

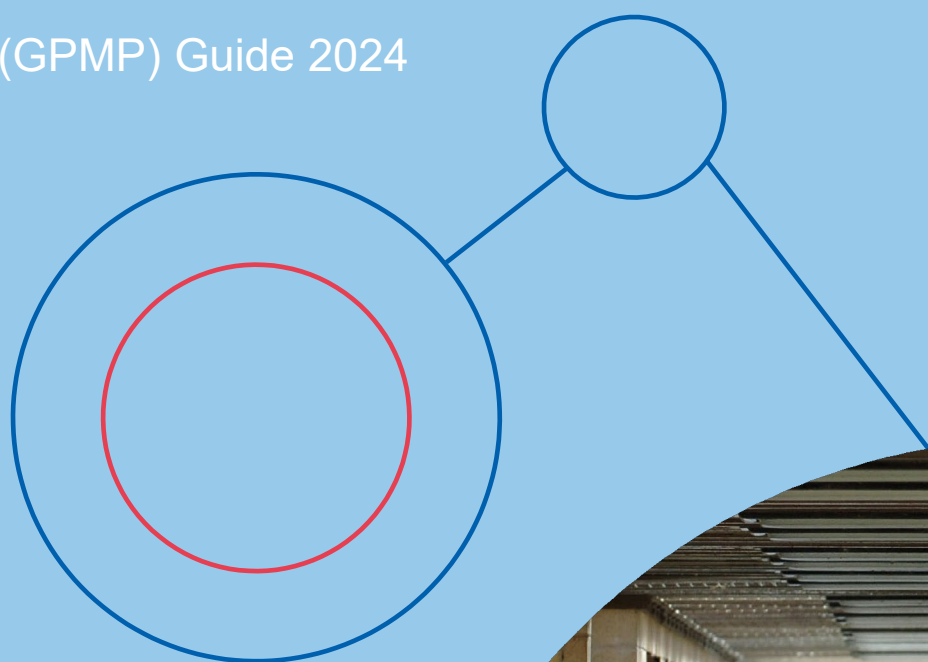


**ashm**

Developing a sustainable HIV,  
viral hepatitis & sexual health workforce

# Correctional Officers and Blood-Borne Viruses 2024

(GPMP) Guide 2024





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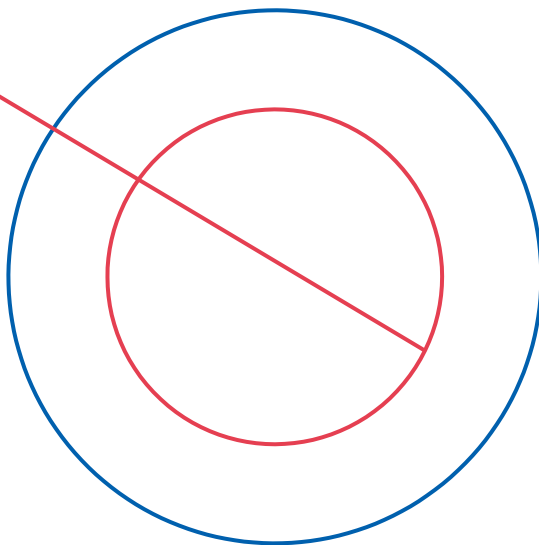
Developed by the

ASHM Health

ABN: 48 264 545 457 | CFN 17788

Published April 2024

ISBN: 978-1-921850



# PURPOSE

The occupational risk of contracting a BBV whilst on operational duties is extremely low for all frontline workers, including Correctional Officers (Officers).<sup>20</sup>

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

Whilst the risk of BBV transmission is minimal, any exposure to blood or body fluids should be promptly assessed by a qualified health professional.

The aim of this resource is to give Officers essential information about the three main Blood-Borne Viruses (BBVs) – HIV, hepatitis B (HBV) and hepatitis C (HCV). It includes guidance on appropriate prevention and response actions for exposure to blood or body fluids in correctional settings. **This booklet focuses on HCV as there is a higher prevalence in prison settings.**

Although this booklet is for Correctional Officers, other workers in correctional settings may find it useful. Other workers may include juvenile custodial officers, community corrections officers, and programs officers.

Many people living with HBV, HCV and HIV experience discrimination because BBVs are highly stigmatised conditions. Discriminatory or unfair treatment increases the negative impact on the health status of people with BBVs. Stigma and discrimination happen because of fear and misunderstanding.

Having 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.

