is not available for hepatitis C. However, it is still important that the Officer seeks advice from a qualified health professional for an exposure risk assessment and follow-up to enable testing and curative treatment, if required.

Providing Support

An occupational exposure event can be stressful. Your qualified health professional and designated employee assistance services are available to provide support during this period (refer to the Helplines Resources for Police table at the end of this document). Access to factual evidenced-based information can also help to allay fears, so be sure to ask your qualified health professional any questions that arise.

Discrimination

Stigma and discrimination in relation to BBV can have significant impacts on health outcomes and can lead to social isolation and poorer mental health.

Discriminatory or unfair treatment increases the negative impact on the health status of people with BBVs. Stigma and discrimination have been correlated with poor access to health care and can create barriers to services and support.²⁹

There is no need to isolate or deal with a person any differently because they are known to, or suspected to, have a BBV. Standard precautions are protective and should be used with all people. A person's suspected blood-borne virus status or sexual orientation must not be recorded in police records unless it is directly relevant to a crime.

There may be occasions where Officers learn of the BBV status of an individual. This information is strictly confidential. It is essential that every effort is made to protect the privacy rights of the person concerned. In the case of a person in custody disclosing their BBV status, Officers should follow local policies and procedures regarding arrangements for providing access to medication and medical care.

Police Officers with a BBV

It is recommended that all Officers know their blood-borne virus status. Knowing your status for HBV, HCV and HIV will allow you to access any healthcare and support required. All Officers should adhere to standard precautions to avoid transmitting BBVs in the workplace.³⁰
³¹ It should be considered an ethical duty to avoid placing co-workers or the public at risk.

Refer to your jurisdictional policies for clarification on requirements of disclosure if you are an Officer living with a blood-borne virus. Employers must not discriminate against their employees on the basis of their BBV status.

Helpline Resources for Police

Table 1: An Overview of Blood-Borne Viruses

| Police Jurisdiction | Service | Telephone | Service Provided | Further Information |
|---|--|--|---|---|
| Australian Federal Police | <p>If you are an AFP member working in ACT Policing – see table below</p> <p>For all other AFP members:</p> <ul style="list-style-type: none"> 08:00 – 16:00 contact your AFP Nurse or Doctor in your Command or call Organisational Health Triage on 02 5127 0111 After hours: Call NOSSC on 02 5127 001 who will connect you with the on-call nurse or doctor who will assess the exposure risk and advise where to go for testing and/or PEP. | | | |
| ACT* www.afp.gov.au | Clinical Forensic Medical Services (CFACT) provide assessment, testing and advice for exposure to blood and body fluids. | ACT based AFP members to ring ACT Policing Operations - Duty Operations Manager. Number listed on AFP Hub. | Duty Operations Manager will direct AFP member to attend watch house where Registered Nurse from CFACT will assess the exposure and determine plan of action OR forward the phone to the On Call Registered Nurse from CFACT. | This service enables AFP members to have access to appropriately qualified clinical practitioners 24 hours, 7 days a week. Please note: Members who present to the emergency department within work hours will be referred by the hospital to CFACT which is located on the hospital campus. |
| NSW www.police.nsw.gov.au | Employee Assistance Program | 1300 667 197 | Police can access counselling services by contacting this number. | This service is available 24 hours, 7 days a week. |
| NT www.pfes.nt.gov.au | Health Direct** | 1800 022 222 | This is a health advice line staffed by Registered Nurses to provide expert health advice. | This service is available 24 hours, 7 days a week. However, it is recommended that police staff members contact their local emergency department following an exposure to blood or body fluids for advice. |
| | Employee Support Services | 08 8995 5422 | Police staff members can access counselling services by contacting this number. | This service is available 24 hours, 7 days a week. |
| QLD* www.police.qld.gov.au | Health and Safety Infoline | 1800 558 775 | Police, staff members and their immediate family can seek advice about a blood or body fluid exposure from Health and Safety staff or referred to an Occupational Physician if required. | This service is available from 8am-5pm Monday to Friday (excluding public holidays) |
| | QPS Intranet: Health and Safety | N/A | Police staff members can access assistance and counselling services following an exposure. | For further assistance on post exposure, contact the Human Services Officer, Health and Safety Advisor or Injury Management Co-ordinator in your area. |

