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Dear Associate Professor Koehler

**Discussion paper for consultation with professional bodies on Australian National guidelines for the management of health care workers known to be infected with blood-borne viruses**

Thank you for the opportunity given to the Australian Nursing and Midwifery Federation (ANMF) to provide a submission to the consultation on the Australian National guidelines for the management of health care workers known to be infected with blood-borne viruses.

Established in 1924, the Australian Nursing and Midwifery Federation (ANMF) is the largest professional and industrial organisation in Australia for nurses and midwives, with Branches in each State and Territory of Australia. The core business of the ANMF is the professional and industrial representation of our members and the professions of nursing and midwifery.

Our response represents the views of our membership of over 250,000 nurses, midwives and assistants in nursing employed in a wide range of enterprises in urban, rural and remote locations in both the public and private health and aged care sectors.

As the largest professional organisation for nurses and midwives in Australia, the ANMF has, on behalf of our members, a genuine interest in and concern for the management of health care workers known to be infected with blood borne viruses (BBVs). Our members provide clinical care in a wide range of settings where there is potential for contact with infective organisms.

The Federal Office of the ANMF, in consultation with our State and Territory Branches, offer the following comments for consideration in the review of the Australian National guidelines for the management of health care workers known to be infected with blood-borne viruses.

**Question 1. Do you support the proposed changes to the CDNA guidelines for HCW infected with HIV as outlined in this document?**

The ANMF support the changes to the CDNA guidelines for Health Care Worker (HCW) infected with HIV. These additions enable nurses and midwives who are infected with HIV to continue to conduct exposure-prone procedures (EPP) under clear and controlled requirements that maintain public safety. The changes are based on evidence and remain conservative in their approach.

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**ANMF Journals**

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**Question 2. There have been a range of options expressed regarding the implementation of these guidelines. AHPRA has proposed that the HCW with HIV and their treating doctor are both responsible for monitoring the HCW's compliance with the proposed professional standard. Reporting obligations for non-compliance rest with both the HCW and the treating doctor under National Law.**

**What are your views on this? Please consider issues such as likelihood of reporting and potential impact on the therapeutic relationship.**

The ANMF support AHPRA's proposal requiring both the nurse or midwife with HIV and their treating doctor being responsible for monitoring compliance with the CDNA guidelines. The CDNA guidelines provide clear requirements for both the health care worker and the treating doctor. The nurse or midwife and treating doctor are best placed to make an individual assessment against the CDNA guidelines.

Having a blood-borne virus is not an impairment, only non-compliance with the CDNA guidelines could be considered a risk to public safety and therefore require the healthcare worker to be reported to the Board.

**Question 3. Some jurisdictions have proposed a more formal and structured reporting arrangement, with possible features including the use of expert advisory groups (jurisdictional or national) and registers for infected HCWs.**

**What are your views on this?**

A national expert advisory group would be beneficial in providing advice to the regulator in individual situations which may be more complex or where a lookback is required. This group could also be a useful resource for the treating doctor and provide advice when required.

The ANMF does not support more formal structured reporting requirements such as a National Register or regular reporting as there is no evidence to suggest it is required. More formal structures would be an unnecessary regulatory burden and is excessive. The health care worker and treating doctor are best placed to ensure compliance with CDNA guidelines and, in the rare case where a health care worker is not compliant; the treating doctor has an obligation to report to AHPRA.

**Question 4. In either circumstance consider the situation of employed HCWs (and the rights and responsibilities of their employer) and the situation of self-employed HCWs and the practicalities of implementing a model tailored to their situation. A focus on protecting the public must be upper most in the development of any implementation model.**

**What are your views on this?**

As mentioned earlier the CDNA guidelines provide clear requirements for nurses and midwives with a blood-borne virus. Public safety is essential and the proposed CDNA guidelines are evidence based, providing a conservative approach to protecting the public whilst still enabling nurses and midwives with HIV to safely practice EPP's.

One of the benefits to the model proposed by AHPRA is, that it is consistent for health care workers whether employed or self-employed. The nurse or midwife is required to comply with the CDNA guidelines and if they do not, the treating doctor must report them to AHPRA, through the notification process.

### ***Other Comments***

It is essential that once the proposed CDNA guidelines have been finalised, a clear and wide reaching communication strategy be implemented to ensure all registered health practitioners are aware of the new guidelines. The guidelines should be readily accessible with links to the AHPRA guidelines.

The ANMF appreciates the opportunity to provide a submission to the consultation on the Australian National guidelines for the management of health care workers known to be infected with blood-borne viruses.

Should you require further information on this matter please contact Julianne Bryce, Senior Professional Officer, ANMF Federal Office Melbourne, on 03 96028500 or [julianne@anmf.org.au](mailto:julianne@anmf.org.au).

Yours sincerely

A handwritten signature in black ink, appearing to read 'L Thomas', written in a cursive style.

**Lee Thomas**  
Federal Secretary