

The Hon. TREVOR KHAN: Well, Ms Robson, that is the problem. I have seen a lot of evidence of incidents where officers clearly, whether they be prison or police officers, have been the subject of really horrendous physical assaults through such things as spitting, but that is where the information stops. I am not condoning it in any way and, as I have said to other witnesses, I had a former client who spat right in my face because he was pretty uncomfortable with my lack of regard for what he was asking me to do. I did not like that. I am sympathetic to that extent, but it seems to me that I am still waiting for the killer punch and I am not getting it.

Ms ROBSON: I think there would also be some issues in accessing information. Staff are not actually required to declare whether they have contracted an illness.

The Hon. TREVOR KHAN: They will have put in a workers compensation claim.

Mr DAVID SHOEBRIDGE: They must have.

Ms ROBSON: They may have put in a workers comp claim mainly in relation to the exposure. I can take that on notice and see if we have any data.

The Hon. TREVOR KHAN: I would invite you to do that.

Response:

Work Health and Safety Incident reporting and Workers Compensation data sets do not distinguish between incidents relating to **exposure** to a Blood Borne Virus and **infections** with Blood Borne Viruses.

A request was made to the CSNSW Workers Compensation Insurer who confirmed that it was unable to access data that separated these claims or incidents.

CSNSW Work Health and Safety Incident reporting show the following incidents over the previous three calendar years.

CSNSW Incident Reports			
Mechanism of Injury	2018	2019	2020
Exposure to bodily fluid	124	157	156
Needle stick (puncture) injury	11	9	14
Total	135	166	170

Workers Compensation Claims for the same mechanisms of injury and years are in the table below.

CSNSW Workers Compensation Claims			
Mechanism of Injury	2018	2019	2020
Exposure to bodily fluid	25	33	27
Needle stick (puncture) injury	3	4	2
Total	28	37	29

It is possible that relevant Workers Compensation Claims are reported under physical assault, but this data has not been able to be disaggregated.

The Hon. TREVOR KHAN: My final question to you, Ms Robson, is on notice. Could you provide us with information on the ongoing programs made available to prisoners that assist in the reduction of bloodborne viruses in Corrective Services?

Ms ROBSON: I can certainly find out information that is within the remit of Corrective Services. As I said, and as Mr Smith confirmed, the provision of health services directly to those in custody is by Justice Health, and for various privacy reasons our staff do not ordinarily have access to that information.

Mr DAVID SHOEBRIDGE: But I think the question is about prevalence, not individual patients.

Response:

CSNSW is committed to the prevention and control of infectious and communicable diseases in correctional centres, during transport and in other areas under its control and also empowering inmates to take responsibility for their health and wellbeing in custody.

CSNSW does not conduct mandatory screening for Blood Borne Viruses. The Justice Health and Forensic Mental Health Network (JH&FMHN) triage at reception identifies those who are potentially susceptible (such as those who admit intravenous drug use) and public health nurses encourage prisoners to be tested. Anecdotal evidence suggests the uptake rate of testing has improved with the advent of direct acting antivirals for the treatment of Hepatitis.

Health Survival Tips and Responsivity Provision Offender Services and Programs – Health in Prisons

All inmates housed in NSW Correctional Centres are invited to attend a facilitated Health Survival Tips (HST) session at least once every 12 months and complete an associated knowledge session. Inmates who are received into custody who have not previously attended the session and completed the assessment, must do so within one month of entering custody, this is usually delivered via orientation.

The sessions assist inmates with information to maintain their health and reduce risks for contracting infections. A video is delivered, where inmates speak directly through the video to other inmates about how to avoid infections such as blood borne viruses.

HST is a one-hour face to face session facilitated by a Services and Programs Officer. Where an inmate does not meet the 80% comprehension of the assessment on two occasions an additional session is delivered to those inmates called the Responsivity Provision Offender Services and Programs – Health in Prisons (RPOSP Health in Prisons), this is an additional 4 sessions of 1-1.5 hours facilitated by CSNSW staff including an additional video Health in prisons: Everybody's business.

Inmates may also watch the health survival tips video where they have access to a self-service kiosk or tablet.

Hepatitis Elimination Programs

CSNSW partnered with JH&FMHN for the first elimination program of Hepatitis in NSW correctional setting at the Compulsory Drug Treatment Centre. This was later expanded to other centres through the Hepatitis in Prisons Elimination Program (HIPE).

The HIPE program is a JH&FMHN led program to eliminate Hepatitis C in prisons. HIPE reports to have made significant steps towards eliminating HCV in approximately 12 small Correctional Centres.

Research Partnerships

CSNSW has partnered in several research projects aimed at reducing the number of offenders in custody with bloodborne viruses including with:

- the Centre for Social Research in Health, UNSW, the Centre for Health Research in Criminal Justice, Sydney, and the Inflammation and Infection Research Centre, School of Medical Sciences UNSW on research for 'Acquiring hepatitis C in prison: the social organisation of injecting risk' to attempt to understand the individual, social and environmental circumstances in which HCV is acquired.
- the UNSW Kirby Institute and JH&FMHN in the Surveillance and Treatment of Prisoners with hepatitis C (SToP-C) study designed to assess HCV treatment-as-prevention in NSW prisons. Although mathematical modelling has demonstrated the potential for HCV treatment-as-prevention among people who inject drugs and in prison settings very limited empirical data previously existed to confirm these modelling-based impact projections in a real-world setting.

