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Developing a sustainable HIV, viral hepatitis & sexual health workforce

Emergency Service Providers and Blood-Borne Viruses 2024

AUSTRALASIAN COLLEGE OF PARAMEDICINE
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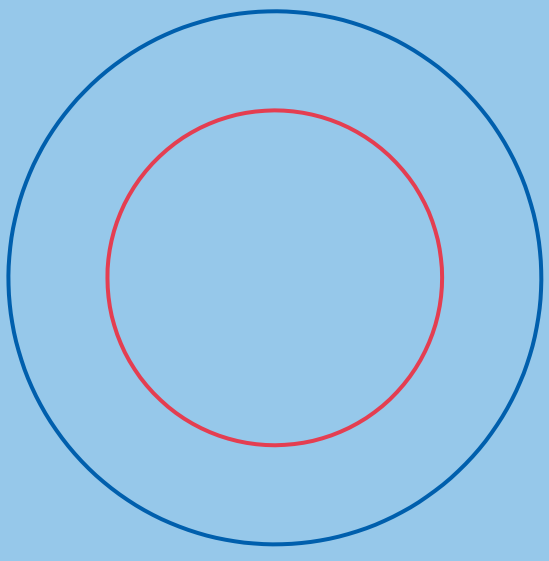


PURPOSE

The occupational risk of contracting a blood-borne virus (BBV) whilst on operational duties is extremely low for all frontline workers. This resource is intended for Emergency Service Providers in Australia.

It is important for everyone 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 provides general information about BBVs specific to Emergency Service Providers; this includes Paramedics, Fire Service workers, First Aid providers, State Emergency Services personnel, and other first responders. It is designed for use throughout Australia, and it is therefore broad in content and advice.

The document focuses on the three main BBVs in Australia — hepatitis B (HBV), hepatitis C (HCV) and human immunodeficiency virus (HIV). It includes guidance on appropriate prevention and response actions for exposure to blood or body fluids during an emergency response.

Many people living with HBV, HCV and HIV experience discrimination. BBVs are highly stigmatized conditions.[6] Discriminatory or unfair treatment can worsen the health of a person with a BBV. Stigma and discrimination happens because of fear and misunderstanding. Giving Emergency Service Providers information about BBVs and how they are spread removes the fear about transmission, reduces discrimination and allows for people living with these infections to be treated with respect.

This document is supplementary to the policies and procedures of each emergency services agency and its purpose is to provide information and guidance rather than being mandatory. It does not replace policies and procedures of emergency services agencies or advice from a qualified medical professional. Where jurisdictional, State, Territory, or agency detail is required, Emergency Service Providers should check their local policies and procedures.

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

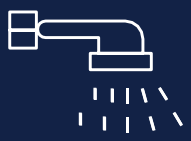
Contact with urine or faeces

Casual physical contact including hugging, kissing and shaking hands

Saliva on a uniform or to broken and unbroken skin

Coughing or sneezing

Sweat to broken or unbroken skin

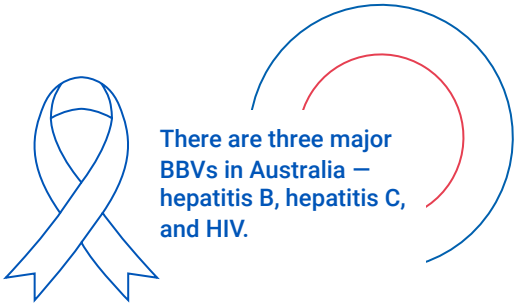


Using the same shower, toilet or laundry facilities

Blood on clothing or unbroken skin

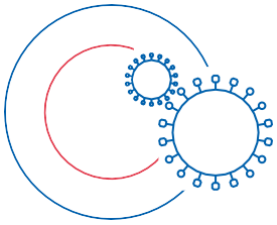
Sharing food or drink, plates, cutlery and glasses

The Facts



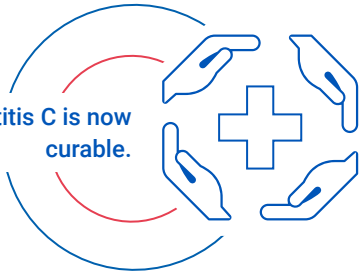
There are three major BBVs in Australia — hepatitis B, hepatitis C, and HIV.