| | | | | |
|---|---|--|---|--|
| SA www.police.sa.gov.au | Employee Assistance Section (EAS) | 08 7322 3141 (8.30-17.00) After hours to the SRM 08 8207 4488 | SAPOL employees can speak with the Occupational Health Advisor by calling EAS during office hours on this number. EAS can provide advice and counselling on health and wellbeing matters. | This service operates weekdays 830am to 5pm hours, outside of these hours the on-duty State Response Manager (SRM) is able to assist with exposure enquiries. All enquiries in relation to mandatory testing for communicable diseases under Sect 20B CLFPA 2007 can be directed to EAS. |
| | 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* www.police.tas.gov.au | Department of Police and Emergency Management Health and Safety Services Staff Support Unit | 03 6173 2478 | Police staff members can seek advice about being exposed to blood or body fluids and counselling services by calling this number. | This service operates weekdays, 8:30am-4:00pm. It is recommended that police staff members contact their local emergency department outside of operating hours. |
| VIC www.police.vic.gov.au | Nurse on Call | 1300 606 024 | Expert health advice from Nurse/Occupational Health Practitioner. | Nurse on Call is available 24 hours, 7 days a week. |
| | VIC PEP Helpline | 1800 889 887 | Police can call this number to enquire about their need for and access to PEP. | The PEP Helpline is open Monday to Friday 9am-5pm. |
| WA www.police.wa.gov.au | Health Welfare and Safety Division (WA Police) | 08 6229 5615 (8am-4pm) 0409 119 056 (after hours) | Police staff members can seek counselling and support regarding exposure to blood or body fluids by calling this number. | It is important that callers ask to speak to the on-call Psychologist for counselling or Injury Coordination Support Service Team for advice on Mandatory Disease Testing. |
| | WA PEP Line | 1300 767 161 | Police can call this number to enquire about their need for and access to PEP. | This service is available 24 hours, 7 days a week. However, it is recommended that police staff members 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 ACT, NSW, QLD, TAS, SA, VIC and WA.

Australia's Antidiscrimination Law

The Attorney-General's Department provides a snapshot of the 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/rights-and-protections/human-rights-and-anti-discrimination/australias-anti-discrimination-law#:~:text=Rights%20and%20protections,-Australia's%20Open%20Government&text=In%20Australia%2C%20it%20is%20unlawful,life%2C%20including%20education%20and%20employment.>

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 across Australia. Police 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 Aotearoa New Zealand

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

ASHM Guide to Australian HIV Laws and Policies for Healthcare Professionals Updated 2019
<https://hivlegal.ashm.org.au/>

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

Australian Drug Foundation

T 03 9611 6100 or 1300 858 584 (Infoline)
E adf@adf.org.au
W www.adf.org.au

Health Equity Matters T 02 9557 9399

E enquiries@afao.org.au
W <https://healthequitymatters.org.au/>

Australian Injecting and Illicit Drug Users League (AIVL)

T 02 6279 1600
E info@aivl.org.au
W www.aivl.org.au

Hepatitis Australia

T 1800 437 222 (1800 HEP ABC)
E admin@hepatitisaustralia.com
W www.hepatitisaustralia.com