The findings of the SToP-C study are soon to be published with the top line result being there was a significant reduction in hepatitis C transmission following the scale-up of treatment in the four participating correctional centres.

CSNSW also ensures FINCOL is readily available in correctional centres and provides access to education materials such as from Hepatitis NSW on appropriately sterilising drug equipment. CSNSW also collaborates on and approves the distribution of the 'Insider's News' bulletin produced by the New Users & Aids Association.

Mr DAVID SHOEBRIDGE: Are you aware of any studies involving prisons, prison populations and Corrective Services officers?

Dr CRETIKOS: I know that there is additional evidence beyond what is presented in this document and perhaps we could provide that on notice should you wish to have that. I just draw your attention to table 7. It describes both percutaneous injuries with source known to be hepatitis C-positive and percutaneous injuries involving large bore catheter needles which are one of the highest-risk types of exposure.

Mr DAVID SHOEBRIDGE: If there is anything further you think would be useful to explain table 7, you have the opportunity to explain it on notice. There is no requirement.

Question for Ministry for Health

Mr DAVID SHOEBRIDGE: This question is to Corrective Services NSW, and I do not mind who answers it. Surely when you are considering your policies to address a risk in the workplace, the first thing you need to do is understand the extent of that risk. Do you agree?

Ms ROBSON: Yes, you do need to understand what the extent of the risk is, but sometimes the fact that there is a risk is also sufficient. There is simply a risk of our staff contracting bloodborne viruses.

Mr DAVID SHOEBRIDGE: You have got detailed occupational health and safety practices and responses; you have got guidelines and policy documents involving the exposure of Corrective Services officers to HIV, hepatitis B and hepatitis C.

Ms ROBSON: We do. There is a document that I have referred to on several occasions which has been crafted specifically for the custodial environment.

Mr DAVID SHOEBRIDGE: I invite you to table the document.

Ms ROBSON: Certainly. I can take that on notice. I do not have a spare copy with me today.

Mr DAVID SHOEBRIDGE: We have a photocopier.

Ms ROBSON: If you want it with all my scribbles over it, you are welcome to it.

Mr DAVID SHOEBRIDGE: That is fine.

The CHAIR: You are able to take the question on notice and provide it, so if you do not want those personal notes—

Ms ROBSON: I think that would be preferable.

The CHAIR: Yes.

Mr DAVID SHOEBRIDGE: It may be available online. You can send the link by email to the secretariat.

The CHAIR: Mr Shoebridge, the witness has taken the question on notice.

Ms ROBSON: In the usual way.

Response:

Attached is the 2020 update to the “Correctional Officers and Blood-Borne Viruses” prepared by the Australasian Society for HIV Medicine and endorsed by the Corrective Services Administrators’ Council (CSAC). The document is available on the Department of Communities and Justice’s intranet Work Health and Safety pages.

It includes a table on the risk of contracting bloodborne viruses from a known source based on exposure types. Information on the estimated frequency of infection in the community and the prison population is provided and prevention, infection control and standard precautions in a correctional setting.

This detailed information complements policy and procedures for managing blood spills and critical incidents. Compulsory training is also provided to staff including:

- Inmate Health and Welfare, HIV/AIDs and Hepatitis Issues
- Communicable Diseases
- Provide First Aid



Correctional Officers and Blood-Borne Viruses



Correctional officers (officers) can be exposed to blood or body fluids at work. This means officers have an occupational risk of contact with blood-borne viruses.

The aim of this booklet is to give officers essential information about blood-borne viruses, how the viruses are spread, and how to protect against infection. The first section contains basic facts about blood-borne viruses. The next section focuses on the hepatitis C virus which is a particular problem in prisons. The last section looks at what officers can do to protect themselves from a blood-borne virus infection.

This resource does not replace policies and procedures of correctional services agencies. This booklet was written for officers across Australia. When state or territory detail is needed, officers should check their local policies and procedures.

Although this booklet is for correctional officers, other workers in correctional services may find it useful. Other workers may include Juvenile Custodial Officers, Probation and Parole Officers, Services and Programs Officers.