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

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



Contact with urine or  
faeces



Saliva on a uniform or on  
unbroken skin



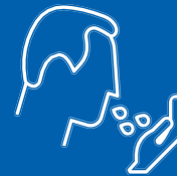
Sweat on broken  
or unbroken skin



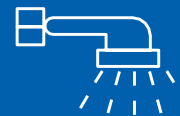
Blood on clothing or  
unbroken skin



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

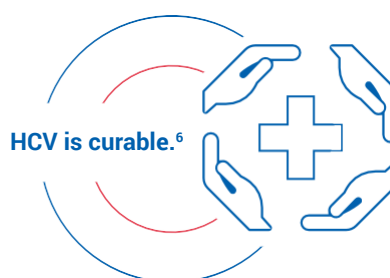


There are three major BBVs in Australia - HBV, HCV, and HIV.

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



All Officers should be fully vaccinated against HBV. A person who has received a full course of HBV vaccination has a significantly reduced chance of acquiring HBV.



HCV is curable.<sup>6</sup>

## Key Messages

Officers should follow standard precautions where a potential contact with blood and body fluids, broken skin, and eye, nose or mouth 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. Any exposure should be promptly assessed by a qualified health professional.<sup>24</sup>

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 BBV. There are also laws protecting people's health information. Discrimination happens because of fear and misunderstanding. Having accurate information about BBV's and how they are spread (and not spread) can remove fears about transmission and thereby reduce discrimination.

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

It is never appropriate to wait for the results of a mandatory testing order. If there has been an actual exposure confirmed by a qualified health professional, then treatment needs to begin as soon as possible.

Table 1: The Facts about Hepatitis B, Hepatitis C and HIV

	Hepatitis B	Hepatitis C	HIV
Frequency of Infection	In 2021, there was an estimated 200,385 people living with chronic HBV (CHB) in Australia (.7% of the population). <sup>5,10</sup>	There were an estimated 117,800 people living chronic HCV (CHC) in at the end of 2020. <sup>6</sup>	In 2021, there were an estimated 29,460 people living with HIV in Australia (.01 of the total population). <sup>8</sup>
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. <sup>4,14</sup>	Treatment resulting in a cure does not confer immunity to repeat exposure. However, retreatment is available for people who are reinfected with HCV. <sup>6,7</sup>  25% of people infected with Hepatitis C recover spontaneously and clear the virus with no treatment. <sup>6,15</sup>	HIV infection cannot be cleared by the body and infection is for life <sup>8</sup> (but can be managed with treatment - see Treatment section below).
Transmission Routes	Blood-to-blood contact: <ul style="list-style-type: none"><li>+ Sharing injecting equipment</li><li>+ Needle-stick injury (if the syringe has recently been used)</li><li>+ Open wounds</li><li>+ Tattooing and body piercing equipment.</li></ul> Sexual contact (condomless anal, oral and vaginal sex) with a person who has HBV.  Vertical transmission (mother to baby).  Important notes: <ul style="list-style-type: none"><li>+ <i>Transmission is prevented when people are vaccinated for HBV</i></li><li>+ <i>Vertical transmission risks are minimised if the person with HBV is on treatment.</i></li></ul> <b>HBV is not spread through spitting or saliva exchange.</b> <b>Bites that break the skin and draw blood are very low risk.</b>	Blood-to-blood contact: <ul style="list-style-type: none"><li>+ Sharing injecting equipment</li><li>+ Needle-stick injury (if the syringe has recently been used)</li><li>+ Open wounds</li><li>+ Tattooing and body piercing equipment.</li></ul> Not considered sexually transmitted unless blood contact occurs.  Vertical transmission (mother to baby).  <b>HCV is not spread through spitting or saliva exchange.</b> <b>Bites that break the skin and draw blood are very low risk.</b>	Blood-to-blood contact: <ul style="list-style-type: none"><li>+ Sharing injecting equipment</li><li>+ Needle-stick injury (if the syringe has recently been used)</li><li>+ Open wounds</li><li>+ Tattooing and body piercing equipment.</li></ul> Sexual contact (condomless, anal, oral and vaginal sex) with a person who has HIV.  Vertical transmission (mother to baby).  Important notes: <ul style="list-style-type: none"><li>+ <i>There is no risk of sexual transmission and minimal risk of vertical transmission of the person with HIV is on effective treatment.</i></li></ul> <b>HIV is not spread through spitting or saliva exchange.</b> <b>Bites that break the skin and draw blood are very low risk.</b>

