AUTHORITY

This code of practice was approved by the Minister for Labor Relations on 11 September 2000 in accordance with Section 57 of the Occupational Safety and Health Act 1984. The code of practice approved on 1 November 1997 has been revoked.

SCOPE

This code of practice applies to all workplaces in Western Australia covered by the Occupational Safety and Health Act 1984.

This code provides practical guidance for the management of HIV/AIDS, hepatitis B and hepatitis C in the workplace.

The general principles for managing occupational safety and health in workplaces are covered in Appendix A of this code of practice.

WHO SHOULD USE THIS CODE OF PRACTICE?

This code should be used by all persons, including employers, contractors, employees, and safety and health representatives, involved in work which may lead to exposure to hepatitis B, hepatitis C or HIV/AIDS resulting from the handling of human blood products, body secretions, excretions or other material which may be a source of infection.

For further information on the control of infectious diseases in the workplace, contact the Chamber of Commerce and Industry of Western Australia (Tel. 08 9365 7555), UnionsWA (Tel. 08 9328 7877) or WorkSafe Western Australia (Tel. 08 9327 8777).
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1. HIV/AIDS AND HEPATITIS

1.1 HIV/AIDS

Acquired Immunodeficiency Syndrome (AIDS) is a blood borne disease that results from infection with a Human Immunodeficiency Virus (HIV). The disease damages the body's immune system so it is unable to fight off infection. An important feature of HIV infection is that there is usually a long period after infection during which the person has few or no symptoms of the disease.

The disease usually progresses through four stages.

- **Stage 1**
  In the initial weeks of infection, the person experiences symptoms similar to those of glandular fever. Antibodies to the virus are usually formed at this time (3-12 weeks after infection).

- **Stage 2**
  Following infection, there is a long period during which the person has few or no symptoms, but HIV is detectable through the presence of antibodies. This period usually lasts from 3 to 8 years after the initial infection.

- **Stage 3**
  As the virus begins to destroy the immune system, symptoms such as weight loss, fever, diarrhoea and lymph gland enlargement may commence. This stage is known as persistent generalised lymphadenopathy.

- **Stage 4**
  The full AIDS syndrome develops when the immune system is severely damaged. The person may become terminally ill with infections, cancers or neurological disorders. Forty per cent of infections progress to the full AIDS syndrome within seven years.

HIV is not as infectious as hepatitis B or C. Infection with HIV can occur through the transfer of infected human blood or body fluids, including anal or vaginal sexual intercourse, needle sharing related to drug use or needlestick injury. It may also be transmitted from an infected mother to a baby during pregnancy, child birth or breastfeeding.

HIV is not transmitted through non-sexual, person to person contact. However, the virus can be transferred where infected materials such as blood or body fluids come into direct contact with broken skin or the mucous membranes of the eyes, nose or mouth.
HIV/AIDS AND HEPATITIS

Although HIV can survive in body fluids outside the body, it is much more fragile and cannot survive for as long outside the body as the hepatitis viruses.

There is no evidence that HIV is transmitted by:
- insects;
- food, water, shared eating or drinking utensils;
- sneezing, coughing, sweat, tears, shared clothing or telephone hand sets; or
- toilets, urinals or swimming pools.

1.2 HEPATITIS

Hepatitis is a disease of the liver which can be caused by exposure to viruses or chemicals. Viral hepatitis is a common infectious disease and different viruses cause hepatitis A, hepatitis B and hepatitis C. Symptoms of hepatitis may include abdominal discomfort, nausea, loss of appetite, tiredness, fever and jaundice. Blood tests are used to determine the type of virus causing the infection.

An employer is required to notify the WorkSafe Western Australia Commissioner if his or her employee contracts viral hepatitis in the course of their work (See Appendix B and Appendix C).

1.2.1 Hepatitis A

Hepatitis A can be a safety and health issue in certain workplaces.

Hepatitis A may be spread through eating or handling food or drink contaminated with the hepatitis A virus (HAV). The virus is found in human excreta and can survive outside the body for some time. Good personal hygiene practices are important to reduce the risk of infection with hepatitis A.