The Facts

The three major blood-borne viruses – hepatitis B, hepatitis C 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 they are not, 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
Frequency of infection	An estimated 233 947 people in Australia are living with chronic hepatitis B (about 1% of the population). ¹	An estimated 182 144 people in Australia are living with chronic hepatitis C (less than 1% of the population). ¹	An estimated 27 545 people in Australia are living with HIV infection (about 0.1% of the population). ¹
Vaccination/Immunity	Hepatitis B can be prevented by vaccination. 95% of adults newly infected with hepatitis B naturally clear the virus and become immune for life.	There is no vaccine for hepatitis C. 30% of those infected with hepatitis C clear the virus naturally, but do not become immune.	There is no vaccine for HIV. HIV infection cannot be cleared by the body and infection is for life.
How it is spread	Hepatitis B spreads through blood-to-blood contact, unprotected sexual contact and from mother to baby.	Hepatitis C spreads through blood-to-blood contact. This means that for transmission to happen, infected blood has to enter the bloodstream of another person.	HIV spreads through blood-to-blood contact, unprotected sexual contact and from mother to baby.
Signs and symptoms	There may be no signs or symptoms of hepatitis B infection Early signs and symptoms may include: <ul style="list-style-type: none"> ■ feeling generally unwell ■ loss of appetite ■ vomiting ■ tiredness ■ dark urine ■ yellow skin known as jaundice ■ right upper abdominal pain Signs and symptoms of more advanced disease may also include: <ul style="list-style-type: none"> • fluid retention • bruising • prolonged bleeding 	There may be no signs or symptoms at the time of infection Early signs and symptoms may include: <ul style="list-style-type: none"> ■ tiredness ■ nausea ■ right upper abdominal pain ■ intolerance to fatty foods and alcohol Signs and symptoms of more advanced disease may also include: <ul style="list-style-type: none"> • increasing tiredness • fluid retention • prolonged bleeding • bruising 	Early signs and symptoms may include: <ul style="list-style-type: none"> ■ flu-like illness ■ rash ■ fever HIV damages the immune system. If left untreated, HIV can progress to acquired immune deficiency syndrome (AIDS) More advanced disease symptoms may include: <ul style="list-style-type: none"> • skin diseases • chest infections • weight loss
Treatment	Long-term antiviral treatment is available for chronic hepatitis B to prevent further liver damage. Treatment does not cure hepatitis B infection.	Antiviral treatment is available that will cure almost all HCV infection, prevent further liver damage, and stop transmission	Antiretroviral treatment is available for HIV infection. Treatment does not cure HIV infection, but it stops the virus reproducing and minimises damage to the immune system and progression to AIDS.

Why is hepatitis C a particular problem in correctional settings?

Hepatitis C is one of the most commonly reported infectious diseases in Australia.

In 2018 an estimated 182 144 people in Australia were living with chronic hepatitis C infection.

A recent survey shows the level of hepatitis C infection in the prison population is 20–40 times that of the general population (20–40% compared to less than 1%)².

Virus	General population	Prison population
hepatitis C	Less than 1 in 100	20–40 in 100 ²
hepatitis B	Less than 1 in 100	15 in 100 ²
HIV	About 1 in 1000	About 1 in 1000 ²

Comparison of the level of blood-borne virus infection in the general and prison populations

Although the rate of infection varies across states and territories, being imprisoned is a high-risk factor for hepatitis C infection.

Because of the high numbers of people in prison with hepatitis C infection, officers need a practical knowledge of hepatitis C and its prevention.

Why is hepatitis C infection so high in prisons?

Some people go into prison with a history of high-risk behaviours. This means prisoners may already have hepatitis C infection at the start of their sentence. Once in prison, they may continue their high-risk behaviours but may not have the infection-prevention methods available in the general community. These methods include widely available condoms, needle and syringe exchange programs, methadone and other drug-substitution programs and regulated body piercing and tattooing procedures. Infection-prevention mechanisms differ in each jurisdiction and some methods may be available in some areas.

High-risk behaviours include:

- **injecting drug use** and the **sharing of injecting equipment** – In Australia 80–90% of hepatitis C transmission is due to injecting drug use. Over 40% of prison entrants have injected drugs at some time in their life,³ and over half of all prisoners have been exposed to hepatitis C.
- **tattooing and body piercing** using non-sterile, bloody equipment (tattooing guns and ink); for example in NSW over 14% of male prisoners get tattooed in prison.⁴

- **sharing personal hygiene items** such as razors, toothbrushes, hair-cutting equipment and nail clippers where blood passes from one person to another through cuts or wounds.

Hepatitis C can be spread when the skin is broken and then infected blood gets into the wound. This can happen as a result of a sports injury where blood is present, in fights and assaults or through a work-related injury such as an accidental needlestick injury.

How is hepatitis C infection diagnosed?

The hepatitis C virus travels through the bloodstream, attacks the liver and can lead to long-term, potentially life-threatening liver disease. The immune system responds by producing antibodies to control the virus. It can take up to three months^{5,6} for there to be enough antibodies to be measured in a blood test.

An antibody test is the first test used to diagnose hepatitis C infection. A positive test confirms that the person has been exposed to the virus but it does not tell whether they have a current infection.

Further testing is conducted, if required, to confirm the presence of the virus, indicating current infection. People with current infection can pass on hepatitis C to others.

