Legislative Council Standing Committee on Law and Justice

Inquiry into Mandatory Disease Testing Bill 2020

Inquiry Hearing: Friday 12 February 2021

Jubilee Room, NSW Parliament House

Answers to questions taken on notice

NSW Police Force

Question 1, page 6-7

Mr DAVID SHOEBRIDGE: —but let me finish my question. Deputy Commissioner, given the uncontradicted medical evidence that there is an extraordinarily small likelihood of contracting a bloodborne virus through being spat upon with a mixture of saliva and blood—indeed, they could not identify a recorded instance where it happened—are you aware of that evidence and do you have any evidence to contradict it?
Deputy Commissioner LANYON: In response to your question, Mr Shoebridge, what I would say is that any risk will have a psychological impact on a police officer. If there is a risk that saliva mixed with blood can contain a bloodborne virus, that will have an impact on a police officer.
Mr DAVID SHOEBRIDGE: Are you telling police in these circumstances that you have reviewed the evidence, spoken to the medical experts and there is not a single recorded case of an emergency worker contracting one of these bloodborne viruses in those circumstances? Is that part of your pastoral care of police in these circumstances?
Deputy Commissioner LANYON: Most certainly. Our guidelines are emphatically clear that with saliva, urine and faeces on their own without any mixture of blood, there is no risk.
Mr DAVID SHOEBRIDGE: I appreciate this, Deputy Commissioner. If you could provide those guidelines on notice, that would be terrific.

Answer

The NSW Police Force Safety Management System sets out processes and information for the management of health, safety and injuries across the organisation. This includes the 'Infectious Disease Prevention Guidelines' at **Tab A**.

The 'Infectious Disease Prevention Guidelines' reflect the Australia New Zealand Policing Advisory Agency (ANZPAA) Factsheet prepared by the Australasian Society for HIV Medicine (**Tab B**), which is provided to NSW Police Force officers who have been subject to an occupational exposure.

Question 2, pages 8-9

The Hon. TREVOR KHAN: Right. The issue I have got is this: Again, it is a long time ago, but I could envisage that some of my clients, who have had a bit of a dust-up with the coppers who have arrested them, could actually be involved in some pretty serious crime where DNA may be quite relevant to the investigation. I am wondering where are the provisions that ensure that the mandatorily acquired blood sample is dealt with for the purposes of this legislation as opposed to an investigation—whether it be an investigation relating to the dust-up or something else that my former punter might have been involved in.
Deputy Commissioner LANYON: Sorry, are you asking about the information derived from the sample or the sample itself?
The Hon. TREVOR KHAN: I am asking about the sample itself because I am very satisfied with regard to the information. It is the physical sample.
The Hon. CATHERINE CUSACK: Can it be used for another purpose?
The Hon. TREVOR KHAN: Yes.
Deputy Commissioner LANYON: In contradiction to a number of other mandatory blood samples that are taken which are normally used in connection with a criminal offence, this sample obviously is not. As I have said, there is no specific provision in the bill that talks about how to dispose of that blood sample. As I said before, I would certainly defer to Health for their policy on destruction. It is not something the police wish to have any contact with once it has been there. It is there for a specific purpose: to derive the information to assist the medical practitioner and to deal with the psychological welfare of the police officers.
The Hon. TREVOR KHAN: What is to stop a detective at Tamworth Police Station from suddenly deciding there is a blood sample there and executing a search warrant to seize the sample? Obviously they have to go through the processes of getting the search warrant, but it is a blood sample.
Deputy Commissioner LANYON: I would need to go through section 28 again, but the purpose of taking that blood sample is specifically in connection with this Act.
Mr DAVID SHOEBRIDGE: That is about the information though, is it not, Deputy Commissioner?
The Hon. TREVOR KHAN: Please take it on notice. Have a look at section 28 and see if there is some protection contained there with regard to that blood sample, because I do not think there is.
Deputy Commissioner LANYON: I am happy to take that on notice. I may have a view, but I am happy to take that on notice.

Answer

Clause 21 requires that a pathology laboratory must provide the test results of third party's blood sample, taken under a mandatory testing order, to the medical practitioners authorised by the worker and the third party concerned or the Chief Health Officer if the third party has not authorised a medical practitioner to receive the results.

Under Clause 28, it is an offence to disclose information obtained in connection with the administration or execution of the proposed Act, except in prescribed circumstances. Permitted disclosures include, for example, disclosures of health information relating to a third party with their consent

Clause 30 provides for the inadmissibility of certain evidence in proceedings against the third party. This includes information or documents given for the purposes of an application for an order or the determination of the application and the third party's blood test results, except for criminal proceedings under the proposed Act for failing to comply with an order or of providing false or misleading information.

The Bill does not deal with the destruction of blood samples taken under an order. The NSW Police Force defers to NSW Health in relation to the current processes regarding retention or destruction of samples taken for medical testing by NSW Health.

Question 3, pages 10-11

The Hon. CATHERINE CUSACK: Sure. The only reason that I am asking about the night is that I guess there are lots of services that are not operating at night—legal services, health services, those sorts of things. They are accessible but not in the way they are during the day. Can I just ask you about the process of what happens?
Deputy Commissioner LANYON: Sure.
The Hon. CATHERINE CUSACK: If somebody comes up—and this is a disgusting thing to do—and they do that to a police officer. What process flows from that?
Deputy Commissioner LANYON: In the normal circumstances at the moment, if a police officer was spat upon or had blood put upon them in general we would take them straight to the emergency ward to go and speak to a doctor and take medical advice on the risk and obviously the treatment that comes from there. We have standard procedures at the moment in the way that we manage someone, so supervisors will have responsibility in terms of how they deal with them. As an organisation we have very strong work health and safety responsibilities to ensure that we provide a safe environment for our police, so we have very strong procedures in terms of managing it.
The Hon. ANTHONY D'ADAM: Could I ask that those procedures be provided to the Committee?
Deputy Commissioner LANYON: If I can take that on notice, most certainly.