National Centre for Education and Training on Addictions

T 08 8201 7535
E nceta@flinders.edu.au
W www.nceta.flinders.edu.au

References

1. Merchant RC, Nettleton JE, Mayer KH, Becker BM. HIV post-exposure prophylaxis among police and corrections officers. *Occupational Medicine* Volume 58, Issue 7, October 2008, Pages 502–505
<https://doi.org/10.1093/occmed/kqn083>
2. Pintilie, H, & Brook, G. Commentary: A review of risk of Hepatitis B and C transmission through biting or spitting. *Journal Of Viral Hepatitis*. 2018;25(12):1423-1428.
3. Cresswell, F, Ellis, J, Hartley, J, Sabin, C, Orkin, C, & Churchill, D. A systematic review of risk of HIV transmission through biting or spitting: implications for policy. *HIV Medicine*, 2018;19(8):532-540.
4. National Centre for Immunisation Research and Surveillance, Hepatitis B vaccines for Australians Factsheet Accessed 17 December 2021 <https://ncirs.org.au/ncirs-fact-sheets-faqs/hepatitis-b-vaccines-for-australians>
5. National Centre for Immunisation Research and Surveillance, Significant events in Hepatitis B vaccination in Australia [Internet accessed 17 December 2021] <https://www.ncirs.org.au/sites/default/files/2018-11/Hepatitis-B-history-July-2018.pdf>
6. MacLachlan JH, Smith C, Towell V, Cowie BC. Viral Hepatitis Mapping Project: National Report 2018–19. Darlinghurst, NSW, Australia: Australasian Society for HIV, Viral Hepatitis and Sexual Health Medicine (ASHM), 2020; https://ashm.org.au/wp-content/uploads/2022/04/ASHM_ViralHepReport_2020_WEB_final.pdf
7. Hepatitis Australia A cure for Hepatitis C [Internet accessed 17 December 2021] <https://www.hepatitisaustralia.com/hepatitis-c-cures>
8. Burnet Institute and Kirby Institute, Australia's progress towards Hepatitis C elimination: annual report 2022. Melbourne: Burnet Institute; 2022 PDF: <https://www.burnet.edu.au/media/1trbt5iy/australias-progress-towards-hepatitis-c-elimination-annual-report-2022-anna-wilkinson.pdf>
9. Kirby Institute HIV [Internet] <https://data.kirby.unsw.edu.au/hiv> Accessed 30 June 2023
10. AFAO, HIV in Australia Factsheet, [Internet accessed 17 December 2021] <https://www.afao.org.au/wp-content/uploads/2021/11/AFAO-HIV-in-Australia-2022.pdf>
11. ASHM , U=U Guidance for healthcare Professionals accessed 17 December 2021 <https://ashm.org.au/hiv/u-equals-u/>
12. ASHM B Positive Hepatitis B for Primary Care – Clinical Assessment 2018 [Internet accessed 15 December 2021] <https://www.hepatitisb.org.au/clinical-assessment-of-patients-with-hepatitis-b-virus-infection/>
13. Kirby Institute, Monitoring Hepatitis C treatment uptake in Australia Issue 11, July 2021. <https://kirby.unsw.edu.au/report/monitoring-hepatitis-c-treatment-uptake-australia-issue-11-july-2021>
14. Hepatitis Queensland; Acute and chronic hepatitis B [Internet] accessed 31 August 2022 at: <https://www.hepqld.asn.au/hepatitis-b/>
15. WHO; Hepatitis C [Internet] Accessed 31 August 2022 at: [https://www.who.int/news-room/fact-sheets/detail/hepatitis-c#:~:text=Around%2030%25%20\(15%E2%80%9345,will%20develop%20chronic%20HCV%20infection](https://www.who.int/news-room/fact-sheets/detail/hepatitis-c#:~:text=Around%2030%25%20(15%E2%80%9345,will%20develop%20chronic%20HCV%20infection)
16. Marwaha, N., & Sachdev, S. (2014). Current testing strategies for Hepatitis C virus infection in blood donors and the way forward. *World Journal Of Gastroenterology*, 20(11), 2948. doi: 10.3748/wjg.v20.i11.2948
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3961983/>
17. Jiang, X., Chang, L., Yan, Y. et al. A study based on four immunoassays: Hepatitis C virus antibody against different antigens may have unequal contributions to detection. *Virol J* 18, 137 (2021)
<https://doi.org/10.1186/s12985-021-01608-x>
18. ASHM; National HCV Testing Policy, Diagnostic Strategies, [Internet] accessed -2 September 2022 at <https://testingportal.ashm.org.au/national-hcv-testing-policy/diagnostic-strategies/>
19. ASHM; National HIV Testing Policy, Diagnostic Strategies, [Internet] accessed -2 September 2022 at <https://testingportal.ashm.org.au/national-hiv-testing-policy/types-of-hiv-testing/>
20. WHO Hepatitis B Factsheet World Health Organisation Fact Sheet Hepatitis B [Internet] <https://www.who.int/news-room/fact-sheets/detail/hepatitis-b>
21. Paintsil, E., Binka, M., Patel, A., Lindenbach, B. and Heimer, R. Hepatitis C Virus Maintains Infectivity for Weeks After Drying on Inanimate Surfaces at Room Temperature: Implications for Risks of Transmission. *Journal of Infectious Diseases*, 2013;209(8):1205-1211. <https://pubmed.ncbi.nlm.nih.gov/24273176/>
22. Thompson SC, Boughton CR, Dore G; Blood-borne viruses and their survival in the environment: is public concern about community needlestick exposures justified? *Australian and New Zealand Journal of Public Health* 2003 vol 27 No 6 <https://onlinelibrary.wiley.com/doi/epdf/10.1111/j.1467-842X.2003.tb00606.x>
23. Australian Technical Advisory Group on Immunisation (ATAGI). Australian Immunisation Handbook. Australian Government Department of Health, Canberra, 2018. Available at <http://immunisationhandbook.health.gov.au> (accessed 10 December 2019).