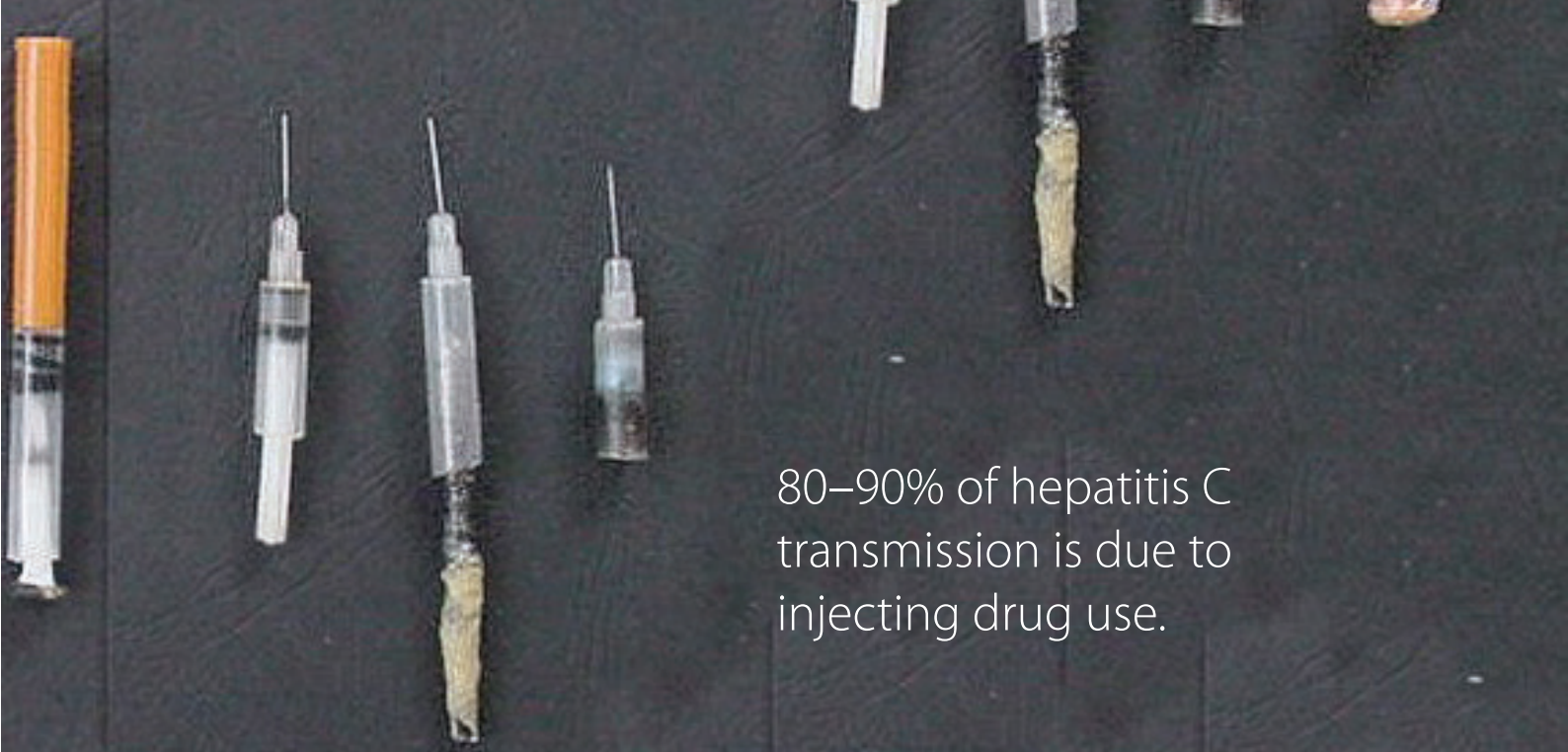
What happens to people infected with hepatitis C?

A few people may have some symptoms (tiredness, nausea, abdominal pain) but most will have no symptoms at all around the time of infection.

About 30% of people clear hepatitis C infection within 12 months naturally without treatment. Hepatitis C antibodies will stay in their bloodstream but they cannot infect others. They are not immune to hepatitis C if they are exposed to the virus again.

The majority will develop chronic hepatitis C infection: over 20 to 40 years some people will experience liver damage and may go on to develop liver disease, liver failure or liver cancer.

They are not immune to hepatitis C if they are exposed to the virus again.



80–90% of hepatitis C transmission is due to injecting drug use.

Of
100

people with Chronic hepatitis C who are not treated, it is estimated that

Adapted from G Dore
Hepatitis NSW (2012)



After 20 years >

45 will not develop liver damage

47 may develop mild to moderate liver damage

7 may develop cirrhosis of the liver

1 may develop liver failure or liver cancer

30 will not develop liver damage

45 may develop mild to moderate liver damage

20 may develop cirrhosis of the liver

5 may develop liver failure or liver cancer

After 40 years >



What is the risk of getting a blood-borne virus infection?

The risk of infection 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.

The following advice is general. It is important to get medical advice after contact with blood or body fluids occurs. Please refer to your local policies and procedures for advice on what to do in case of a possible blood-borne virus exposure.