Answer

Pages 6-8 of the 'Infectious Disease Prevention Guidelines' (**Tab A**), set out the processes for post-exposure management, including the supervisor 'Checklist for Occupational Exposure' (**Tab C**) and the 'Infection control fact sheet – After a needlestick injury and other exposure' (**Tab D**).

Question 4, pages 12-13

The Hon. ROD ROBERTS: No, there was no suggestion of that. I was just trying to extract from the witness whether there would be any objections, and clearly there are none—on his behalf at least anyway. In closing, how many police are disengaged from the service each year as a result of psychological injuries? Do you know off the top of your head? I know that is a fairly dicey question to ask.
Deputy Commissioner LANYON: I am more than happy to provide that on notice. What I can say is that an increasing proportion of our separations are psychological injuries, both in terms of number and obviously cost for the organisation. It is something that we are acutely aware of and, as a result, we have taken far greater steps to strengthen that because we are well and truly aware that it is an increasing problem for the organisation.

Answer

The table below shows the total number of officers discharged per calendar year for the previous 5-years where the ***primary*** reason for discharge was "psychological/PTSD related".

Calendar Year	Total
2016	161
2017	196
2018	259
2019	284
2020	392

Infectious disease prevention guidelines

Purpose

To provide guidelines to reduce the risk of infectious diseases.

Scope

- These guidelines provide advice for all workers:
  - when working where microbiological agents or human blood/body fluids can be present
  - to prevent transmission-based infections.
- The guidelines do not apply to:
  - Forensic Services, including forensic laboratories
  - specific infection control in response to public health emergencies. Such guidelines will be made available by NSW Health or the Australian Government Department of Health.
  - COVID-19 response (although can be useful background material where no material otherwise exists).

Key points

- NSW Police Force (NSWPF) seeks to promote the health and wellbeing of workers.
- This document details the guidelines which must be followed to ensure all workers that are exposed to potential infectious substances are cared for immediately and appropriately whilst ensuring so far as is reasonably practicable that health risks to others is minimised.
- Where a worker contracts an infectious disease in the course of their employment, the information must be regarded as 'strictly confidential' and, subject to law, it is essential every effort is made to protect the privacy rights of the person concerned.
- All body fluids of all people should be regarded as potential sources of infection.
- Many infectious diseases are highly stigmatised conditions and many people living with these diseases experience discrimination. We must protect people's dignity, privacy and confidentiality. Legislation prohibits discrimination against such people and there are also privacy laws protecting people's health information.

Duties

Workforce Safety

- Disseminate information about infection control to all workers.
- Subject to demand, assist with the implementation of these guidelines.

Commander / Manager

Commanders are responsible for ensuring that these guidelines are implemented, as appropriate, within their area of authority.

Workers

Workers are responsible for ensuring that they comply with all infection control procedures that are implemented within their area. This includes:

- following standard precautions (see below)
- taking actions to avoid, eliminate or minimise the risk of infection
- reporting incidents to the supervisor
- making sure their vaccinations are up to date as necessary. Vaccination against hepatitis A, B and tetanus is the most effective protection against these diseases.

Instructions

Preventative measures

- Police working in the field may encounter unpredictable hazards. Therefore, it is not possible to provide a one size fits all approach to controlling risks of infectious diseases.
- If limiting exposure to work involving blood or body substance is not possible, the risk must be managed by providing:
  - safe working procedures
  - education and training about infection control
  - post-exposure management.
- Vaccines help reduce the risk of certain infectious diseases by introducing a modified version of the disease-causing organism or inactivated toxin to increase immunity.
- A vaccination schedule is listed in the Medical Standards Table (2016) on the NSWPF intranet.
- The guidelines for vaccination are listed in Medical & Physical Testing Guidelines.

Note: Immunity against tetanus decreases with time and further booster shots may be needed. A course of tetanus vaccine is recommended for anyone who has never been vaccinated. Tetanus vaccine is not offered by NSWPF.

- Health authorities recommend the adoption of the following approaches to control infection:
  - Standard precautions; and
  - Transmission based precautions. There are three types of transmission-based precautions i.e. airborne precautions, droplet precautions and contact precautions.

Note: Transmission based precautions apply mainly to clinical or hospital environment and working practices. In the police environment the application of standard precautions is adequate to reduce the risk of most infections.

Standard precautions

- Standard precautions (previously known as universal precautions) are work practices that are required for the basic level of infection control. These include:
  - frequent hand washing. Hands should be washed and dried, even if gloves have been worn. Avoid excessive or prolonged hand washing as this can dry the skin
  - using personal protective equipment (e.g. gloves and other PPE such as eye protection, masks and overalls)
  - keeping workplaces, vehicles, items/equipment (such as handcuffs and other restraints) and clothing clean
  - safe collection and disposal of sharps such as needles, syringes and sharp weapons e.g. razor blades, broken glass etc.
- Use Standard precautions to avoid contact with:
  - blood
  - all body fluids, secretions and excretions regardless of whether they contain visible blood
  - non-intact skin
  - mucous membranes (i.e. mouth, nose and eyes).
- In addition to standard precautions described above, request the NSW Health or Corrective Services representative if other precautions need to be implemented to reduce the risk to workers if they are exposed to a particular infection while handling or escorting detained people or prisoners.
- Standard precautions require you to:
  - work safely, as if everyone is infectious
  - assume that every person (prisoners/detained people, workers, visitors, contractors) may be potentially infectious
  - maintain barriers between yourself and other people's blood and body fluids.

See also 2.4.3 *Fact sheet: Standard precautions for police*.

Hand washing

- Hand washing is very important to prevent and minimise the spread of infection.
- Wash your hands thoroughly using soap and running water after handling contaminated items, handling offenders, after removing gloves, before and after eating, drinking, smoking, using the toilet and whenever hands become obviously contaminated. Hands must be properly dried after

washing as microorganisms can transfer more effectively from wet surfaces. Hand driers have the potential to spread air borne pathogens and should be avoided.

- Soap and anti-septic solution are available in all police premises and vehicles.
- Police performing duty in the field should carry and use antibacterial hand gel.

See also 2.4.4 *Fact sheet: Hand hygiene*.