The risk of contracting a BBV through occupational exposure is extremely low for frontline workers.



Each virus is different and a person living with a BBV may be unwell or may not show any symptoms.

Hepatitis C is now curable.



Key Messages

Emergency Service Providers should follow standard precautions where a potential contact with blood and body fluids, broken skin, and eye, nose or mouth surfaces has occurred. 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.

Any Emergency Services Provider who experiences an exposure to blood or body fluids should be assessed by a qualified health professional without delay. 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.

BBV Transmission Risk

BBVs are transmitted through contact with blood or other body fluids including breastmilk and semen. Unless contaminated with blood, there is 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 BBV status of a person indirectly involved in a potential exposure 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.

Emergency Service Providers 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 Service Providers. 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	+ 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.	+ 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	Wash with soap and water to remove any blood or body fluid. If exposure to – + **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.	**THESE INJURIES REQUIRE IMMEDIATE ATTENTION.**
BBV Prophylaxis	None. No further action recommended.	+ Take blood of worker for BBV testing **Vaccinated worker for hepatitis B** + Consider HIV post exposure prophylaxis (PEP). If indicated, prophylaxis should be started as soon as possible — no later than 72 hours. Do not wait for the results of the source. **Unvaccinated worker for hepatitis B** + 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 needle-stick 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 Emergency Service Providers should be vaccinated against HBV. The HBV vaccination is very safe and protects you more than 95% of the time.

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 Emergency Service Providers, 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.

HBV affects the liver and causes both short- term (acute) and long-term (chronic) infections. Most adults that are infected with HBV 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. Fewer than <5% of adults develop chronic infection, and their treatment may include antiviral therapy and regular monitoring of their liver function.[6] 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

HCV 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 Emergency Service Providers, this is by minimising exposure to blood through standards precautions.

There were an estimated 117, 800 people living 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.

The odds of HIV being transmitted to an Emergency Service Providers during their ordinary work is extremely low.

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) 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]