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

Exposure type	Source status		
	Hepatitis B+	Hepatitis C+	HIV+
Blood contact with broken skin, mouth or eyes e.g. <ul style="list-style-type: none"> ■ fights/assaults: punch from a bleeding person causing a break in the skin of the other person ■ large blood splash, e.g. bleeding artery ■ bloody saliva contact to mouth from giving mouth-to-mouth resuscitation if no protective equipment used ■ open wounds ■ sports injuries involving transfer of blood through open cuts or wounds 	moderate	low	low
Needlestick and other skin penetrating injuries e.g. <ul style="list-style-type: none"> ■ cut by a blade which recently cut another person ■ recently used injecting needle piercing skin 	very high	high	moderate
Tattooing/body piercing eg: <ul style="list-style-type: none"> ■ sharing tattooing needles, ink ■ recently used unclean body piercing equipment 	very high	high	moderate
Sharing personal hygiene products when there is a transfer of blood eg: <ul style="list-style-type: none"> ■ toothbrushes ■ razors ■ tweezers ■ barbering equipment 	moderate	moderate	moderate
Biting ^{7,8}	very low	very low	very low
Spitting ^{7,8}	very low	zero	zero
Blood and saliva to unbroken skin and skin-to-skin contact	zero	zero	zero
Sexual exposure (no condom used): <ul style="list-style-type: none"> ■ anal (receptive) ■ vaginal (receptive) ■ vaginal or anal (insertive) ■ oral 	very high very high high moderate	very low very low very low zero	high high moderate very low
Mother-to-baby e.g: breastfeeding	very low when baby is vaccinated	very low	very low
pregnancy	very high unless vaccine is given	low	very low

©ASHM. Adapted from HIV, viral hepatitis and STIs a guide for primary care 2008 Table 2.1 page 29

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

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

Prevention, infection control and standard precautions in the correctional setting

The next section looks at how officers can protect themselves from exposure to blood-borne virus infections.

Vaccination

All officers should consider hepatitis B vaccination to protect themselves and others

There is a safe and effective vaccine for hepatitis B infection. Vaccination is strongly recommended for all officers during their induction training if they are not already immune.

There is no vaccine to prevent hepatitis C or HIV.

Personal protective measures

Following infection-control procedures will help protect officers from occupational exposure to all blood-borne viruses. This includes during cell or prisoner searches, cell extractions or handling bloodied objects.

You cannot tell who has a blood-borne virus by looking at someone. There is no reason to separate or isolate prisoners from the main prison population because of known or suspected blood-borne virus infection.

These work practices are the minimum requirements for infection control. They ensure a high level of protection against blood-borne viruses and other infections. These standard precautions should be taken by all people having contact with blood, body fluids, broken skin, and eye, nose or mouth surfaces. **Standard precautions are just that: standard for all**, not just those suspected or known to have a blood-borne virus.⁹

The rule is: assume all blood and body fluids are potentially infectious

a) 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 and/or eyes with blood or body fluids containing blood.

b) Avoid exposure to broken skin

- Cover all open wounds with waterproof dressings and check they are intact and adherent. This is especially important for injuries to hands (e.g. wounds from abrasions, cuts, burns, blisters, scratches or fighting).
- Maintain good hand care, moisturising hands and avoiding irritants that may cause dermatitis (and therefore broken skin).
- Avoid contact with a person's mouth or teeth, open wounds, etc.

c) Proper handling and disposal of sharp objects such as needles, blades, shivs and glass

- Where possible, use tools (e.g. long-handled tongs) when handling sharps. If these are not available, wear gloves when handling sharp objects. The safest way to hold a syringe is by the barrel, with a gloved hand. Do not handle needles; they must not be re-sheathed, destroyed, bent by hand or removed from the syringe.
- Handle sharp objects as little as possible. Avoid reaching across parts of your body when handling a sharp.
- Only one person should handle the sharp object until it is disposed of in a sharps container or specifically designed evidence containers. A sharps container is a yellow, rigid-walled container displaying the biohazard label and symbol. It should be available in work places that are likely to involve the handling of sharps. In the field, other containers may do, such as plastic drink bottles.
- Take the sharps containers to the sharp object, rather than carrying the sharp object around.

d) Prevention of needlestick and sharps injuries when doing searches

- Take a slow systematic approach to searching.
- Do not put your hands in places you cannot see into.
- Do not slide your hand when searching.
- Use tools instead of your hands 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 if possible.
Note: Use of mirrors and torches is not permitted in some jurisdictions during mouth searches.

e) Environmental blood and body substance spills

- Deal with blood and body fluid spills as soon as is practicably possible.
- A 'spills kit' should be easily 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 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 the towels immediately. Change contaminated clothing as soon as possible.



There is no regulated tattooing or piercing in Australian prisons.

- Wash spills down with detergent and cold water, and allow to air dry.
- For larger spills, confine and contain the spill, clean visible matter with disposable absorbent material and discard in appropriate waste container.
- Wash furnishings such as chairs and mattresses with cold water and detergent and allow to dry. Wash leather goods (belts, shoes) with soap and cold water.
- Wash uniforms (and other clothing, linen, towels etc) in cold water. Washing in hot water will cause the bloodstain to clot and stay on the clothes. If possible, dry clothes in a clothes dryer at the hottest temperature as this aids disinfection. Heavily contaminated clothing should be destroyed.