Personal protective equipment (PPE)

- All police officers are issued with a Personal Protective Equipment Kit (PPEK). The kit is not recommended to be used as a first aid kit to treat other people.

- Total reliance should not be placed upon PPE. It should be used in conjunction with proper risk management controls.
- Single use PPE should be discarded after use. Non-disposable protective equipment should be disinfected in accordance with the manufacturer's/supplier's instructions after each use.

Gloves

- NSWPF supply Nitrile gloves (blue).
- Disposable gloves must be worn in situations where you could be potentially exposed to blood or body fluids while handling items or surfaces that have been contaminated and when handling contaminated sharps.
- Each police vehicle should contain at least one box of disposable gloves.
- Gloves can be disposed of as low-level waste via domestic waste.
- Disposable gloves do not prevent needle stick injuries. The hazards associated with all police operations where police are at risk of needle stick injury are to be assessed and controlled. Leather search gloves must be used in conjunction with proper risk management procedures.

Eye protection

- In single incidents of spitting, the risk of contracting an infectious disease is low. If this occurrence is continuous, consideration could be given to the provision of eye protection such as safety glasses or face shields and disposable overalls.
- Protective eyewear or face shields must be also worn in situations where there is a likelihood of splashes or splattering of blood or body substances.

Disposable Face Masks

- Disposable particulate filter respirators (e.g. P2 masks) reduce the chance of inhaling aerosols and are designed to protect a person from breathing in very small particles that may contain pathogens.
- The masks should be worn whenever there is a risk of exposure to an infectious disease through the respiratory system, unless prevented by duty type.
- Each command must have a supply of masks on hand to enable replacement.

Note: P2 disposable face masks do not provide protection against chemicals e.g. gases, vapours, fumes and highly toxic substances including radioactive substances.

See 2.4.5 *Fact sheet: How to fit and remove a P2 respirator*.

Resuscitation masks/shields

- If resuscitation is attempted by police, use resuscitation masks or shields to prevent infection.
- Resuscitation masks fitted with a one-way valve are provided in all first aid kits and must be carried in the PPEK.

Cleaning

Management of blood and body substance spills

- In the event of spills of blood or body substances workers involved in the management of spills must avoid contaminating environmental surfaces.
- Where police may be exposed to a significant risk of exposure to blood and body substance spills, the following guidelines apply:
  - at workplaces under NSW Police Force control:
    - in the event of blood and body substance spills, including excrement at the workplace (e.g. cell area, dock etc) that is likely to present a risk of exposure to an infectious disease (blood-borne viruses), the area is to be cleaned as soon as reasonably practicable using contract cleaners
    - in the event of a minor spill incident, Biohazard Spill Kits provide a simple solution.
  - at workplaces outside the control of NSWPF (e.g. accident or crime scene):
    - protective clothing must be worn in accordance with the risk
    - follow hygiene procedures, e.g. washing hands etc.

Soiled Clothing

- Any item of uniform/clothing which is contaminated with blood and/or body substances and does not represent a significant risk of exposure to infectious disease (pathogens) can be washed in a commercial laundry. Place items that are visibly blood stained into a contaminated waste bag.
- Items of uniform/clothing that are significantly contaminated must be destroyed.

Safe handling of sharps

- All used needles/syringes and other sharps (possibly contaminated with blood/body substances) which are not required for evidentiary purposes should be disposed of in an appropriate sharps container in the following way:
  - wear gloves
  - take a sharps container to the needle and syringe (or other sharps)
  - never recap a needle and syringe even if a cap is there
  - pick up the needle and syringe with the needle furthest away from your fingers and body
  - place the needle and syringe in the sharps container.

Post-exposure management

Most exposures to blood and other body fluids present a low infection risk but they MUST be reported, documented and assessed by a medical professional. Also refer to Post Exposure Prophylaxis section in ANZPAA - *Police and blood-borne viruses.*

What should workers do if they come into contact with sources of an infectious disease?

- If you get blood or body fluid on intact skin, wash the blood or body fluid off with soap and water. Intact skin is a very effective barrier and most infections will not get through it.
- If you accidentally get blood or body substance in an open cut, non-intact skin, rash or other lesion:
  - immediately wash the wound with soap and water
  - cover all skin cuts or breaks with a water-resistant dressing.
- If you accidentally prick yourself with a used needle:
  - let the wound bleed freely for a few seconds
  - immediately wash the wound with soap and water
  - do not use any solution stronger than soap and water.
- If you accidentally get blood or body substance in the eye:
  - irrigate it gently and thoroughly with water
  - DO NOT USE SOAP

  - gently pour water over the eye while pulling the eye lids up and down
  - if you wear contact lenses, keep them in while you wash the eye, then take the contact lenses out, clean them in the normal manner and put them back in again
- If you accidentally get blood or body substance in the mouth:
  - spit the blood or body substance out
  - rinse the mouth several times with water, spitting out after each rinse.
- If uniform/clothing is heavily soiled, remove the clothing and take a shower. In cases where shower facilities or a supply of running water is not available, use non-water-based cleansers or antiseptics for washing the contaminated areas.

Reporting exposure to blood or other body fluids

- After any exposure (including needlestick injury), report the exposure or injury to your supervisor or manager.
- The supervisor will need to complete the *2.4.2 Checklist for Occupational Exposure* to determine the risk of infections and referral for treatment if appropriate.
- Contact the NSW Needlestick Injury Hotline (1800 804 823). This service provides a 24/7 coordinated approach to providing information, support and referral for those who sustain needlestick injuries and other exposures during their work.

See *2.4.6 Fact sheet: After a needlestick injury and other exposure*.

Providing Support

- Your supervisor will offer counselling though Employee assistance program.

Definitions

Contagious disease… an infectious disease communicable by contact with one who has it, with a bodily discharge of such a patient, or with an object touched by such a patient or by bodily discharges.

Infectious disease… any disease caused by pathogenic microorganisms/ microbiological agent that can be spread, directly or indirectly, from one person to another.

Microbiological agent… means a living organism (such as a bacteria, fungi, virus, parasite) and capable of causing a disease.