	Hepatitis B	Hepatitis C	HIV
<b>Signs and Symptoms</b>	<p>There may be no signs or symptoms of HBV infection.<sup>13</sup></p> <p>Early signs and symptoms may include:</p> <ul style="list-style-type: none"> <li>+ Malaise</li> <li>+ Loss of appetite</li> <li>+ Vomiting</li> <li>+ Tiredness</li> <li>+ Dark urine</li> <li>+ Yellow skin, known as jaundice</li> <li>+ Right upper abdominal pain</li> </ul> <p>Signs and symptoms of more advanced disease may also include:</p> <ul style="list-style-type: none"> <li>+ Fluid retention</li> <li>+ Bruising</li> <li>+ Prolonged bleeding</li> </ul>	<p>There may be no signs or symptoms of HBV infection.<sup>13</sup></p> <p>Early signs and symptoms may include:</p> <ul style="list-style-type: none"> <li>+ Tiredness</li> <li>+ Nausea</li> <li>+ Right upper abdominal pain</li> <li>+ Intolerance to fatty foods and alcohol.</li> </ul> <p>Signs and symptoms of more advanced disease may also include:</p> <ul style="list-style-type: none"> <li>+ Increasing tiredness</li> <li>+ Fluid retention</li> <li>+ Prolonged bleeding</li> <li>+ Bruising</li> </ul>	<p>Early signs and symptoms may include:</p> <ul style="list-style-type: none"> <li>+ Flu-like symptoms</li> <li>+ Rash</li> <li>+ Fever</li> </ul> <p>HIV damages the immune system. If left untreated, HIV can progress to acquired immune deficiency syndrome (AIDS)</p> <p>More advanced disease symptoms may include:</p> <ul style="list-style-type: none"> <li>+ Skin diseases</li> <li>+ Chest infections</li> <li>+ Weight loss</li> </ul>
<b>Treatment</b>	<p>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 chronic hepatitis B (CHB) require treatment.</p> <p>Treatment rarely cures CHB, but it does reduce the virus in the blood, liver damage, and prevents transmission.<sup>5,10,25</sup></p> <p>People living with CHB attend regular 6-12 monthly monitoring and care to assess the phase of their CHB and whether they need treatment.<sup>5,10,25</sup></p>	<p>Direct-acting antivirals (DAAs) treatment is available that will cure almost all HCV infections (&gt;95%), prevent further liver damage, and prevent transmission. HCV antiviral treatment has almost no side-effects.<sup>15</sup></p> <p>From 2016 to 2020, it is estimated that almost half of all Australians living with chronic hepatitis C had initiated curative treatment.<sup>14</sup></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).<sup>9</sup></p> <div style="border: 1px solid red; padding: 10px; margin: 10px 0;"> <p><i>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.<sup>8</sup></i></p> </div> <p>On treatment, most people with HIV can expect to live a normal lifespan.</p>
<b>“Window period”</b>  The time period from the point of infection to when the virus is detectable in the person's blood.	<p>4 weeks by Nucleic Acid Amplification Testing (NAAT*)</p> <p><i>*NAAT looks for HBV, HCV or HIV genetic material (virus RNA/DNA)</i></p> <p>Up to 12 weeks by serology*<sup>20</sup></p> <p><i>*Serology is the most commonly used test and looks for antibodies to the virus<sup>17</sup></i></p>	<p>4 weeks by NAAT*</p> <p><i>*NAAT looks for HBV, HCV or HIV genetic material (virus RNA/DNA)</i></p> <p>8 weeks by serology*<sup>15,16</sup></p> <p><i>*Serology is the most commonly used test and looks for antibodies to the virus<sup>17</sup></i></p>	<p>2 weeks by NAAT*</p> <p><i>*NAAT looks for HBV, HCV or HIV genetic material (virus RNA/DNA)</i></p> <p>6 weeks by serology* (4th gen, 3-4wks)<sup>19</sup></p> <p><i>*Serology is the most commonly used test and looks for antibodies to the virus<sup>17</sup></i></p>



## Why is chronic hepatitis C a particular focus in correctional settings?

There were an estimated 117,800 people living with CHC in at the end of 2020.<sup>6</sup> With curative treatment available, the number of people living with HCV continues to decrease.

