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By email: bbvguidelines@ahpra.gov.au

Dear Dr Katsoris

Thank you for providing the Australian College of Nursing (ACN) with the opportunity to contribute to the draft ***Guidelines for registered health practitioners and students in relation to blood-borne viruses*** (The draft guidelines).

ACN notes that the draft guidelines are intended to support health practitioners in dentistry, medicine, nursing, midwifery, paramedicine, and podiatry to assist in compliance with the Communicable Diseases Network Australia *Australian national guidelines for the management of healthcare workers living with blood borne viruses and healthcare workers who perform exposure prone procedures at risk of exposure to blood borne viruses* (the CDNA Guidelines).

Since ACN is the pre-eminent and national leader of the nursing profession, and a community of dynamic and passionate nurses, the comments provided below relate only to the nursing profession.

Note that in March 2019, ACN provided feedback on the *Preliminary Consultation – Draft Guidelines For Registered Nurses and Midwives and Students in Relation To Blood-Borne Viruses* (February 2019). In that response ACN supported Option 2 which was to develop guidelines for nurses so ACN is pleased to support these revised Guidelines and their intent of safeguarding patients.

1. Are the draft guidelines necessary?

ACN considers that the draft guidelines are necessary. Relative to the CDNA Guidelines, they clarify the responsibility of nurses as health practitioners and/or as students in situations where they are living with a blood-borne virus (BBVs) or where they themselves may be exposed to contracting a BBV (see “Definitions: Exposure prone procedure” (EPP)).

The draft Guidelines also outline the responsibility of the Nursing and Midwifery Board as the regulatory body (NMBA) in registering nurses living with BBV but still able to practice (Section 8) and the response of the NMBA to any “notifications” (Sections 7 and 8).

2. Is the content of the draft guidelines helpful, clear and relevant?

It is a delicate balance to ensure that nurses living with a BBV or at risk of exposure to them (for example, through an EPP) continue to adhere to the important ethical principle of maximising

benefits over harms. The draft Guidelines assist practitioners, students and regulatory bodies to demonstrate that balance in a practical and easily accessible clinically related context. For example, the guidance provided in Section 4 which sets out the rights and responsibilities of registered nurses and students, relative to the transmission of BBV infection or protection from acquiring a BBV when carrying out an EPP. It is important that the expectations and protections in place are made abundantly clear to all concerned and the draft Guidelines do that clearly and concisely.

3. Is there any content that needs to be changed, added or deleted in the draft guidelines?

Overall, the draft Guidelines cover the important factors to be considered in protecting the public from the transmission of BBVs from a nurse (practitioner) carrying BBV as well as caring for those same nurses who can still practice. There are however, two suggested additions.

Section 6 of the draft Guidelines states that the treating practitioners will, in most instances, be medical practitioners. Nurse practitioners however, may also be the treating practitioner. These highly skilled and expert nurses practice in a variety of contexts where BBV's of the type specified in the draft Guidelines are treated and managed, for example, sexual health clinics. ACN therefore suggests that the notation be modified as follows to include that situation: to the sentence "In most instances, treating practitioners will be registered medical practitioners" add 'They may also however, be a Nurse Practitioner'.

ACN also suggests an addition to Section 6.3. This section details the circumstances where a report to APHRA is required from the treating practitioner, in the event that a nurse (health practitioner) with a BBV fails to comply with CDNA Guidelines. ACN is aware that NMBA is currently conducting a public consultation process concerning *Guidelines for mandatory reporting* (<https://www.nursingmidwiferyboard.gov.au/news/current-consultations.aspx>). ACN suggest that when finalised, a hyperlink be provided to these guidelines to assist the treating practitioner in making the decision to report or not to report.

4. Do you agree with the proposal that the Boards expect registered health practitioners and students to comply with CDNA guidelines? That includes testing requirements set in the CDNA guidelines.

ACN supports the expectation that nurses, and students comply with the CDNA guidelines and agrees that the testing requirements they contain are of benefit to patient safety. For example, the CDNA Guidelines encourage all health care workers (including nurses) to undertake regular testing for BBV (p14). Relative to this "key recommendation" it is important for privacy reasons to retain the statement in Section 8.4 of the draft Guidelines, that a nurse who complies with CDNA testing recommendations will not be required to provide the results of those tests to NMBA for the purposes of registration or registration renewal. Recognition of the nurse with a BBV and their rights (for instance, a reasonable right to privacy), is also more likely to result in professional treatment and management of a nurse with a BBV thus further protecting a patient.

5. Do you have any other comments on the draft guidelines?

Considering the importance of the draft Guidelines, ACN recommends promoting them to all health practitioners and students through the usual channels such as regular newsletters from the NMBA and posting updated details on the NMBA websites.

ACN endorses the intent of the draft Guidelines to reduce the risk to patients whilst at the same time balancing those rights with the rights of nurses (as practitioners or students) to confidentiality and effective treatment and management of their own BBV.

If you have further questions or point of clarification, please do not hesitate to contact me at

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Yours sincerely



Dr Carolyn Stapleton FACN
Policy and Advocacy Manager

31 October 2019