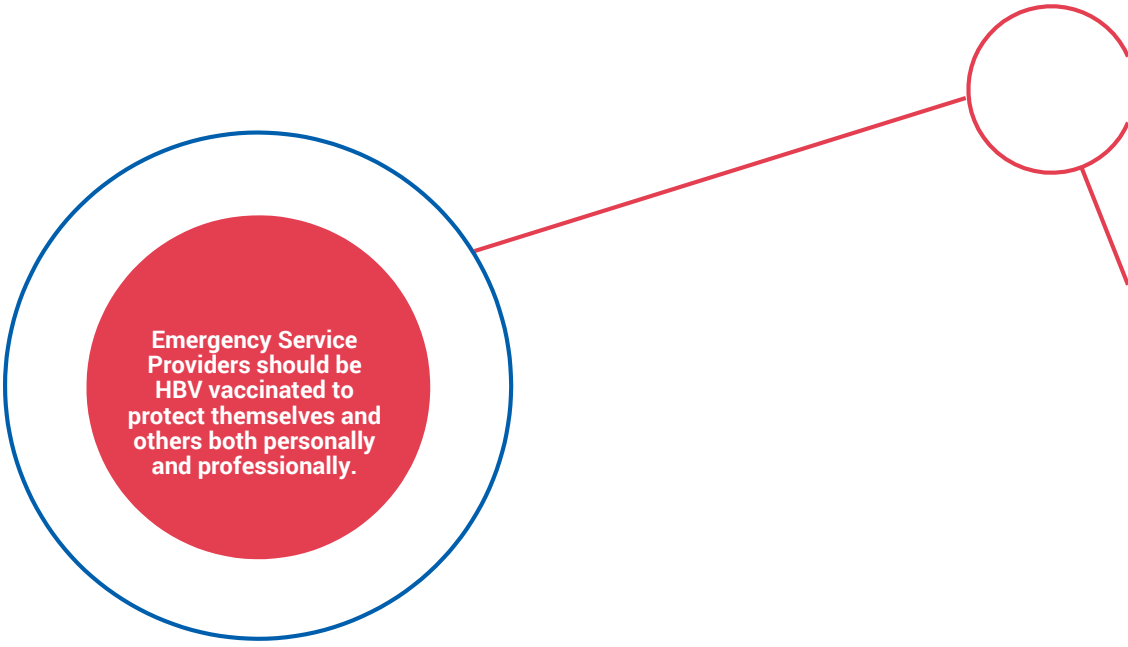
Other HIV prevention options available include pre-exposure prophylaxis (PrEP) which is ART taken by people at ongoing risk of HIV to reduce their risk of infection through sex or drug use, and post-exposure prophylaxis (PEP), a four-week course of ART taken by a person to reduce the risk of infection 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	For the 5% of people who are infected with HBV and who do not clear the virus naturally, treatment is available to prevent further liver damage. Not all people with CHB require treatment. Treatment rarely cures CHB, but it does reduce the virus in the blood, it reduces liver damage, and prevents transmission. People living with CHB attend regular 6-12 monthly monitoring and care to assess the phase of their CHB and whether they need treatment.[12]	Direct-acting 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. From 2016 to 2020, it is estimated that almost half of all Australians living with chronic Hepatitis C had initiated curative treatment.[14]	Antiretroviral treatment (ART) does not cure HIV but it does stop the virus reproducing and reduces damage to the immune system. ART reduces virus in the blood to undetectable levels and prevents transmission. This is known as U=U (undetectable = untransmissible).[11] On treatment, most people with HIV can expect to live a normal lifespan. *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.*
Transmission Routes	Blood-to-blood contact: + Sharing injecting equipment + Needle-stick injury (if the syringe has recently been used) + Open wounds + Tattooing and body piercing equipment. Sexual contact (condomless anal and vaginal sex) with a person who has HBV. Vertical transmission (mother to baby). Important notes: + *Transmission is prevented when people are vaccinated for HBV* + *Vertical transmission risks are minimised if the person with HBV is on treatment.* **HBV is not spread through spitting or saliva exchange. Bites that break the skin and draw blood are very low risk.**	Blood-to-blood contact: + Sharing injecting equipment + Needle-stick injury (if the syringe has recently been used) + Open wounds + Tattooing and body piercing equipment. Not considered sexually transmitted unless blood contact occurs. Vertical transmission (mother to baby). **HCV is not spread in saliva.**	Blood-to-blood contact: + Sharing injecting equipment + Needle-stick injury (if the syringe has recently been used) + Tattooing and body piercing equipment. Sexual contact (condomless anal and vaginal sex) with a person who has HIV. Vertical transmission (mother to baby). Important notes: *there is no risk of sexual transmission and minimal risk of vertical transmission if the person with HIV is on effective treatment.* **HIV is not spread in saliva.**

	Hepatitis B	Hepatitis C	HIV
Vaccination & Immunity	There is a safe and highly effective vaccine for HBV.	There is no vaccine for HCV.	There is no vaccine for HIV.
	95% of adults exposed to HBV naturally clear the virus and become immune for life.	Treatment resulting in a cure does not confer immunity to repeat exposure. 25% of people infected with HCV recover spontaneously and clear the virus with no treatment.	HIV infection cannot be cleared by the body and infection is for life.
"Window period" The time period from the point of infection to when the virus is detectable in the person's blood.	4 weeks by Nucleic Acid Amplification Testing (NAAT) Up to 12 weeks by serology Serology is the most commonly used test and looks for antibodies to the virus.	4 weeks by NAAT 8 weeks by serology[21,22] Serology is the most commonly used test and looks for antibodies to the virus.	2 weeks by NAAT 6 weeks by serology (4th gen, 3-4wks)[23] Serology is the most commonly used test and looks for antibodies to the virus.
Signs and Symptoms	Some people will be unwell after infection (acute HBV). However, most people will have no symptoms until they have advanced liver disease. Early signs and symptoms may include: + Feeling unwell + Loss of appetite + Dark urine + Yellow skin, known as jaundice + Right upper abdominal pain.	Some people will be unwell after infection (acute HCV). However, most people have no symptoms until they have advanced liver disease. Early signs and symptoms may include: + Tiredness + Nausea + Right upper abdominal pain + Intolerance to fatty foods and alcohol.	Early signs and symptoms may include: + Flu-like illness + Rash + Fever HIV damages the immune system. If left untreated, HIV can progress to acquired immune deficiency syndrome (AIDS).