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The prevalence of HCV within Australian prisons is estimated to be around 20%.<sup>28</sup> The National Prisons Network estimates that 15,000 people living with HCV will spend time in a correctional facility.<sup>29</sup> Although the rate of infection varies across states and territories, being imprisoned is a high-risk factor for HCV infection.

Due to the high numbers of people in prison with HCV, Officers need practical knowledge of HCV and skills for its prevention.

## Why is hepatitis C infection so high in prisons?

Some people go into prison with a history of high-risk behaviors.

This means prisoners may already have a HCV infection at the start of their time in prison.

Once in prison, people may continue to, or commence high-risk behaviours while not having the same access to harm reduction measures that are available in the general community. These harm-reduction mechanisms include: condoms, needle and syringe programs (NSP), bleach to clean needles in methadone, buprenorphine and other drug substitution programs, and regulated body piercing, and tattooing facilities. Harm-reduction mechanisms differ in each jurisdiction, and some methods may only be available in some areas.<sup>19</sup>

Implementing needle and syringe programs within Correctional Centres overseas has shown great success and has demonstrated widespread benefits across the prison system [30]. While NSP's are not currently available in prisons in Australia, the draft Hepatitis C National Strategy calls for NSPs to be implemented in prisons, noting; This strategy promotes equitable access to the full suite of harm reduction and prevention measures for all priority populations, including sterile injecting equipment through Needle and Syringe Programs in the community and in prisons.<sup>30</sup>





## Risk Factors Include

- + **Injecting drug use** and the **sharing of injecting equipment**<sup>7,19</sup>

- + **Tattooing and body piercing** using non-sterile, bloody equipment (tattooing guns and ink)

- + **Sharing personal hygiene items** such as razors, toothbrushes, hair-cutting equipment and nail clippers where blood passes from one person to another through cuts or wounds. Some jurisdictions have a toothbrush and razor exchange program in place to reduce the demand for sharing of these items.<sup>19</sup>

HCV can be spread when the skin is broken, and infected blood gets into the wound. This can happen as a result of a sports injury where blood is present, in fights and assaults or through a work-related injury such as an accidental needlestick injury.

**Note:** needlestick injuries occur much more frequently in healthcare settings than in prisons or correctional settings.<sup>19,28</sup> The rate of infection from needlestick injury is also low in health care workers.

If an incident occurs involving a large blood spill with no contact to unbroken skin, there is very little likelihood that HCV transmission will occur. Additionally, if there is no visible blood in saliva, it is not considered infectious.<sup>28</sup> If the Officer's uniform or footwear are soiled, each jurisdiction will have its own procedures relating to the management of these incidents.

## How is hepatitis C infection diagnosed?

The HCV travels through the bloodstream and causes inflammation in the liver.

This can lead to long-term, potentially life-threatening liver disease if it is left untreated and unmonitored. The immune system responds by producing antibodies to control the virus. The window period for HCV seroconversion is 6 to 12 weeks for there to be enough antibodies to be measured in a blood test.<sup>28,30</sup> This is why Officers who sustain a high-risk injury may require multiple blood tests after an incident.

Per the National Testing Policy, to reassure the person exposed, qualitative HCV PCR testing between 6 and 12 weeks is recommended. If at 12 weeks both PCR and antibody are negative, then there is no evidence of transmission, and the exposed person can be advised that the risk of transmission is negligible. If the HCV PCR test is not MBS reimbursable, the employer may arrange with the pathology laboratory to pay for the test privately.<sup>28,30</sup>

Further testing is done if there is a positive antibody result to confirm the presence of the virus, indicating current infection. People with current or chronic HCV infection can pass it on to others.

To Note: per the National Testing Policy, testing of both the source person, if known, and the exposed person should be voluntary and with informed consent.<sup>28,30</sup>



## What happens to people infected with hepatitis C?

When a person first comes into contact with the HCV, they may experience some flu-like symptoms such as fever, or a runny nose as the immune system is attempting to fight and rid the body of the virus.