Pathogen… is an infectious microorganism, such as bacteria or virus, which can cause disease. However, not all microorganisms are harmful. Pathogens are specifically those that can cause disease or harm.

Transmission based precautions… apply to people who are or suspected to be infected with pathogens which are spread by airborne or droplet transmission or by contact with dry skin or contaminated surfaces or by any combination of these routes. Transmission based precautions apply primarily to patients in hospital or to a clinical environment.

References

- *National-infection-control-guidelines* (Australian commission on safety and quality in health care)
- *Medical standards Table* (2016)
- *Medical & Physical Testing Guidelines*
- ANZPAA - *Police and blood-borne viruses*
- 2.4.2 *Checklist for Occupational Exposure*
- 2.4.3 *Fact sheet: Standard precautions for police*
- 2.4.4 *Fact sheet: Hand hygiene*
- 2.4.5 *Fact sheet: How to fit and remove a P2 respirator*
- 2.4.6 *Fact sheet: After a needlestick injury and other exposure*

Police and Blood-Borne Viruses

ashm

ANZPAA
Australia New Zealand Policing Advisory Agency

Depending on their duties, Police Officers (Officers) may be exposed to blood or body fluids in the course of their work. This means Officers have an occupational risk of contact with blood-borne viruses.

This resource is written for Officers across Australia. It contains basic information about blood-borne viruses (BBVs) including how the viruses are spread, how to protect against infection and what to do if there is a possible exposure.

The booklet was developed to provide information and guidance. It does not replace policies and procedures of policing agencies. Where State or Territory detail is needed, Officers should check their local policies and procedures.

The Facts

The three major BBVs – hepatitis B (HBV), hepatitis C (HCV) and human immunodeficiency virus (HIV) – are different viruses, but they are all spread by blood. Hepatitis B and HIV can also be passed on in other body fluids.

All these infections can be prevented.

They can all be treated, but if left untreated, in some people, they may lead to serious health problems. See Table 1 for The Facts About hepatitis B, hepatitis C, and HIV.

Table 1: The Facts About hepatitis B, hepatitis C and HIV

	Hepatitis B	Hepatitis C	HIV
Prevalence	An estimated 210 000 people in Australia living with chronic HBV at the end of 2013.[i] (less than 1% of the population)	An estimated 230 000 people in Australia were living with chronic HCV at the end of 2013.[i] (about 1% of the population)	At the end of 2013, an estimated 26800 people in Australia were living with HIV infection.[i] (about 0.1% of the population)
Vaccination/ Immunity	HBV can be prevented by vaccination	There is no vaccine for HCV.	There is no vaccine for HIV.
	95% of adults infected with HBV naturally clear the virus and become immune for life.	25-45% of adults infected with HCV clear the virus naturally, but do not become immune.	HIV infection cannot be cleared by the body and infection is for life.
Transmission	Blood-to-blood contact: ▪ injecting equipment ▪ needle-stick injury ▪ open wounds ▪ tattooing and body piercing equipment. Sexual contact (unprotected anal and vaginal sex). Mother to baby. Infected blood products (all blood screened for hepatitis B in Australia since 1970s). *Note: vaccination prevents HBV transmission.* HBV is not spread through spitting or saliva exchange. Bites that break the skin and draw blood are very low risk.	Blood-to-blood contact: ▪ injecting equipment ▪ needle-stick injury ▪ open wounds ▪ tattooing and body piercing equipment. Not considered sexually transmitted unless blood contact occurs. Mother to baby. Infected blood products (all blood screened for hepatitis C in Australia since 1990). HCV is not spread in saliva.	Blood-to-blood contact: ▪ injecting equipment ▪ needle-stick injury ▪ open wounds ▪ tattooing and body piercing equipment. Sexual contact (unprotected anal and vaginal sex). Mother to baby. Infected blood products (all blood screened for HIV in Australia since 1985). HIV is not spread in saliva
"Window period" The time period from the point of infection to when the virus is detectable in the person's blood.	1-3 months	3-6 months	3-6 months
Signs and symptoms	Some people will be unwell after infection (called acute hepatitis B). However, most people will have no symptoms until they have advanced liver disease. Early signs and symptoms may include: ▪ feeling unwell ▪ loss of appetite ▪ dark urine ▪ yellow skin known as jaundice ▪ right upper abdominal pain	A few people will be unwell after infection (called acute hepatitis C). However, most people have no symptoms until they have advanced liver disease. Early signs and symptoms may include: ▪ tiredness ▪ nausea ▪ right upper abdominal pain ▪ intolerance to fatty foods and alcohol	Early signs and symptoms may include: ▪ flu-like illness ▪ rash ▪ fever After this there may be no signs or symptoms until the infection is advanced. HIV damages the immune system. If left untreated, HIV can progress to acquired immune deficiency syndrome (AIDS).
Treatment	Long-term antiviral treatment is available for Chronic hepatitis B (CHB) to prevent further liver damage. CHB is hepatitis B infection that lasts for longer than 6 months. Not everyone with CHB needs treatment. Treatment rarely cures CHB, but it does reduce virus in the blood and liver damage and prevents transmission.	Antiviral treatment is available that will usually clear (cure) HCV infection, prevent further liver damage, and stop transmission. New treatment may cure over 90% of HCV infections.	Antiretroviral treatment does not cure HIV but it does stop the virus reproducing and reduces damage to the immune system and progression to AIDS. Treatment significantly reduces the virus in the blood and prevents transmission. On treatment, most people with HIV can now expect to live a normal lifespan.
Survival of the virus outside the body	Up to 7 days	At least 16 hours at room temperature but not longer than 4 days	From just a few hours up to 7 days depending on conditions such as the type and volume of body fluid the virus is in, the volume of virus in the body fluid, temperature, humidity.

You cannot get hepatitis B, hepatitis C or HIV by:

- casual physical contact including hugging, kissing and shaking hands
- coughing or sneezing
- contact with faeces or urine
- saliva on a uniform, or on unbroken skin
- using the same shower, toilet or laundry facilities
- sharing food or drink, plates, cutlery and glasses
- eating food prepared by someone living with a blood-borne virus infection

Risk Assessments

Police are far less likely to have a blood-borne virus exposure than emergency service workers or hospital workers. When exposures do occur, they tend to be less serious.[2] However, after any exposure, it is important that the risk of infection is assessed by a qualified health professional.

