



1 July 2011

Dr Joanna Flynn
Chair
Medical Board of Australia
GPO Box 9958
MELBOURNE VIC 3001

Via email: medboardconsultation@ahpra.gov.au

Dear Dr Flynn

Re: Consultation paper: draft 'Guidelines for medical practitioners and medical students infected with blood-borne viruses'

Thank you for the opportunity to provide feedback to the draft Blood-borne Virus Guidelines. The Scientific Committee of the Australasian College for Emergency Medicine (ACEM) has reviewed the draft and raised a number of concerns.

The following comments are noted in relation to the specific questions asked in the draft paper:

Question 2

ACEM believes that it is reasonable to expect a Health Care Worker (HCW) to comply with the Board's guidelines and their treating specialist and believe it is unreasonable to have registration conditions imposed as this will breach the HCW's right to confidentiality. If a HCW does not comply with Board guidelines, there are existing processes in place to deal with this.

Question 3

Clinical management of an infected HCW is a complex, ever-changing area and best left to the Specialists in the field.

Question 4

One of the roles of the Medical Board is to protect the public and thus, option (c) is the only option consistent with that role.

In general, ACEM believes that the tone of the guideline should be changed. Currently, the draft document takes an accusatory stance, rather than providing supportive guidelines. It should be recognised that infected health care workers may be vulnerable psychologically and may need considerable support. Guidelines that assume that they will try to infect their patients are not helpful.

We note that the draft CDNA guidelines recently released for comment have addressed a number of these issues, however, ACEM remains concerned about:

- a) The need for strong statements regarding protecting the confidentiality of HCWs, especially when testing, treatment and follow-up is conducted in the HCW's organisation. For example, there must be clear processes in place to ensure that results of a HCW cannot be displayed on computer screens throughout the hospitals, processes to ensure that paper results do not return to the workplace of the HCW, and safeguards built around a HCW's medical record.

- b) The suggestion of annual testing does not appear to be based on any evidence or logic. A HCW can be infected at any time and therefore testing should only be conducted upon commencement of work and when exposed to risk.
- c) The statement that HCW workers should be vaccinated does not take into account situations where a HCW cannot be vaccinated for whatever reason (medical or otherwise).
- d) The prohibition of a HCW who is HIV antibody positive does not seem to be consistent with current evidence. (Reference: Introduction section of the revised CDNA *Guidelines for Health Care Workers with Blood Borne Viruses* released for comment in May, which states that the risk to patients of a HCW who is HIV antibody positive but RNA negative is negligible.)

Again, thank you for the opportunity to submit feedback to the draft guidelines. If you would like to further discuss the concerns raised in this letter, please don't hesitate to contact me care of jane.macaulay@acem.org.au).

Yours sincerely



DR YUSUF NAGREE
CHAIR, SCIENTIFIC COMMITTEE