About 25% of people clear HCV infection within 6 months naturally without treatment. HCV antibodies will stay in the person's bloodstream but cannot infect others. People do not develop an immunity to HCV and if exposed after having treatment, can contract the virus again. If left untreated the majority of people will go on to develop CHC. Of those who go on to have a CHC infection a few people may develop symptoms including:

- Tiredness, fatigue
- Nausea and vomiting
- Abdominal pain

HCV can easily be cured with a short course of antiviral treatment which is well tolerated with very few side effects. Without treatment, about 20%-30% of people with CHC infection will develop cirrhosis, generally after 20-30 years of infection.<sup>10</sup>

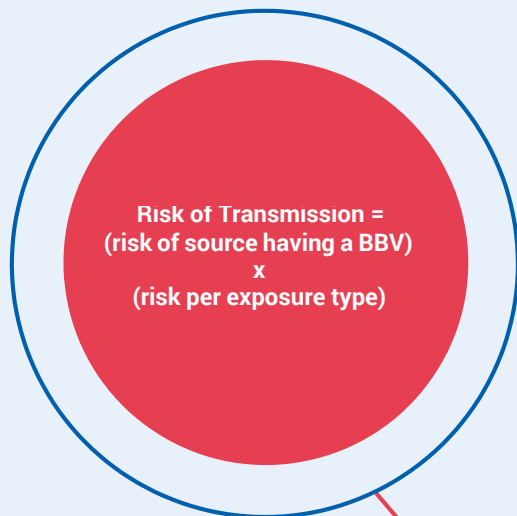
## What is the risk of getting a blood-borne virus infection?

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.

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**Table 2:  
Risks of Occupational BBV Exposure Types**

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 <sup>2,3</sup>	Low-medium risk of blood borne virus exposure <sup>2,3</sup>
Type of contact with third party	<ul style="list-style-type: none"> <li>+ Spitting with or without visible blood from third party.</li> <li>+ Biting with or without visible blood in the mouth of the third party.</li> <li>+ Fist punch resulting in broken skin of the worker or second party.</li> </ul>	<ul style="list-style-type: none"> <li>+ Needle stick wound that breaks the skin of the worker (risk is larger where blood is visible inside the syringe).</li> <li>+ 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.</li> </ul>
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"> <li>+ <b>Eye:</b> irrigate or wash the eye with clean water or normal saline.</li> <li>+ <b>Mouth:</b> rinse out the mouth with clean water.</li> <li>+ <b>Skin:</b> Wash with soap and water to remove any body fluid.</li> </ul>	<p><b>THESE INJURIES REQUIRE IMMEDIATE ATTENTION.</b></p> <ul style="list-style-type: none"> <li>+ If exposure occurs after hours, it is recommended to attend the Emergency Department if no one is designated to manage exposure in your workplace.</li> <li>+ A blood sample will be taken from the worker for BBV testing.</li> </ul>
BBV Prophylaxis	None. No further action recommended.	<p><b>Vaccinated and immune</b></p> <ul style="list-style-type: none"> <li>+ 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.<sup>22</sup></li> </ul> <p><b>Unvaccinated worker for HBV</b></p> <ul style="list-style-type: none"> <li>+ Consider hepatitis B immunoglobulin.</li> <li>+ Start HBV vaccination.</li> </ul>

**Other care may be required:** If there may have been soil in the wound, consider a tetanus injection, if not administered 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. 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.

# Prevention, Standard Precautions and Infection Control in a Correctional Setting

## Vaccination

**All Officers should be vaccinated against HBV.**

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

## 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.<sup>21</sup>

Following standard infection-control procedures will help protect Officers from occupational exposure to all BBVs. This includes during cell or prisoner searches, cell extractions or handling bloodied objects. You cannot tell who has a BBV by looking at someone. There is no reason to separate or isolate prisoners from the main prison population because of known or suspected BBV infection. Standard precautions should be taken by all Officers who have contact with blood, body fluids, broken skin, and eye, nose or mouth surfaces.<sup>20,21</sup> Additionally, if there is an exposure to blood and body fluids, an officer is expected to 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.

## Personal Protective Equipment (PPE)<sup>21</sup>

- + 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.

## Safe Barbering

Barbering is a risk factor for HCV infection in prison. Barbering should meet the same standard as in the community. Support for activities that stop equipment sharing will reduce the spread of BBVs. Examples are:

- + Using trained prisoners or hairdressers from the community to provide the service.
- + Educating prisoners on how to reduce cross-infection by:
  1. Cleaning barbering equipment with disinfectants.
  2. Not allowing metal combs to touch the scalp (no "zero" haircuts; electronic hair clippers should be used with plastic safety guard in place)
  3. Ensuring access to running water.

### Tattooing and body piercing

- + Tattooing or body piercing in prison has a high risk of HCV infection through the sharing of unsterile equipment. There is no regulated tattooing or piercing in Australian prisons.
- + In reality, the only steps Officers can take to prevent infection are to:

1. Regularly educate prisoners about the risks of 'do it yourself' tattooing and body piercing.
2. Strongly recommend that prisoners wait until they are released from prison before getting a tattoo or body piercing.
3. Treat any tattooing or piercing equipment found (e.g., tattooing guns and ink, needles) as a sharp.

