Media statement

24 July 2014

National Boards consult on practitioners with blood borne infectious diseases

The National Boards in the National Registration and Accreditation Scheme are calling for feedback on guidelines on the regulatory management of health practitioners with blood borne infectious diseases.

Under the draft guidelines, registered health practitioners with blood borne infectious diseases must comply with the Communicable Diseases Network of Australia (CDNA) guidance on this issue to ensure their practice does not compromise patient safety.

The CDNA guidelines - the Australian National Guidelines for the Management of Health Care Workers known to be infected with blood-borne viruses – are endorsed by the Australian Health Ministers Advisory Council.

The proposed guidelines allow health practitioners infected with a blood-borne virus to practise their profession if they comply with the CDNA guidelines. However, they may have to modify their practice. For example, they will not be able to perform certain procedures such as exposure-prone procedures if the CDNA guidelines preclude them from doing so.

“The National Boards are responsible for regulating health professions. Our main job is to keep patients safe,” said National Board spokesperson, Dr Joanna Flynn AM, Chair of the Medical Board of Australia.

“We are not infectious diseases experts and so we rely on the considerable expertise of the CDNA which has produced the current guidelines based on international best practice and the latest available evidence,” Dr Flynn said.

Our guidelines focus on the regulatory management of a practitioner who is infected with a blood borne virus.

“They aim to give practitioners and their treating practitioners information about their responsibilities and about how a National Board is likely to manage a notification about a practitioner who is infected with a blood-borne virus,” Dr Flynn said.

The National Boards have published a consultation paper to support the draft policy, accessible here. The consultation is open until 26 September 2014.

“We recognise there may be a lot of debate about this issue and we are keen to hear what the community, practitioners, health experts and others have to say,” Dr Flynn said.

AHPRA will be running a Twitter chat with Dr Flynn to discuss the draft guidelines using the hashtag #ahpraqanda on Wednesday 30 July 2014 at 2pm. More information on this to come on the AHPRA and National Board websites.
Defining exposure prone procedures

The current CDNA guidelines define an exposure prone procedure as a procedure where there is a risk of injury to the healthcare worker resulting in exposure of the patient’s open tissues to the blood of the worker. These procedures include those where the worker’s hands (whether gloved or not) may be in contact with sharp instruments, needle tips or sharp tissues (spicules of bone or teeth) inside a patient’s open body cavity, wound or confined anatomical space where the hands or fingertips may not be completely visible at all times.

For more information

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