The risk of getting a blood-borne virus infection

Usually the source of an exposure is not known e.g. a needle-stick injury from a discarded needle and syringe.

There are many factors that determine the risk of infection. It depends on how the person has been exposed to the virus, the type of virus, how much of the virus the person with the infection (the source) has in their body and, for hepatitis B, the immune status of the exposed person.

This risk is based on the incidence of each virus in the community and the following equation:

Risk of transmission = risk of source having a BBV x risk per exposure

The following advice is general. If required, it is important to get advice about the risk of infection from a qualified health professional after contact with blood or body fluids. Refer to your local policies and procedures for advice on what to do in case of a possible exposure.

Table 2 shows the estimated risk of infection by a range of exposures from a person who **is known** to have a blood-borne virus.

Table 2: Estimated Risk of Hepatitis B, Hepatitis C and HIV Transmission From a Known Positive Source

Type of exposure	Source Status		
	HBV+*	HCV+	HIV+**
Blood and saliva to intact skin and skin-to-skin contact	zero	zero	zero
Saliva in bites that break the skin	very low	zero	zero
Blood contact with broken skin, mouth or eyes e.g. ▪ Punch from bleeding person to body causing break in skin ▪ Large blood splash, e.g. bleeding artery ▪ Blood contact to mouth from giving mouth-to-mouth resuscitation if no protective equipment used	Moderate	low	low
Needle-stick injury and other penetrating injuries e.g. ▪ Cut by a blade which recently cut another person ▪ Needle-stick injury from recently used needle	very high	high	moderate
Sexual exposure (no condom used) ▪ Oral ▪ Vaginal or anal (insertive) ▪ Anal (receptive)	 moderate high high	 zero very very low low	 very low moderate very high

*HBV source status not relevant when officer is fully vaccinated and immune

**HIV source status may not be relevant when source is on treatment and viral load is supressed.

The source (if known) has a right to privacy, and their BBV status cannot be disclosed without their consent. A person also has the right not to disclose their own BBV status, and even if they do, it may not be reliable because their health status may have changed since their last test.

Police Officers should not delay in having a risk assessment from a qualified health professional even if disease testing orders are available. If the health professional determines there is a risk of infection best practice in this setting is to seek consent from the source before testing for blood borne viruses. If blood test results are negative in the source, it does not always mean there is no risk of infection. The person may be still in the 'window-period' and potentially infectious. The 'window period' is the period of time after infection and before the virus may be detected in the person's blood.

Best practise is that Officers should not delay having a risk assessment from a qualified health professional for any possible exposure. Waiting for the Source's test results is not necessary and may delay treatments which need to begin as soon as possible.

Prevention, Standard Precautions and Infection Control in a Policing Setting

The next section shows how Officers can protect themselves from exposure to blood-borne viruses.

Prevention by Vaccination

All Officers should be vaccinated against hepatitis B to protect themselves and others.

Vaccination involves three doses of HBV vaccine over six months. 3 A blood test after completion of the vaccination course can confirm immunity.

All Officers are required to show proof of immunity and/or age appropriate vaccination. Applicants may be tested by the police service as part of the recruitment process.

Standard Precautions and Infection Control

Standard Precautions ensure a high level of protection against blood-borne viruses and other infections.

The rule is: treat all blood and body fluids as infectious

Standard precautions should be taken by everyone who has contact with blood, body fluids, broken skin, and eye, nose or mouth surfaces. Standard precautions are just that; standard for all, not just for those suspected or known to have a BBV. 4

Following standardised infection-control procedures helps protect Officers from occupational exposure to all blood-borne viruses and other infections. These procedures are:

a) Personal protective equipment (gloves and protective clothing)

- Wear personal protective equipment (gloves and protective clothing)
- Wear disposable gloves in situations where you may be in contact with blood or body fluids. The gloves do not have to be sterile.
- Wear personal protective equipment, such as eyewear and face shields, when there is any chance of being splashed or sprayed in the face.

b) Avoid exposure to broken skin

- Cover your own open wounds/cuts/blisters no matter how small, with waterproof dressings. This is especially important for injuries to your hands.
- Avoid creams that may cause dermatitis or broken skin.
- Avoid contact with a person's mouth or teeth, open wounds, etc.

c) Safely handle and dispose of sharp objects such as needles, blades and broken glass

- Hold a syringe by the barrel with a gloved hand.
- Never touch the needle.
- Do not re-cap, bend or break the needle.
- Do not remove a needle from the barrel.
- Never move your hands across your body when handling a sharp.
- Dispose of the sharp in a sharps container (a yellow, rigid walled container displaying the biohazard label and symbol).
- When in the field, dispose of a sharp in a thick plastic drink bottle if a sharps container is not available.
- Take the sharps container to the sharp rather than carrying the sharp around.

d) Prevention of needle-stick and sharps injuries when doing searches

- Take a slow systematic approach to searching.
- Do not slide your hand when searching.
- Do not put your hands in places you cannot see into e.g. bags, cupboards, drawers, under a mattress
- Use tools, instead of your hand, to examine hard-to-access areas.
- Empty the contents of bags and containers onto a flat surface for inspection, rather than putting your hands inside.
- Use mirrors and adequate lighting (including torches) to assist with the search.

e) Environmental blood and body-substance spills

Where it is required:

- Deal with blood and body-substance spills as soon as possible.
- A 'spills kit' should be readily available for blood spills. A spills kit should contain PVC household rubber or disposable latex gloves, plastic apron, eye protection, face masks, cleaning agents, disposable absorbent material (e.g. paper towels), a leak-proof waste bag, mop and a bucket with a lid.
- Wear personal protective equipment (gloves, goggles, waterproof apron).
- Mop up spills, including those on clothing, with paper towels and dispose of towels immediately. Change contaminated clothing as soon as possible.
- Wash spills on hard surfaces with detergent and cold water, and allow to air dry.
- Wash furnishings such as chairs and mattresses with cold water and detergent and allow to dry.
- Wash soiled uniforms and other clothing separately in cold water. Washing in hot water will cause the bloodstain to clot and stay on the clothes. Wash leather goods (belts, shoes) with soap and cold water.