(f) Safe barbering

- Barbering is a risk factor for hepatitis C infection in prison. Barbering should meet the same standard as in the community. Support for activities that stop equipment sharing will reduce the spread of blood-borne viruses. These are:
 - using trained prisoners or hairdressers from the community to provide the service
 - educating prisoners on how to reduce cross-infection by:
 - cleaning barbering equipment with disinfectants
 - not allowing metal combs to touch the scalp (no 'zero' haircuts; electronic hair clippers should be used with plastic safety guard in place)
 - ensuring access to running water
 - having a queuing system or appointments diary/register to prevent 'rushing'.

(g) Tattooing and body piercing

- Tattooing or body piercing in prison has a high risk of hepatitis C infection. There is no regulated tattooing or piercing in Australian prisons.
- There are safeguards in place in the general community to make sure that tattooing and body piercing practices don't lead to the sharing of blood-contaminated equipment. Those safeguards are not available in prisons.
- In reality, the only steps officers can take to prevent infection are to:
 - regularly educate prisoners about the risks of 'do it yourself' tattooing and body piercing.
 - strongly recommend that prisoners wait until they are out of prison before getting a tattoo or body piercing.
 - treat any tattooing or piercing equipment found (e.g. tattooing guns and ink, needles) as a sharp. See sections c and d above.

(h) Personal hygiene items

- Discourage sharing of personal hygiene items such as toothbrushes, tweezers, combs, nail clippers etc. There should be easy access to disposable or single-use items such as razors.

(i) Wash your hands with soap and warm water

- after removing gloves.
- after handling blood or body fluids.
- after handling blood stained clothing, linen,

Workplace Protective Measures

Correctional officers' work can be very unpredictable; however, it is important that all appropriate measures be taken to ensure safety. Safe Work Australia¹⁰ advises the following:

'Hazard identification: Identify activities in the workplace that may put people (i.e. inmates, officers, contractors or members of the public) at risk of transmission of blood-borne viruses.'

- Risk assessment: Evaluate risk to workers from blood or body fluid exposures. Risk assessments need to be consistently monitored, reviewed and evaluated to take into account specific duty.
- Risk control including:
 - Limiting exposure to sharps
 - Having standard precautions in place, as outlined above
 - Providing education and training about blood-borne viruses for staff and inmates
 - Having post-exposure procedures in place.

First Aid Measures for needlestick injuries and other blood exposures

Wash exposed skin with soap and water. Use an alcohol-based hand rub if water is not available.

If the eyes have been exposed, thoroughly rinse them with tap water or saline with eyes open. Flush from the inside corner outwards.

If the mouth has been exposed, spit, then rinse the mouth with water and spit again.

Seek medical advice immediately. If available, call the designated hotline for your service.

Consult a health professional immediately for a blood-borne virus risk assessment. Officers can choose which health professional they see. It is preferable to seek medical advice from someone experienced in the management of blood-borne virus exposures.

Your rights to privacy and confidentiality need to be protected and respected. You will require follow-up after a needlestick injury. You will also need to report the incident according to the organisational policy and procedures.

The Source

(a person with a blood-borne virus infection)

Often it is not possible to determine the source of an exposure e.g. a needlestick injury from a discarded needle and syringe.

Even if the source is known and blood test results are negative, it does not always mean there is no risk. The person may be still in the 'window-period' and potentially infectious. The 'window period' is the period of time after exposure

to a virus when the virus may not be detected in the person's blood.

The source (if known) has a right to privacy, and the status of the source cannot be disclosed without their consent.

Any possible blood-borne virus exposure should be followed up with a health professional.

Testing and Avoiding Transmission

If you have had a blood exposure, you may be tested for blood-borne viruses as part of your risk assessment. While waiting for blood-borne virus test results it is important not to put others at risk:

- Practise safe sex, i.e. use a condom for vaginal or anal intercourse
- Cover any sores, cuts and 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 medical advice if you are, or are planning to become, pregnant or are breastfeeding.

For hepatitis B, no further testing is necessary if you are immune. If vaccinated at the time of the exposure, it is recommended that you are tested four weeks after the third dose of vaccine.

For hepatitis C, antibody testing is recommended at 12 weeks after the exposure. A negative hepatitis C antibody test at 12 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 often be offered HIV tests at 6 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 HIV or hepatitis B to reduce the risk of infection. Your health professional will assess your risk of HIV or hepatitis B infection to determine the need for PEP. PEP for HIV is usually only offered for high-risk exposures. There may be side effects from PEP so it is not routinely given to everyone with a possible exposure. If PEP is recommended, it must begin within 72 hours, preferably within 24 hours. PEP is not available for Hepatitis C.

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 (Table 3 page 10).

Duty of Care

All officers need to be aware of the meaning of the term 'duty of care' and their responsibility to maintain this duty towards inmates, fellow employees, visitors and other persons having dealings with correctional services. Check your local policies and procedures for more information.

