



TITLE: PHYSIOTHERAPISTS INFECTED WITH BLOOD BORNE VIRUSES

1. INTRODUCTION

The Physiotherapists Registration Act 2001 confers on the Physiotherapists Board of Queensland the responsibility for protection of the public. Recent developments in treatment of infectious diseases mean that the issue of infection of patients by health care workers is a major consideration in health care risk management. Of particular concern are infections with blood borne viruses, such as HIV, Hepatitis B and Hepatitis C.

Historically, physiotherapists have always been at risk of succumbing to a disease acquired in the course of their duties. However, the possibility of long-term survival, with maintenance of professional activities, creates the potential for a pool of infected persons within the profession. The Physiotherapists Board of Queensland has the responsibility to protect the public against the risks presented by these persons.

2. DEFINITIONS

2.1 Blood Borne Virus

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

2.2 Health Care Workers

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

2.3 Invasive Procedures

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

2.4 Exposure Prone Procedures

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

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

3. PRINCIPLES

- 3.1 The Physiotherapists Board insists that all patients are entitled to good standards of practice and care from their physiotherapists and other health care workers (including students) regardless of the nature of their disease or conditions.
- 3.2 Physiotherapists owe a duty of care to patients and are therefore responsible for the protection of patients against infection.
- 3.3 *The Queensland Anti-Discrimination Act 1991* prohibits discrimination on the grounds of impairment (which includes the presence of blood borne virus).
- 3.4 Physiotherapists who become infected with blood borne viruses are entitled to expect the confidentiality and support afforded to other patients. Only in the most exceptional circumstances, where the release of a physiotherapist's name is essential for the protection of patients, may a physiotherapist's infection status be disclosed without his or her consent.
- 3.5 The Board acknowledges that future developments in treatment of blood borne viruses may render most infected practitioners non-infectious. Until such developments occur, protection of the public must be provided through appropriate policy. For this reason, this policy will be reviewed from time to time.

4. PRACTITIONERS WHO HAVE BECOME INFECTED WITH A BLOOD BORNE VIRUS AFTER REGISTRATION AS A PHYSIOTHERAPIST WAS GRANTED

- 4.1 The risks posed by practitioners in this category include:
 - 4.1.1 the risk of transmission of the virus; and
 - 4.1.2 the risk that the virus will impact on professional performance. This is particularly a concern in cases of HIV infection, where AIDS related dementia can occur.

- 4.2 The Board has the responsibility to protect the public from both of these risks. The risk of transmission can be almost completely eliminated by requiring that such practitioners do not undertake exposure-prone procedures. The categories of “infected practitioner” most at risk are those who are:
- 4.2.1 Hepatitis C antibody and PCR positive;
 - 4.2.2 Hepatitis B e antigen or HBV DNA positive;
 - 4.2.3 Determined by a Medical Practitioner with expertise in hepatitis diseases, to have other serological evidence of active HBV or HCV infection; or
 - 4.2.4 HIV antibody positive.
- 4.3 The Board will use existing procedures for assessment of fitness to practise if concerns are raised that a practitioner infected with a blood borne virus has developed some complication that impacts on their fitness to practise. Similar procedures allow for the assessment of applicants for registration.

5. RESPONSIBILITY FOR ASCERTAINING VIRAL INFECTION STATUS

- 5.1 It is the responsibility of individual practitioners to be aware of their infection status for HIV, Hepatitis B and Hepatitis C. Testing should be undertaken at the following times:
- 5.1.1 at the commencement of work requiring the performance of exposure prone procedures; and
 - 5.1.2 while continuing to perform exposure prone procedures, repeat testing every 12 months is required.

Any practitioner who fails to be aware of infection status may be guilty of misconduct in a professional respect, and may be prosecuted by the Board before the Health Practitioners Tribunal.

- 5.2 A practitioner who discovers that he/she returns test results in any of the following categories:
- 5.2.1 Hepatitis C antibody and PCR positive;
 - 5.2.2 Hepatitis B e antigen or HBV DNA positive;
 - 5.2.3 Determined by a Medical Practitioner with expertise in hepatitis diseases, to have other serological evidence of active HBV or HCV infection; or
 - 5.2.4 HIV antibody positive.

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

Practitioners who fail to do so may be guilty of misconduct in a professional respect, and may be prosecuted by the Board before the Health Practitioners Tribunal.

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

Practitioners who fail to notify the Board of a colleague who does not comply with the Board's policy, or in whom there are complications affecting professional performance, may be guilty of misconduct in a professional respect, and may be prosecuted by the Board before the Health Practitioners Tribunal.

6. PHYSIOTHERAPY STUDENTS

- 6.1 The Board encourages Physiotherapy Students to comply with the principles and requirements of this policy.