## Workplace Protective Measures

Correctional Officer's work 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<sup>26</sup>:

**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 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<sup>21</sup>
4. Following policies and procedures in case of accidental exposure.

### Environmental blood and body-substance spills

- + Deal with blood and body-substance spills as soon as possible.
- + A spill kit should be readily available for blood spills. A spill 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 coldwater, and allow to air dry
- + Wash furnishings such as chairs and mattresses with detergent and cold water, and allow to air 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.





# BBV Exposure First Aid Response

## 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 Corrections officers table at the end of this document).
- + Officers must also report the incident according to the local policies and procedures.

## 12 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 Officers 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 hepatitis B**, 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 hepatitis B 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.<sup>16,17,18</sup> 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.

**For HIV**, you will likely be offered HIV tests at 4 and 6 weeks after the exposure.<sup>19</sup> 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.<sup>22,26</sup>

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.

*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) and hepatitis B immune Globulin (HBIG)

PEP and HBIG are medications taken after exposure to HIV or HBV 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 or HBIG.

HBIG is not required for exposure to HBV if you have been fully vaccinated and have proof of immunity through a blood test.<sup>22</sup>

If HBIG is recommended, it must be given within 72 hours of the exposure. It is more effective if given as early as possible post-exposure. HBIG is available from hospital emergency departments or through a qualified health professional.<sup>22,28</sup>

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<sup>22,26</sup> and relevant jurisdictional guidelines.

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.

### 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.<sup>29</sup>

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 BBV status or sexual orientation must not be recorded in prison records unless it is directly relevant to a crime.<sup>21</sup>

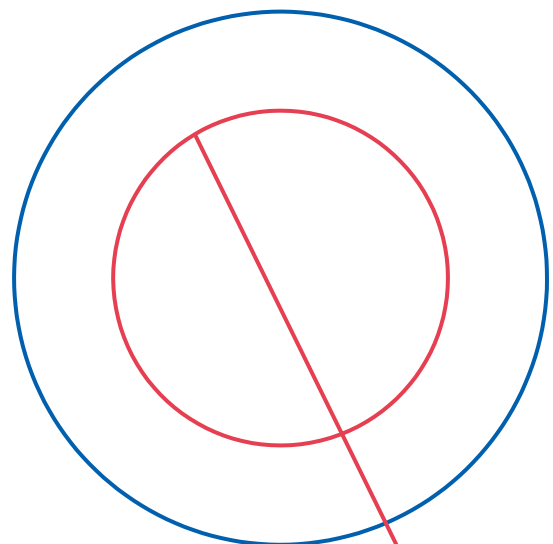
There may be occasions where Officers learn of the BBV status of an individual. This information is strictly confidential. It is essential that every effort is made to protect the privacy rights of the person concerned. In the case of a person in custody disclosing their BBV status, Officers should follow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

### Correctional Officers with a Blood-Borne Virus Infection

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.<sup>30</sup> 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 BBV. Employers must not discriminate against their employees on the basis of their BBV status.



# Helpline Resources for Correction officers

**Table 3: An Overview of Blood-Borne Viruses Support Services**

Jurisdiction	Service	Telephone	Service Provided	Further Information
Australia wide	Healthdirect Australia	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 Officers contact their local emergency department following an exposure to blood or body fluids for advice.
	Lifeline Australia	Freecall: 13 11 14	24-hour telephone counselling service.	Anyone who needs to talk, in times of crisis, or just to hear the sound of another voice can call.
	National Hepatitis Infoline	1300 437 222	This helpline provides information and support on viral hepatitis issues.	This helpline provides information and support on viral hepatitis issues.
ACT*	Canberra Sexual Health Centre	02 5124 2184	Officers can seek advice about being exposed to blood or body fluids and counselling services by calling this number.	It is recommended that Correctional Officers, staff members contact their local emergency department outside of operating hours.
	The Canberra Hospital	02 5124 0000	Officers can seek advice about being exposed to blood or body fluids.	It is recommended that Correctional Officers, staff members contact the emergency department following an exposure to blood or body fluids for advice.
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 officers contact their local emergency department following an exposure to blood or body fluids for advice.
	NSW PEP Hotline	1800 737 669	Officers can call this number to enquire about their 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 Government workers only)	1300 667 197	Officers can access counselling services by contacting this number.	This service is available 24 hours, 7 days a week.