Environmental Risk Assessment

Police work can be very unpredictable in the field. However, it is important that, where possible, all appropriate measures are taken to ensure safety. Safe Work Australia5 advises the following:

- Hazard identification: Identify activities in the workplace and in the field that may put Officers or members of the public at risk of infection with blood-borne viruses.
- Risk assessment: Evaluate risk to Officers from blood or body fluid exposures. Risk assessments need to be conducted by qualified health professionals, consistently monitored, reviewed and evaluated to take into account specific duty.
- Risk control: The most important step in controlling risks involves eliminating them as far as possible or if not, then minimising the risks so far as is reasonably practicable.

Officers must comply with all OH&S policies and procedures including:

1) Limiting exposure to sharps
2) Maintaining a safe working environment
3) Complying with standard infection control precautions
4) Following policies and procedures in case of accidental exposure.

Managing exposures to blood and body fluids

It is important to act immediately:

- Wash exposed skin with soap and water. Use an alcohol-based hand rub if no water is available. Do not suck or squeeze the wound.
- If the eyes have been exposed, thoroughly rinse the eyes with tap water or saline while open. Flush from the inside corner outwards.
- Remove contact lenses before rinsing the eyes. Clean contact lenses before reinserting.
- If the mouth has been exposed, spit, then rinse the mouth with water and spit again.
- Seek advice from a qualified health professional, including a BBV risk assessment, promptly. If available, call the designated hotline for your service (contact details for each state and territory can be found on page 7).

Officers may get advice from a health professional of their choice. It is preferable to seek advice from a qualified health professional experienced in the management of BBV exposures. Officers should also seek advice from a qualified health professional for tetanus exposure and vaccination. Follow-up will be needed after a needle-stick injury. Officers must also report the incident according to the local policies and procedures.

Whilst a BBV health risk assessment is important, in fact occupational BBV transmission is rare and no further action may be needed.

Testing and Avoiding Transmission

Officers who have had a blood-borne virus exposure may be tested for infection as part of the risk assessment. While waiting for test results it is important not to place others at risk:

- Practice safer sex, i.e. use a condom for vaginal or anal intercourse
- Cover any sores, cuts or abrasions and attend to any household blood spills yourself
- Do not share personal items such as razors and toothbrushes
- Do not share injecting equipment and dispose of used injecting equipment safely
- Do not donate blood or organs
- Seek advice from a qualified health professional if you are, or are planning to become pregnant or are breast feeding.

A possible blood-borne virus exposure should not affect an Officer's ability to perform normal duties. Officers should speak to the qualified health professional conducting the risk assessment if they are concerned about returning to work.

For hepatitis B, no further testing is required if you are immune.

For hepatitis C, blood tests are recommended at 12 and 24 weeks after the exposure. A negative test result at 24 weeks means you did not contract hepatitis C. If earlier confirmation of possible infection is required, a different test (HCV RNA) can be performed after 2-4 weeks from the time of possible exposure.

For HIV, you will usually be offered HIV tests at six and 12 weeks after the exposure. A negative blood test 12 weeks after the exposure means you did not contract HIV.

Post Exposure Prophylaxis (PEP)

PEP is medication taken after exposure to hepatitis B or HIV to reduce the risk of infection. A health professional will assess the risk of HIV or hepatitis B infection to determine the need for PEP.

For hepatitis B, PEP is not required if you have been fully vaccinated and are immune.

PEP for HIV is usually only offered for high-risk exposures. There may be major side-effects of the medication so it is not routinely given to everyone with a possible exposure. If PEP is recommended, it must begin within 72 hours, but preferably within 24 hours, of the exposure.

PEP is not available for hepatitis C. But it is still important that a qualified health professional assesses the risk of infection and follow-up arrangements.

For further information see the National PEP Guidelines. 6

Providing Support

Experiencing a blood-borne virus exposure can be stressful. Your health professional and your designated employee assistance services are available to provide support during this period (see the 'Helplines for Police' table, page 7).

Discrimination

Hepatitis B, Hepatitis C and HIV are highly stigmatised conditions. Many people living with these viruses experience discrimination. Policies and practices that protect people's privacy and confidentiality are important. Legislation prohibits discrimination against people with a blood-borne virus. There are also laws protecting people's health information. Discrimination happens because of fear and misunderstanding. Having good quality

information about blood-borne viruses and how they are spread removes the fear about transmission and so reduces discrimination.

There is no need to isolate or deal with a person any differently because he or she is known to have, or is suspected of having, a blood-borne virus infection. Standard precautions are protective and should be used with all people. A person's suspected blood-borne virus status or sexual orientation must not be recorded in police records unless it is directly relevant to a crime.

There may be occasions where Officers learn of a person's blood-borne virus status. In this case, the information is strictly confidential. It is essential that every effort is made to protect the privacy rights of the person concerned. In the case of a person in custody disclosing their BBV status, Officers should follow local policies and procedures about arrangements for providing access to medication and medical care.

Police Officers with a BBV

All Officers should be vaccinated against hepatitis B. It is recommended that Officers know their own status with regard to blood-borne viruses. Knowing your status means you can get the right health care for yourself. All Officers should adhere to standard precautions to avoid transmitting blood-borne viruses in the workplace. 7 It should be considered an ethical duty to avoid placing co-workers or the public at risk.

Officers are not required to tell their employer about their blood-borne virus status. Employers must not discriminate against their employees on the basis of their BBV status. Officers who have a blood-borne virus infection should consult a suitably qualified health professional to assess their risk of transmitting the virus during the performance of normal duties.

If you have a blood-borne virus and this becomes known to the employer or other Officers, either because you told them or as a result of testing (e.g. following an exposure or as part of a vaccination program), this information must be kept confidential and not disclosed to anyone without your consent. Officers' rights to privacy and confidentiality need to be protected and respected.