24. National Health and Medical Research Council. Australian Guidelines for the Prevention and Control of Infection in Healthcare. Australian Commission on Safety and Quality in Health Care, Canberra, 2019. Available at <https://www.nhmrc.gov.au/about-us/publications/australian-guidelines-prevention-and-control-infection-healthcare-2019> (accessed 21 August 2021)
25. Safe Work Australia, How to Manage Work Health and Safety Risks: Code of Practice 2011, Accessible at: www.safeworkaustralia.gov.au
26. Australasian Society for HIV, Viral Hepatitis and Sexual Health Medicine (ASHM) Post-Exposure Prophylaxis after Non-Occupational and Occupational Exposure to HIV: Australian National Guidelines 2016. <http://www.pep.guidelines.org.au/>
27. Boyd, M; Cooper, D; Crock EA; et al Sexual Transmission of HIV and the law: an Australian medical consensus statement, Medical Journal of Australia MJA 205(9) 7 November 2016 https://www.mja.com.au/system/files/issues/205_09/10.5694mja16.00934.pdf
28. Australian Immunisation Handbook; Post-exposure prophylaxis for non-immune people exposed to a source that is positive for hepatitis B surface antigen or has an unknown status <https://immunisationhandbook.health.gov.au/resources/tables/table-post-exposure-prophylaxis-for-non-immune-people-exposed-to-a-source-that-is-positive-for-hepatitis-b-surface-antigen>
29. Australian Department of Health Australian Department of Health 8th National HIV Strategy Internet; <https://www1.health.gov.au/internet/main/publishing.nsf/Content/ohp-bbvs-1>
30. Matthews G and Allard N (eds.) Australasian Society for HIV, Viral Hepatitis and Sexual health Medicine (ASHM) B Positive Hepatitis B for Primary Care <https://www.hepatitisb.org.au/infection-control-and-occupational-health/>
31. National Occupational Health and Safety Commission 2003. National code of practice for the control of work related exposure to hepatitis and HIV (blood- borne) viruses. https://www.safeworkaustralia.gov.au/system/files/documents/1702/nationalcodeofpractice_control_workrelatedexposure_hepatitis_hivviruses_nohsc2010-2003.pdf.pdf

Acknowledgements

ANZPAA

Police Federation of Australia

Australian Federal Police Association

Police Association NSW

NSW Health

QLD Health

NT Health

SA Health

Health Equity Matters

NAPWHA

NACCHO

CEH

AIVL

Australian Department of Health and Aged Care

18

Image Credits

Front Cover: Tasmania Police Service

Page 2: QLD Police Service

Page 3: NSW Police Service

Page 4: WA Police Service

ASHM

Tel: +61 2 8204 0700

Fax: +61 2 8204 0782

Print more copies of this supplement from:
www.ashm.org.au/resources

ISBN: 978-1-921850

Published August 2023

ABN: 48 264 545 457

Funded by



Australian Government

Department of Health and Ageing

Endorsed by

ANZPAA

Australia New Zealand
Policing Advisory Agency



ashm

Developing a sustainable HIV,
viral hepatitis & sexual health workforce

