



Medical Board Policy
Issued: August 2003

1 INTRODUCTION

The *Medical Act 1894* confers on the Medical Board of Western Australia the responsibility for protection of the public. Recent developments in treatment of infectious diseases mean that the issue of infection of patients by health care workers is a major consideration in health care risk management. Of particular concern are infections with blood borne viruses, such as HIV, Hepatitis B and Hepatitis C.

This document represents the Medical Board Policy for the following:

- The principles upon which the Medical Board expects practitioners to discharge their obligations with public safety in mind;
- Medical practitioners who are infected with a blood borne virus; and
- Responsibility of medical practitioners with blood borne viruses.

2 DEFINITIONS

2.1 Blood Borne Virus

For the purpose of this Policy, the term 'blood borne virus' includes human immunodeficiency virus (HIV), hepatitis B virus (HBV), and hepatitis C virus (HCV).

2.2 Health Care Workers

Persons involved in the delivery of health services in health facilities (particularly where those persons have regular contact with patients or any contact with blood or body substances from patients).

2.3 Invasive Procedures

Include any surgical entry into tissue, body cavities or organs, or repair of traumatic injury.

2.4 Exposure Prone Procedures

Are a subset of invasive procedures which are characterised by the potential for direct contact between the skin (usually finger or thumb) of the health care worker and sharp surgical instruments, needles, or sharp tissues (spicules of bone or teeth) in body cavities or in poorly visualised or confined body sites (including the mouth).

Procedures where the hands and fingertips of the worker are visible and outside the body at all times, and internal examinations/procedures that do not require the use of sharp instruments, are not considered to be exposure prone and thus are unlikely to pose a risk of transmission of HIV, HBV or HCV from infected health care worker to patient.

3 PRINCIPLES

The Medical Board insists that all patients are entitled to good standards of practice and care from their doctors and other health care workers (including students) regardless of the nature of their disease or conditions.

Health care workers owe a duty of care to patients and are therefore responsible for the protection of patients against infection.

Doctors who become infected with blood borne viruses are entitled to expect the confidentiality and support afforded to other patients. Only in the most exceptional circumstances, where the release of a doctor's name is essential for the protection of patients, may a doctor's infection status be disclosed without his/her consent.

The Board acknowledges that future developments in treatment of blood borne viruses may render most infected practitioners non-infectious. Until such developments occur, protection of the public must be provided through appropriate policy. For this reason, this policy will be reviewed from time to time.

4 PRACTITIONERS WHO HAVE BECOME INFECTED WITH A BLOOD BORNE VIRUS AFTER REGISTRATION AS A MEDICAL PRACTITIONER IS GRANTED

The risks posed by practitioners in this category include:

- The risk of transmission of the virus; and
- The risk that the virus may impact on the doctor's professional performance (physically or intellectually).

The Board has the responsibility to protect the public from both these risks. The risk of transmission can be almost completely eliminated by requiring that such practitioners do not undertake exposure-prone procedures. The categories of 'infected practitioner' most at risk are those who are:

- Hepatitis C antibody and PCR positive;
- Hepatitis B e antigen or HBV DNA positive; or
- HIV antibody positive.

The Board will use existing procedures for assessment of whether a medical practitioner is suffering from physical illness to such an extent that his/her ability to practise is or is likely to be affected. Similar procedures allow for the assessment of applicants for registration.

5 RESPONSIBILITY FOR ASCERTAINING VIRAL INFECTION STATUS

It is the responsibility of individual practitioners to be aware of their infection status for HIV, Hepatitis B, and Hepatitis C. Testing should be undertaken at the following times:

- If there is an incident where the medical practitioner is exposed to any blood borne viruses; or
- If the medical practitioner engages in any 'at risk' category.

Any practitioner who fails to be aware of infection status may be guilty of misconduct in a professional respect, and may be disciplined by the Board.

A practitioner who discovers that he/she returns a positive test result in any of the following categories:

- Hepatitis C antibody and PCR;
- Hepatitis B e antigen or HBV DNA; or
- HIV antibody,

must immediately cease to perform exposure prone procedures and seek expert advice from a specialist in the field of infectious diseases.

Practitioners who fail to do so may be guilty of infamous or improper conduct in a professional respect, and may be disciplined by the Board.

There is no requirement for notification to the Board by any party of infection status, unless there are concerns that an individual is failing to comply with the policy, or if there are complications which may be affecting professional performance.

Practitioners who fail to notify the Board of a colleague who does not comply with the Board's policy, or in whom there are complications affecting professional performance, may be guilty of infamous or improper conduct in a professional respect, and may be disciplined by the Board.

6 MEDICAL STUDENTS

The Board expects medical students to comply with the principles and requirements of this policy.

The Medical Board of Western Australia thanks the Medical Board of Queensland for permission regarding the adaptation of their guidelines.