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Resources

Table 3: Helpline Resources for Police

State	Service	Telephone	Service Provided	Further Information
ACT* www.afp.gov.au	Clinical Forensic Medical Services (CFACT) provide assessment, testing and advice for exposure to blood and body fluids.	ACT based AFP members to ring ACT Policing Operations - Duty Operations Manager. Number listed on AFP Hub.	Duty Operations Manager will direct AFP member to attend watch house where Registered Nurse from CFACT will assess the exposure and determine plan of action OR forward the phone to the On Call Registered Nurse from CFACT	This service enables AFP members to have access to appropriately qualified clinical practitioners 24 hours, 7 days a week. Please note: Members who present to the emergency department within work hours will be referred by the hospital to CFACT which is located on the hospital campus.
NSW www.police.nsw.gov.au	Needle Stick Injury Hotline	1800 804 823	Police can call this number to enquire about their need for and access to PEP.	This service is available 24 hours, 7 days a week. However it is recommended that police staff members contact their local emergency department following an exposure to blood or body-fluids for advice.
	Employee Assistance Program	1300 667 197	Police can access counselling services by contacting this number.	This service is available 24 hours, 7 days a week.
NT www.pfes.nt.gov.au	Health Direct**	1800 022 222	This is a health advice line staffed by Registered Nurses to provide expert health advice.	This service is available 24 hours, 7 days a week. However it is recommended that police staff members contact their local emergency department following an exposure to blood or body fluids for advice.
	Employee Support Services	08 8995 5422	Police staff members can access counselling services by contacting this number.	This service is available 24 hours, 7 days a week.
QLD* www.police.qld.gov.au	Health and Safety Infoline	1800 558 775	Police, staff members and their immediate family can seek advice about a blood or body fluid exposure from Health and Safety staff or referred to an Occupational Physician if required.	This service is available 7 days a week from 5am to 11pm.
	QPS Intranet: Health and Safety		Police staff members can access assistance and counselling services following an exposure.	For further assistance on post exposure, contact the Human Services Officer, Health and Safety Advisor or Injury Management Co-ordinator in your area.
SA* www.police.sa.gov.au	Employee Assistance Section (EAS)	08 7322 3141 (8.30-17.00) Alternatively 08 8207 4488 (after hours)	Police staff members can speak with the Occupational Health Advisor by calling this number.	For after-hours calls it is important that callers ask to speak to the on call Occupational Health Advisor
TAS* www.police.tas.gov.au	Department of Police and Emergency Management Health and Safety Services Staff Support Unit	03 6173 2478	Police staff members can seek advice about being exposed to blood or body fluids and counselling services by calling this number.	This service operates week days, 8:30am-4:00pm. It is recommended that police staff members contact their local emergency department outside of operating hours.
VIC www.police.vic.gov.au	Medical Services Hotline	1800 004 464	Police staff members can seek advice about being exposed to blood or body fluids and counselling services by calling this number.	This service is available 24 hours, 7 days a week.
	VIC PEP Helpline	1800 889 887	Police can call this number to enquire about their need for and access to PEP.	
WA www.police.wa.gov.au	Health and Safety Division (WA Police)	08 9260 7560 (8am-4pm) 0409 119 056 (after hours)	Police staff members can seek counselling and support regarding exposure to blood or body fluids by calling this number.	It is important that callers ask to speak to the on call Psychologist for counselling or the Welfare Team for advice on Mandatory Disease Testing.
	WA PEP Line	1300 767 161	Police can call this number to enquire about their need for and access to PEP.	This service is available 24 hours, 7 days a week. However it is recommended that police staff members contact their local emergency department following an exposure to blood or body fluids for advice.

* Resources * If a post-exposure prophylaxis (PEP) helpline is not available in your state or territory, it is recommended that you seek advice from the emergency department of your closest major hospital or public sexual health clinic.

** Health Direct is also available in ACT, NSW, TAS, SA and WA.

ASHM resources

ASHM resources are available from the ASHM website: www.ashm.org.au/

Profession-Based Booklets

- Aboriginal and Torres Strait Islander Health Care Workers and Blood-Borne Viruses
- Aged Care Workers and HIV and Ageing
- An Overview of Hepatitis C: Clinical management in opiate pharmacotherapy settings
- Antenatal Testing and Blood-Borne Viruses (BBVs)
- Blood-borne Viruses: A resource for professional interpreters and translators
- Correctional Officers and Blood-Borne Viruses
- Dental and Orofacial Health and Hepatitis C
- Dentists and HIV
- Emergency Services Providers and Blood-Borne Viruses
- General Practitioners and Hepatitis C
- General Practitioners and HIV
- Hepatitis B and Primary Care Providers
- Nurses and Hepatitis C
- Pharmacy and Hepatitis C
- Police and Blood-Borne Viruses

Factsheets

- Decision Making in Hepatitis B
- Decision Making in Hepatitis C
- Decision Making in HIV
- Hepatitis B Factsheet: for people newly diagnosed
- Hepatitis C in Brief – patient factsheet
- Hepatitis C Management and Treatment for Clients of Pharmacotherapy Services
- HIV Patient Fact Sheet

Monographs

- B Positive (2nd edition): all you wanted to know about hepatitis B – a guide for primary care providers
- Co-infection: HIV & viral hepatitis – a guide for clinical management
- Hepatitis C: clinical management in opiate pharmacotherapy settings
- HIV and Viral Hepatitis C: policy, discrimination, legal and ethical issues
- HIV Management in Australasia: a guide for clinical care
- HIV, Viral Hepatitis and STIs: a guide for primary care (4th edition)

Distance-learning

- B Seen, B Heard: Hepatitis B from our perspective
- Clinical Science of HIV Medicine CD
- C Me, Hear Me DVD

Manuals

- Australasian Contact Tracing Manual Available in hardcopy and online at www.ashm.org.au/ctm

Online resources

- ASHM Directory of HIV, Viral Hepatitis and Sexual Health Services
- Guide to Australian HIV Laws and Policies for Healthcare Professionals. Available online only at: www.ashm.org.au/HIVlegal
- Testing Policy available online https://testingportal.ashm.org.au
- Managing Aboriginal and Torres Strait Islander patients with hepatitis B and hepatitis C
- Introduction to Blood-Borne Viruses

For additional copies of this resource please contact:
Australasian Society for HIV Medicine (ASHM)
T +61 2 8204 0700 F +61 2 9212 2382

ASHM offers training in HIV, viral hepatitis and blood-borne viruses for general practitioners, nurses and allied health care workers around Australia.