	<b>NSW Prisons Hepatitis Helpline (Hepatitis NSW)</b>	<b>02 9332 1599</b> <b>1800 803 990</b>	Correctional Officers and correctional centre inmates, friends and family can access free and accurate information on hepatitis C.	Monday, Tuesday, Wednesday and Friday 9am – 5pm Thursday 1pm to 5pm Recorded information available outside these times.
	<b>Blood and Body Fluid Exposure Phoneline</b>	<b>1800 804 823</b>	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 Officers contact their local emergency department following an exposure to blood or body fluids for advice.
<b>NT</b>	<b>Clinic 34</b>	Darwin: <b>08 8999 2678</b> Alice Springs: <b>08 8951 7549</b> Katherine: <b>08 8973 9049</b> Tennant Creek: <b>08 8962 4259</b> Nhulunbuy: <b>08 8987 0357</b>	Officers can get advice on needlestick injuries.	This service operates on weekdays during office hours. After hours contact your local hospital emergency department.
	<b>EASA</b>	<b>1800 193 123</b>	Officers can call this number for counselling support.	This service is available 24 hours, 7 days a week.
<b>QLD*</b>	<b>Infectious Diseases Physician on-call</b>	<b>Local hospital switchboard</b>	Information about the need for and access to PEP	Infectious Diseases Physician on-call
	<b>QPS Intranet: Health and Safety</b>			For further assistance on post exposure, contact the Human Services Officer, Health and Safety Advisor or Injury Management Co-ordinator in your area.
<b>SA</b>	<b>Employee Assistance Program</b>	<b>08 8215 6799</b> <b>1300 667 700</b>	Staff Counselling. This service provides support and counselling for DCS employees and family members.	By appointment weekdays 8am – 6pm except Public Holidays. Contact your EAP Coordinator. It is recommended that Officers contact their local emergency department outside of operating hours.
	<b>SA PEP Hotline</b>	<b>1800 022 226</b>	Information about the need for and access to PEP.	This service is available 24 hours, 7 days a week.

<b>TAS*</b>	<b>Hospital Emergency Departments</b>	<b>RHH: 03 6166 8308 Calvary: 0362785516 LGH: 03 6777 6777</b>	It is recommended that Correctional Officers contact their local emergency department following an exposure to blood or body fluids for advice.	Officers may also consult their GP for additional advice or follow-up.
	<b>Employee Assistance Program</b>	<b>1300 064 277</b>	The Employee Assistance Program provides counselling services to all Department of Justice staff	This service is available 24 hours, 7 days a week.
<b>VIC</b>	<b>Nurse on Call</b>	<b>1300 606 024</b>	Expert health advice from Nurse/ Occupational Health Practitioner.	Nurse on Call is available 24 hours, 7 days a week.
	<b>VIC PEP Helpline</b>	<b>1800 889 887</b>	Officers can call this number to enquire about their need for and access to PEP.	The PEP Helpline is open Monday to Friday 9am-5pm.
<b>WA</b>	<b>WA PEP Line</b>	<b>1300 767 161</b>	Officers 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 Officers contact their local emergency department following an exposure to blood or body fluids for advice.
	<b>Prisons Hepatitis</b>	<b>08 9328 8538</b>	Correctional Officers, prisoners and family	This service operates between 10am–4pm weekdays

\* 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 Anti discrimination 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://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 across Australia. Officers 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](http://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](mailto:ashm@ashm.org.au)  
W [www.ashm.org.au](http://www.ashm.org.au)

#### Australian Drug Foundation

T 03 9611 6100 or 1300 858 584 (Infoline)  
E [adf@adf.org.au](mailto:adf@adf.org.au)  
W [www.adf.org.au](http://www.adf.org.au)

#### Health Equity Matters

T 02 9557 9399  
E [enquiries@afao.org.au](mailto:enquiries@afao.org.au)  
W [www.afao.org.au](http://www.afao.org.au)

#### Australian Injecting and Illicit Drug Users League (AIVL)

T 02 6279 1600  
E [info@aivl.org.au](mailto:info@aivl.org.au)  
W [www.aivl.org.au](http://www.aivl.org.au)

#### Hepatitis Australia

T 1800 437 222 (1800 HEP ABC)  
E [admin@hepatitisaustralia.com](mailto:admin@hepatitisaustralia.com)  
W [www.hepatitisaustralia.com](http://www.hepatitisaustralia.com)