Discrimination

Hepatitis B, hepatitis C and HIV are highly stigmatised conditions and 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, and there are also privacy laws protecting people's health information. Discrimination happens because of fear and misunderstanding. Giving officers 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. 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 prison records unless it is directly relevant to a crime. A prisoner's blood-borne virus status may be recorded in their prison health records, but health records are confidential and officers do not have access to them.

There may be occasions where officers may 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.

Correctional officers with a blood-borne virus infection

It is recommended that officers know their own blood-borne virus status. 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 workplace⁸

Officers are not required to tell their employer about their blood-borne virus status. Employers must not unlawfully discriminate against their employees on the basis of their blood-borne virus status. Officers who have a blood-borne virus infection should consult a suitably qualified health professional to assess their risk of transmission of disease during the performance of normal duties. The risk assessment should take the type of duties into consideration. It should be considered an ethical duty to avoid placing peers, prisoners or the public at risk.

If you have a blood-borne virus and this becomes known to other officers (because you told them) the information must be kept confidential and not disclosed to anyone without your consent.

References

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Resources Table 3: Helpline Resources for Correctional Officers

State	Service	Telephone	Service Provided	Further Information
Australia wide	Healthdirect Australia	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 officers contact their local emergency department following an exposure to blood or body fluids for advice.
	Lifeline Australia	Freecall: 13 11 14	24-hour telephone counselling service.	Anyone who needs to talk, in times of crisis, or just to hear the sound of another voice can call.
	National Hepatitis Infoline	1300 437 222	This helpline provides information and support on viral hepatitis issues.	Operates during office hours Monday to Friday.
ACT*	Canberra Sexual Health Centre	02 5124 2184	Officers can seek advice about being exposed to blood or body fluids and counselling services by calling this number.	It is recommended that correctional officers, staff members contact their local emergency department outside of operating hours.
	The Canberra Hospital	02 5124 0000	Officers can seek advice about being exposed to blood or body fluids.	It is recommended that correctional officers, staff members contact the emergency department following an exposure to blood or body fluids for advice.
NSW	Blood and Body Fluid Exposure Phoneline	1800 804 823	Information, support and referral service for NSW based Emergency Service Providers who sustain a needlestick injury and/or exposure to blood or body fluids during the course of work duties.	This service is available 24 hours, 7 days a week. However, it is recommended that officers contact their local emergency department following an exposure to blood or body fluids for advice.
	NSW PEP Hotline	1800 737 669	Officers can call this number to enquire about their need for and access to PEP.	Monday, Wednesday, Thursday and Friday 9am – 9pm Tuesday 2pm – 9pm Saturday/Sunday 8am – 9pm Public Holidays 8am – 9pm
	Employee Assistance Program (NSW Government workers only)	1300 667 197	Officers can access counselling services by contacting this number.	This service is available 24 hours, 7 days a week.
	NSW Prisons Hepatitis Helpline (Hepatitis NSW)	02 9332 1599 1800 803 990	Correctional officers and correctional centre inmates, friends and family can access free and accurate information on hepatitis C.	Monday, Tuesday, Wednesday and Friday 9am – 5pm Thursday 1pm to 5pm Recorded information available outside these times.
NT*	Clinic 34	Darwin: 08 8999 2678 Alice Springs: 08 8951 7549 Katherine: 08 8973 9049 Tennant Creek: 08 8962 4259 Nhulunbuy: 08 8987 0357	Officers can get advice on needlestick injuries.	This service operates on weekdays during office hours. After hours contact your local hospital emergency department.
	EASA	1800 193 123	Officers can call this number for counselling support.	This service is available 24 hours 7 days a week.
QLD	Infectious Diseases Physician on-call	Local hospital switchboard	Information about the need for and access to PEP	It is recommended that correctional officers, staff members contact their local emergency department outside of operating hours.
SA	Employee Assistance Program	08 8215 6799 1300 667 700	Staff Counselling. This service provides support and counselling for DCS employees and family members.	By appointment weekdays 8am – 6pm except Public Holidays. Contact your EAP Coordinator. It is recommended that officers contact their local emergency department outside of operating hours.
	SA PEP Hotline	1800 022 226	Officers can call this number to enquire about their need for and access to PEP.	This service is available 24 hours, 7 days a week.
TAS*	Hospital Emergency Departments	RHH: 03 6166 8308 Calvary: 03 6278 5516 LGH: 03 6777 6777	It is recommended that officers contact their local emergency department following an exposure to blood or body fluids for advice.	Officers may also consult their GP for additional advice or follow-up.
	Employee Assistance Program	1300 064 277	The Employee Assistance Program provides counselling services to all Department of Justice staff.	This service is available 24 hours, 7 days a week.
VIC	VIC PEP Helpline	1800 889 887	Officers can call this number to enquire about their need for and access to PEP.	This service is available 24 hours, 7 days a week. It is recommended that officers contact their emergency department following an exposure to blood or body fluids for advice.
WA	WA PEP Line	1300 767 161	Officers 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 officers contact their local emergency department following an exposure to blood or body fluids for advice.
	Prisons Hepatitis Helpline (Hepatitis WA)	08 9328 8538 (metro) 1800 800 070 (country)	Correctional officers, prisoners and family and friends can call for information and support on blood-borne viruses.	This service operates between 10am–4pm weekdays

* 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.