Whilst reference has been made to hepatitis A, this code of practice does not deal with it in any further detail. Further information in respect of hepatitis A can be obtained from the Health Department of WA.

1.2.2 Hepatitis B and hepatitis C

Hepatitis B virus (HBV) and hepatitis C virus (HCV) can be found in body fluids such as blood and semen. It can be passed from one person to another by infected blood, body fluids or tissue physically entering the body. This may occur:
- by injection with contaminated needles (eg. needlestick injury or intravenous drug use) or sharp objects;
- by sexual contact (mainly for hepatitis B);
- by transfusion of infected blood products or transplantation of infected material;
- by indirect transfer of infected blood through shared razors, toothbrushes and other personal items; or
- during pregnancy from the mother to child.
HBV and HCV can also survive in body fluids outside the body, therefore these fluids should be considered a potential source of infection.

The majority of adults who are infected with HBV do not suffer a serious illness and may not develop jaundice. If an obvious illness does develop the severity can vary.

A few of those who are infected with HBV become long term carriers of the disease. The risk of becoming a carrier is highest in those who are infected at birth from their infected mother. Long term carriers face a risk of liver cirrhosis and liver cancer.

Statistics show that the hepatitis B virus is up to thirty times more infectious than HIV/AIDS and it is estimated that about one in 1,000 persons in Australia is an infectious carrier.

Hepatitis C was discovered in 1988. It is now thought to be the most common of the hepatitis viruses. It probably affects about one in 250 persons in Australia.

Many individuals infected with the hepatitis C virus show no signs of infection. In others, an illness may occur several weeks after infection. Symptoms may include jaundice, dark urine, feeling unwell or tired, and vague abdominal pains.

Many people who have hepatitis C will remain infected indefinitely and are capable of transmitting the disease to others, even if they are not aware they have the virus. A small number of individuals may clear the virus from the body completely without treatment.

About 25% of hepatitis C cases develop chronic hepatitis, which may lead to cirrhosis and liver cancer. There is treatment available which is of benefit for some people with chronic hepatitis C or hepatitis B.

While intravenous drug users have a greatly increased risk of infection with hepatitis C virus, occupational infection occurs mainly from transmission via contaminated needles and sharp objects in the workplace which have been handled incorrectly. Hepatitis B and hepatitis C are not usually transmitted by casual contact between persons.
2. RISK MANAGEMENT

2.1 RISK MANAGEMENT

Regulation 3.1 specifies that hazards must be identified, their risks assessed and control measures considered. These three steps can be divided into various stages to ensure risk is adequately controlled. Diagram 1 provides guidance on how each step may be applied in the workplace for controlling risk from infectious substances.

**DIAGRAM 1: THE THREE STEP PROCESS**

- **HAZARD IDENTIFICATION**
  - Identify potential sources of infection

- **RISK ASSESSMENT**
  - Identify activities and occupations where hazards exist
  - Evaluate the risk of infection, taking into consideration the modes of transmission and the type and frequency of exposure

- **RISK CONTROL**
  - Develop and implement control measures and procedures, monitor effectiveness and review as necessary.
The purpose of hazard identification is to identify the activities in the workplace which put employees at risk of transmission of HIV and hepatitis.

The two stages in the hazard identification step are:

- identifying potential sources of infection; and
- identifying activities and occupations where hazards exist.

### 2.2 SOURCES OF INFECTION

Sources of infection can include:

- blood and body fluids from persons who are infectious carriers of the disease; or
- material contaminated or likely to be contaminated with infected blood products, body fluids or tissue, such as sanitary waste, blood products, soiled linen, used needles or sharps.

### 2.3 ACTIVITIES AND OCCUPATIONS WHERE A HAZARD MAY EXIST

The process of hazard identification involves identifying and placing in order of priority the activities which require action to reduce the risk of transmission of HIV and hepatitis. If a hazard is identified, a risk assessment must be carried out.

Hazard identification should be carried out in the following manner:

- consulting with employees to determine activities likely to result in the transmission of HIV and hepatitis;
- analysing available reports of exposure to blood or body fluids. These reports should identify high risk activities and trends; and
- conduct workplace audits which include:
  - workplace layout;
  - work practices;
  - sources of employee exposure to blood and body fluids; and
  - occupations involving potential exposure to HIV and hepatitis.