Prevention, Standard Precautions, and Infection Control

Vaccination

It is recommended that Emergency Service Providers are vaccinated against HBV if they are assigned to duties which may involve exposure to a person's blood and other body fluids.[24]

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

Emergency Service Providers should provide proof of immunity and/or age-appropriate vaccination to their health unit, HR department or WHS Advisors, dependent on jurisdictional processes.

Standard Precautions: Infection Control

Standard precautions are practices of infection control that should be used at all times of potential exposure to blood and bodily fluids and used with all people, not just with those suspected or known to have a BBV. They are used to reduce the risk of transmission of BBVs 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, and hygiene, cleaning and appropriate handling and disposal of sharps.

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

a) Personalprotectiveequipment(PPE), including gloves and protective clothing

+ 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.

b) Proper handling and disposal of sharp objects such as needles, blades and 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.

c) 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.

Environmental Risk Assessment

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 Emergency Service Providers or members of the public at risk of infection with a BBV.
+ *Risk assessment:* Evaluate the risk to Emergency Service Providers 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 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.

Emergency Service Providers 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
5. Education and training about blood-borne viruses for staff
6. Post-exposure procedures in place

BBV Exposure Care Pathways

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

Managing exposures to blood and body fluids: First Aid Measures[28,29]

+ 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.
+ Promptly seek advice, including a BBV risk assessment, from a qualified health professional. 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 table at the end of this document).
+ Report the incident according to local and agency policies and procedures.

Testing

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 a BBV.

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. 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 Hepatitis C. 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.

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. Emergency Service Providers who have had a verified BBV exposure may be tested for infection as part of the risk assessment.

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 pinprick 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 Emergency Service Providers 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 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 Hepatitis B if you have been fully vaccinated and have proof of immunity through a blood test.

If PEP for Hepatitis B is recommended, it must be given within 72 hours of 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 be started within 72 hours, but preferably within 24 hours, of the exposure. For further information see the National PEP Guidelines.[31]

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

Providing Support

Occupational exposure to a BBV can be stressful. Your qualified health professional and designated employee assistance or counseling services are available to provide support during this period (refer to the Helplines Resources for Emergency Services Providers table at the end of this document). Access to factual evidence-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 BBVs can have significant impacts on health outcomes and can lead to social isolation and poorer mental health.

Discriminatory or unfair treatment can worsen the health of people with a BBV. Stigma and discrimination have been correlated with poor access to health care and can create barriers to services and support.[32]

Legislation prohibits discrimination against people with a BBV. There are also laws protecting people's health information. Discrimination happens because of fear and misunderstanding. Having good quality Information about BBVs and how they are spread (and not spread) can remove fears about transmission and so reduce discrimination.

There is no need to isolate a person or deal with that person any differently because they are known to have or suspected of having a BBV. Standard precautions provide protection and should be used with all people in all situations. A person's suspected BBV 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 BBV status. This information is strictly confidential. It is essential that every effort is made to protect the privacy rights of the person concerned.

Emergency Services Providers with a BBV Infection

It is recommended that all Emergency Service Providers know their BBV status. Knowing your status for HBV, HCV and HIV will allow you to access any healthcare and support required. All Emergency Services Providers should adhere to standard precautions to avoid transmitting BBVs in the workplace.[33] It should be considered an ethical duty to avoid placing co-workers or the public at risk.

Emergency Services Providers are generally not required to disclose their BBV status to their employer. In some jurisdictions and/or employment arrangements, healthcare workers who live with a BBV are legally obliged to declare their BBV status.[33] Employers must not unlawfully discriminate against their employees on the basis of their BBV status.