#### National Centre for Education and Training on Addictions

T 08 8201 7535  
E [nceta@flinders.edu.au](mailto:nceta@flinders.edu.au)  
W [www.nceta.flinders.edu.au](http://www.nceta.flinders.edu.au)

# References

1. Merchant RC, Nettleton JE, Mayer KH, Becker BM. *HIV post-exposure prophylaxis among police and correctionsofficers*. 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 transmissionthrough 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-fags/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. Hepatitis Australia *A cure for Hepatitis C* [Internet accessed 17 December 2021] <https://www.hepatitisaustralia.com/hepatitis-c-cures>
7. 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>
8. Kirby Institute *HIV* [Internet accessed 30 June 2023] <https://data.kirby.unsw.edu.au/hiv>
9. ASHM , *U=U Guidance for healthcare Professionals* [Internet accessed 17 December 2021]<https://ashm.org.au/hiv/u-equals-u/>
10. 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/>
11. 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>
12. Hepatitis Queensland; *Acute and chronic hepatitis B* [Internet] accessed 31 August 2022 at: <https://www.hepqld.asn.au/hepatitis-b/>
13. 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%93345,will%20develop%20chronic%20HCV%20infection](https://www.who.int/news-room/fact-sheets/detail/hepatitis-c#:~:text=Around%2030%25%20(15%E2%80%93345,will%20develop%20chronic%20HCV%20infection)
14. 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/>
15. Jiang, X., Chang, L., Yan, Y. et al. *A study based on four immunoassays: Hepatitis C virus antibody against differentantigens may have unequal contributions to detection*. Virol J 18, 137 (2021) <https://doi.org/10.1186/s12985-021-01608-x>
16. ASHM; *National HCV Testing Policy, Diagnostic Strategies*, [Internet] accessed -2 September 2022 at<https://testingportal.ashm.org.au/national-hcv-testing-policy/diagnostic-strategies/>
17. 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/>
18. WHO Hepatitis B Factsheet World Health Organisation *Fact Sheet Hepatitis B* [Internet]<https://www.who.int/news-room/fact-sheets/detail/hepatitis-b>
19. 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>
20. 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)



21. Safe Work Australia, How to Manage Work Health and Safety Risks: Code of Practice 2011, Accessible at: [www.safeworkaustralia.gov.au](http://www.safeworkaustralia.gov.au)
22. 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/>
23. 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>
24. 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>
25. 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/>
26. 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](https://www.safeworkaustralia.gov.au/system/files/documents/1702/nationalcodeofpractice_control_workrelatedexposure_hepatitis_hivviruses_nohsc2010-2003.pdf)
27. <https://healthequitymatters.org.au/about-hiv/hiv-in-australia/#:~:text=In%202021%2C%20it%20was%20estimated,people%20with%20HIV%20in%20Australia>
28. National Prisons Network; Consensus Statement on the Management of Hepatitis C in Australia's Prisons. May 2022. [https://www.nphn.net.au/files/ugd/2e8dca\\_2ef131909bf74cedbfb40475e6da3110.pdf](https://www.nphn.net.au/files/ugd/2e8dca_2ef131909bf74cedbfb40475e6da3110.pdf)
29. National Prisons Hepatitis Network. <https://www.nphn.net.au/about>
30. 6<sup>th</sup> National Hepatitis C Strategy 2023 – 2030. <https://www.health.gov.au/sites/default/files/2023-05/sixth-national-hepatitis-c-strategy-2023-2030.pdf>

# Acknowledgements

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Joe Givan, Senior Project Officer**

**Graphic Design:  
Daniel Cordner Design & Mario Purba**

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Tel: +61 2 8204 0700  
Fax: +61 2 8204 0782  
Print more copies of this supplement from: [www.ashm.org.au/resources](http://www.ashm.org.au/resources)  
ISBN: 978-1-921850  
Published 2024  
ABN: 48 264 545 457

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WITH THANKS TO THE COMMISSIONERS, CHIEF  
EXECUTIVES, DIRECTORS AND REPRESENTATIVES OF:



ACT Corrective Services



Government of South Australia Department for  
Correctional Services



Corrective Services NSW



Corrective Services, Tasmanian  
Department of Justice



Northern Territory Department of  
Correctional Services



Corrections Victoria



Queensland Corrective Services



Western Australia Department of  
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