Whilst most occupational risk factors are still unlikely to result in transmission, any occupation which involves potential exposure to HIV, the hepatitis B virus or the hepatitis C virus should be included in the risk assessment.
Occupations where a specific risk assessment may be required include:

- medical practitioners;
- nursing staff;
- dentists, dental assistants and dental therapists;
- post-mortem technicians and other mortuary staff;
- operating theatre staff;
- medical and forensic laboratory technicians;
- providers of sexual services;
- health carers working in institutions;
- emergency care providers of the police, fire brigade and ambulance services;
- hospital cleaning staff;
- maintenance plumbers;
- sanitation workers;
- prison workers;
- garbage collectors;
- hospital laundry staff;
- care workers for people with disabilities, children and the aged;
- people performing acupuncture, tattooing, body piercing or hair removal by electrolysis;
- first aid providers;
- people who officiate or work in contact sports; and
- defence forces.
RISK MANAGEMENT

The purpose of risk assessment is to evaluate the risks to employees arising from exposure to blood or body fluids in the workplace including impaired skin, dermatitis and eczema and to determine measures necessary to minimise those risks.

Risk assessment should include:

- modes of transmission of HIV and hepatitis in the workplace. Transmission may occur when:
  - sharps contaminated with infected blood or body fluids penetrate the skin; or
  - infected blood or body fluids splash into the eye or other mucous membranes, onto broken skin or into a cut;
- type and frequency of exposure to blood or body fluids including:
  - the amount of blood or body fluid;
  - the probable route of transmission;
  - the type of body fluid encountered; and
  - consideration of multiple exposures;
- factors contributing to exposures and their recurrence;
- risks of exposure to blood or body fluids associated with workplace layout, design and work practices;
- potential for serious health effects resulting from HIV or hepatitis and access to medical and first aid services;
- assessment of the knowledge and training of employees regarding HIV and hepatitis, including safe work practices;
- assessment of the availability and use of personal protective equipment;
- assessment of the suitability of equipment for the task and whether or not the use of the equipment is likely to lead to exposures to blood or body fluids; and
- assessment of other current risk control measures and the need for new risk control measures.

2.4 CONTROL MEASURES

Employers, in consultation with safety and health representatives, if any, and relevant employees, should develop practical prevention and control strategies appropriate to their workplace. The strategy should include:

- *standard precautions*;
- personal hygiene;
- an infection control program; and
- a staff education program.
RISK MANAGEMENT

Consideration should also be given to:

- eliminating work practices which involve unnecessary exposure to blood or body fluids;
- reducing employee exposure by containing or isolating the source of the infection;
- reducing risk by substitution, redesign of process or improved work methods, eg. needle free intravenous systems;
- total enclosure of a process, eg. biological fume cupboards;
- segregation of a process to reduce the number of people exposed, eg. handling blood products in the laboratory, biological waste disposal systems;
- good house keeping;
- waste management;
- personal protective equipment (PPE); and
- vaccination.

Upon the completion of the risk assessment process, consideration must be given to controlling the risk. The three steps in risk control are:

- developing and implementing control measures and procedures;
- monitoring effectiveness of control strategies; and
- reviewing as necessary.

2.4.1 Standard and additional precautions

The principles of standard precautions should be used by employers and employees to develop safe working procedures appropriate to their workplace. Standard and additional precautions are designed primarily to protect health care workers from infection.

Standard precautions were formerly referred to as universal precautions. The National Health and Medical Research Council of Australia (NH&MRC) recommended the term universal precautions be replaced with standard precautions as the basic risk minimisation strategy.

Standard precautions are work practices required for the basic level of infection control. Standard precautions apply to the handling of all body fluids, secretions and excretions (excluding sweat), regardless of whether they contain visible blood (including dried body substances such as dried blood or saliva), and contact with non-intact skin or mucous membranes.

Standard precautions are described in detail in Appendix D.
2.4.2 Safe work procedures

*Standard precautions* are the basic minimum standard of safe working procedures, however, in some cases they will not apply.