Emergency Services Providers who have a BBV 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 (EPPs). The Guidelines provide categories of Exposure Prone Procedures. EPPs are invasive procedures where there is potential for direct contact between the skin (usually fingers and 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 visualized or confined body sites including the mouth of the patient. During an EPP there is an increased risk of transmitting a BBV from the Emergency Services Provider to the patient.[28]

If you have a BBV and your status becomes known to other co-workers 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. A positive antibody test indicates a past exposure but does not necessarily provide immunity to reinfection.

Cirrhosis: Extensive and permanent scarring of the liver.

Hepatitis: Inflammation of the liver. It can be caused by alcohol, drugs and viruses including HBV and HCV.

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 BBVs.

Standard precautions should be used with all people and with any blood, body fluids, non-intact skin, and eye or mouth surfaces.

Resources

Table 2: 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 Phoneline**	**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
	Employee Assistance Program (NSW Government workers only)	**1300 667 197**	Saturday/Sunday 8am–9pm	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 weekdays, 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 Nurses/Occupational Health Practitioner	Nurse on Call is available 24 hours, 7 days a week.
	VIC PEP Helpline	**1800 889 887**	Information about the need for and access to PEP	The PEP Helpline is open Monday to Friday 9am—5pm.
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.

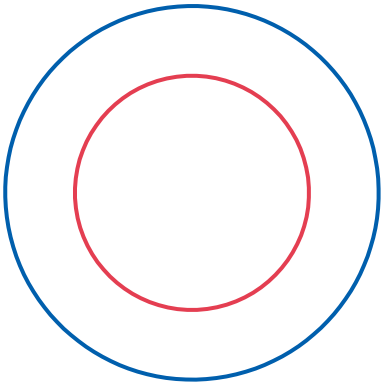
Australia's Anti-discrimination Law

The Attorney-General's Department provides a snapshot of each anti-discrimination system including information about the system, including information about the grounds on which a complaint can be made in each jurisdiction, and in which areas of public life. 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

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://pep.guidelines.org.au/



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 Aotearoa New Zealand

A directory of Public Health Clinics across Australia and New Zealand can be found at:

https://www.racp.edu.au//docs/default-source/fellows/resources/achsmh/register-of-public-sexual-health-clinics.pdf?sfvrsn=e64a2d1a_14

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

Australian Government

National Health and Medical Research Council
https://www.nhmrc.gov.au/about-us/publications/australian-guidelines-prevention-and-control-infection-healthcare-2019

NSW Health Infection Control Policy
https://www.cec.health.nsw.gov.au/keep-patients-safe/infection-prevention-and-control/healthcare-associated-infections/policies,-guidelines-and-handbook

ACT Department of Health and Community Care
https://www.health.act.gov.au/about-our-health-system/accreditation/infection-prevention-and-control

Department of Health – Northern Territory
https://health.nt.gov.au/professionals/centre-for-disease-control

Queensland Health
https://www.health.qld.gov.au/clinical-practice/guidelines-procedures/diseases-infection/infection-prevention

Health Department of Western Australia
https://ww2.health.wa.gov.au/Articles/U_Z/WA-health-infection-prevention-and-control-policies

South Australian Department of Human Services
https://www.sahealth.sa.gov.au/wps/wcm/connect/public+content/sa+health+internet/clinical+resources/clinical+programs+and+practice+guidelines/

Victorian Department of Health and Human Services
https://www.health.vic.gov.au/infectious-diseases/infection-control-guidelines

Department of Health and Human Services Tasmania
https://www.health.tas.gov.au/health-topics/infection-prevention-and-control

Further resources and support information are 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
E http://www.humanrights.gov.au/
W www.ashm.org.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
E admin@hepatitisaustralia.com
W www.hepatitisaustralia.com

Health Equity Matters
T 02 9557 9399
E info@aidstrust.com.au
W https://healthequitymatters.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

National Helpline
T 02 6232 4257 or Freecall 1800 437 222

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