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

ASHM T: 02 8204 0700 E: ashm@ashm.org.au W: www.ashm.org.au	Australian Drug Foundation T: 03 9611 6100 or 1300 858 584 (Infoline) E: adf@adf.org.au W: www.adf.org.au
Australian Federation of AIDS Organisations (AFAO) T: 02 9557 9399 F: 02 9557 9867 W: www.afao.org.au	Australian Injecting and Illicit Drug Users League (AIVL) T: 02 6279 1600 E: info@aivl.org.au W: www.aivl.org.au
Australasian Society for Infectious Diseases (ASID) T: 02 8315 2152 E: enquiries@asid.net.au W: www.asid.net.au	Gastroenterological Society of Australia (GESA) T: 1300 766 176 E: gesa@gesa.org.au W: www.gesa.org.au
Hepatitis Australia T: 02 6232 4257 F: 02 6232 4318 E: achinfo@hepatitisaustralia.com National Hepatitis Infoline: 1800 437 222 W: www.hepatitisaustralia.com	HIV-Hepatitis-STI Education and Resource Centre T: 03 9076 6993 E: erc@alfred.org.au W: www.hivhepsti.info
Human Rights & Equal Opportunity Commission – Commonwealth T: 02 9284 9600 W: www.humanrights.gov.au	National Association of People With HIV Australia (NAPWHA) T: 02 8568 0300 or Freecall: 1800 259 666 F: 02 9565 4860 W: www.napwha.org.au
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 in Australia. Workers can access the National Code of Practice for the Control of Work-related Exposure to Hepatitis and HIV (blood-borne) Viruses by visiting: W: www.safeworkaustralia.gov.au	National Guidelines for PEP 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: W: https://www.ashm.org.au/HIV/PEP/
New Zealand	Register of Public Sexual Health Clinics in Australia and New Zealand A directory of Public Health Clinics in Australia and New Zealand can be found at: W: www.racp.edu.au/page/sexual-health-publications .
The Hepatitis Foundation W: https://www.hepatitisfoundation.org.nz/	New Zealand AIDS Foundation W: www.nzaf.org.nz
Most states and territories provide information about their infection-control guidelines and policies through their websites:	
Australian Government National Health and Medical Research Council W: https://www.nhmrc.gov.au/about-us/publications/australian-guidelines-prevention-and-control-infection-healthcare-2019	ACT Department of Health and Community Care W: https://www.health.act.gov.au/about-our-health-system/data-and-publications/publications?search=&f%5B0%5D=media_type%3Apolity_and_plans
NSW Health Infection Control Policy W: https://www1.health.nsw.gov.au/pds/Pages/doc.aspx?dn=PD2017_013	Northern Territory Department of Health Centre for Disease Control https://health.nt.gov.au/professionals/centre-for-disease-control/resources-and-publications
Queensland Health W: http://disease-control.health.qld.gov.au/	South Australian Department of Human Services W: https://www.sahealth.sa.gov.au/wps/wcm/connect/public+content/sa+health+internet/clinical+resources/clinical+topics/healthcare+associated+infections
Department of Health and Human Services Tasmania W: https://www.dhhs.tas.gov.au/publichealth/communicable_diseases_prevention_unit/infectious_diseases	Victorian Department of Human Services, Public Health Division The Blue Book – Guidelines for the Control of Infectious Diseases W: https://www2.health.vic.gov.au/public-health/infectious-diseases/infection-control-guidelines/manage-exposure-blood-body-fluids-substances
Health Department of Western Australia W: https://www2.health.wa.gov.au/	

ASHM resources

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

Resources

- Police and Blood-Borne Viruses
- Correctional Officers and BBVs
- Decision Making in Hepatitis C
- HCV Treatments Quick Reference Tool
- Decision Making in Hepatitis B
- Hepatitis B and Primary Care Providers
- Decision Making in Viral Hepatitis Related Advanced Liver Disease
- Hepatitis B and Immigration
- General Practitioners and HIV
- HIV Monitoring Tool
- Decision Making in PrEP
- Decision Making in HIV
- HIV and Immigration

Guidelines

- Australasian Contact Tracing Guideline
- Antiretroviral Guidelines
- ASHM PrEP Guidelines
- Undetectable = Untransmittable: A guide for clinicians to discuss
- Post-exposure Prophylaxis After Non-Occupational and Occupational Exposure to HIV: Australian National Guidelines
- Guide to Australian HIV Laws and Policies for Healthcare Professionals
- HIV Management in Australasia: a guide for clinical care
- Australian Recommendations for the management of hepatitis C virus infection: a consensus statement
- B Positive: all you wanted to know about hepatitis B – a guide for primary care providers

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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/training or contact the ASHM National Policy and Education Division on education@ashm.org.au.

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ACT Corrective Services



Corrective Services, Tasmanian
Department of Justice



Corrective Services NSW

Corrections Victoria



Department of
Justice



Northern Territory Department
of Correctional Services

Western Australia Department
of Corrective Services



Queensland Corrective Services



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