For further information on upcoming courses:
Visit www.ashm.org.au/events or contact the ASHM Professional Education Division on education@ashm.org.au or phone 02 8204 0720.

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Police and Blood-Borne Viruses – Online Learning Module

An accompanying online education module covering the most important aspects of this printed resource and incorporating interactive self-assessment activities has been developed. The aim of the online module is to discuss the potential exposure management to Blood-Borne Viruses (BBVs) in the police work place. To find out further information or to access this online education module visit the Australasian Society for HIV Medicine (ASHM) website at www.lms.ashm.org.au

National Antidiscrimination Gateway

The National Antidiscrimination Gateway provides a snapshot of each anti-discrimination system including information about the grounds and areas of public life on which a complaint can be made in each jurisdiction. Individuals and businesses can also find contact details for each anti-discrimination commission, anti-discrimination board or human rights commission, through this Gateway. http://www.ag.gov.au/RightsAndProtections/HumanRights/Pages/default.aspx

National Guidelines for Post-Exposure Prophylaxis after Non-occupational Exposure to HIV

These guidelines outline the management of individuals who have been exposed (or suspect they have been exposed) to HIV in the non-occupational setting. The guidelines are available at: http://www.ashm.org.au/Documents/NPEPPEPGuidelinesDec2013.pdf

Safe Work Australia

Safe Work Australia (formerly known as the National Occupational Health and Safety Commission) began operating in 2009 as an independent statutory agency with primary responsibility to improve occupational health and safety and workers' compensation arrangements across Australia. Police can access the National Code of Practice for the Control of Work-related Exposure to Hepatitis and HIV (blood-borne) Viruses by visiting www.safeworkaustralia.gov.au

Further resources and support information is available from the following organisations:

Australasian Society for HIV Medicine (ASHM) T 02 8204 0700 E ashm@ashm.org.au W www.ashm.org.au	**Australian Injecting and Illicit Drug Users League (AIVL)** T 02 6279 1600 E info@aivl.org.au W www.aivl.org.au
Australian Federation of AIDS Organisations (AFAO) T 02 9557 9399 E mail@afao.org.au W www.afao.org.au	**National Centre for Education and Training on Addictions** T 08 8201 7535 E nceta@flinders.edu.au W www.nceta.flinders.edu.au
Australian Drug Foundation T 03 9278 8100 or 1300 858 584 (Infoline) E adf@adf.org.au W www.adf.org.au	**Hepatitis Australia** T 1300 437 222 (1300 HEP ABC) E admin@hepatitisaustralia.com W www.hepatitisaustralia.com

Register of Sexual Health Clinics in Australia and New Zealand
A directory of Public Health Clinics across Australia and New Zealand can be found at: http://www.racp.edu.au/page/australasian-chapter-of-sexual-health-medicine/

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Supporting the HIV, Viral Hepatitis and Sexual Health Workforce

www.ashm.org.au

NSW Police Force

Checklist for occupational exposure

SENSITIVE: MEDICAL INFORMATION

Note: This form is to be completed by a supervisor in the event of an occupational exposure to blood / body substances or needlestick injury of an employee.

For needle stick injury: Because of the significant health risks associated with both infection and treatment (especially if pregnant, possibly pregnant or attempting pregnancy - both male and female) it is strongly recommended that the injured employee attend the closest public hospital for expert advice regarding treatment options.

Name _____ **Reg. No** _____

Command _____ **Contact No** _____

Type of exposure ❑ Needlestick ❑ Blood ❑ Saliva
❑ Other body fluid (specify) _____

Body part exposed: _____ **Incident date** _ / / _

Mark ✓ or ✗ in column below

1. Was first aid provided?	
2. Was a P902* – Incident Notification form completed?	
3. Was medical attention obtained? (If uncertain contact the Health Performance Unit on E/N 53899 or the needlestick hotline: 1800 804 823)	
4. Was guidance obtained from treating medical doctor with recommended / follow-up action?	
5. Was the incident investigated?	
6. Was any remedial action or training provided?	
7. Was EAP offered / required?	
8. Was EAP required?	
9. Was the ANZPAA *Police and Blood-Borne Viruses* pamphlet provided?	

Other comments: _____

* NSWPF currently guarantees payment for bona fides initial treatment even if provisional workers comp is declined.

Please scan the completed form and email to #medical.
Forms will be placed on employee's confidential medical file.

SENSITIVE: MEDICAL INFORMATION

NSW Police Force

Fact sheet: After a needlestick injury or other exposure

Step 1 Clean / disinfect

Needlestick

If you are pricked with a used needle:

- let the wound bleed freely for a few seconds
- wash the wound with soap and water
- do not use any solution stronger than soap and water.

Skin

- If you get blood or body fluid on intact skin, wash the blood or body fluid off with soap and water.
- If you accidentally get blood or body substance in an open cut, non-intact skin, rash or other lesion:
  - immediately wash the wound with soap and water
  - cover all skin cuts or breaks with a water-resistant dressing.

Mouth, nose or eyes

Rinse several times with water or saline (if available).

Step 2 Report the incident

Report any exposure or injury (including needlestick injury) to your supervisor or manager.

Your supervisor/manager will complete 2.4.2 *Checklist for Occupational Exposure* to determine the risk of infections and referral for treatment if appropriate.

Step 3 Contact Needlestick Injury Hotline

1800 804 823

This service provides:

- information about management strategies
- counselling
- referral for further medical treatment

This is a 24 hours / 7 days service

All information is strictly confidential.

For further information: Contact your WHS Coordinator or Workforce Safety on E/N 53899 / 9285 3899