Safety and health representatives, if any, and relevant employees should be consulted when developing safe work procedures. These procedures should be appropriate to the workplace and should be followed.

Procedures should be developed for each component of the control strategy, including:

- safe working practices;
- infection control;
- the provision of client care; and
- the management of situations where the HIV/AIDS, hepatitis B or hepatitis C status of an employee is known.

When the source of the material is unknown, the material should be treated as being infectious and safe working procedures must be adopted. In certain circumstances, segregation of infectious substances will be necessary. For example, in hospitals, plumbers should be informed of the risk of infection when carrying out maintenance on sewers or waste pipes. These pipes should be identified to ensure employees apply the agreed safe procedures.

Employees must be trained to ensure the adopted safe working procedures are implemented and followed. Training needs relevant to safe working procedures should be assessed in consultation with safety and health representatives, if any, and relevant employees.

2.5 PERSONAL HYGIENE

Employers must ensure hand washing facilities are provided with running water, soap and single-use towels. A high standard of personal hygiene is essential and the practical applications listed below apply to all contacts between workers and other persons:

- hands must be washed after contact with blood or body fluids and before eating, drinking or smoking;
- gloves must be readily available to all workers likely to be exposed and should be worn when handling blood or body fluid. The wearing of gloves substantially reduces the risk of hands being contaminated with blood and body fluids. Hands must be washed immediately after removing gloves (gloves cannot be guaranteed to remain intact during use);
RISK MANAGEMENT

- gloves contaminated with blood or body fluids should be changed between treating persons. The wearing of gloves does not prevent cross-infection;
- waterproof aprons or gowns should be worn when clothing is likely to be soiled with blood or any body fluid;
- a mask and/or protective eyewear should be worn where eye and/or mucous membrane exposure to splashed or sprayed blood or body fluid is likely, eg. dental and surgical procedures, cleaning soiled equipment; and
- cuts or abrasions on any exposed part of a worker’s body must be covered with waterproof dressings at all times whilst on duty.

2.6 SHARPS

The principal risk of occupational transmission of infection of hepatitis and HIV to workers is from needlestick injuries. For HIV, the risk is probably less than one in 200 incidents of needlestick injuries infected with the virus.

Needles and disposable sharp instruments used in the treatment of any person must be discarded directly into an impermeable container designated for the disposal of sharps which complies with AS/NZS 4031 Non-reusable containers for the collection of sharp medical items used in health care areas and AS/NZS 4261 Reusable containers for the collection of sharp items used in human and animal medical applications.

For information on the storage, transport and disposal of sharps see Appendix E.

2.7 CLEANING, DISINFECTION AND STERILISATION

2.7.1 Cleaning - generally

Cleaning should be done with detergent and water. Gloves should be worn during cleaning. Items should be washed and scrubbed to remove all visible contaminants. Care should be taken during cleaning to avoid splashing. Eye protection should be worn if splashing is likely to occur.

Cleaning must always precede disinfection or sterilisation.

2.7.2 Cleaning, disinfection and sterilisation of reusable equipment

There are three levels for cleaning, disinfecting and sterilising reusable equipment. The choice of method depends on what the equipment is used for.

(i) If the equipment is to have contact only with intact skin, then it requires cleaning. However, if this equipment is contaminated with blood, then it should be cleaned and disinfected.

(ii) If the equipment is to have contact with mucous membranes, then it requires cleaning and high level disinfection.
If the equipment is to have contact with normally sterile tissue, then it should be cleaned and sterilised.

The incorrect use of some disinfectants can be hazardous. Labels and Material Safety Data Sheets (MSDSs) provide information on correct use and should be followed.

Australian Standard AS 4187 Cleaning, disinfecting and sterilising reusable medical and surgical instruments and equipment, and maintenance of associated environments in health care facilities provides additional information on cleaning of equipment.

### 2.8 SPILLS

Spills should be assessed and attended to immediately. The procedures for managing blood or body fluid spills are dependent on the nature and size of the spill as well as the location and include:

- **Protective clothing**
  
  Workers involved in cleaning or disinfection must wear disposable gloves. If a spillage covers a large area, a waterproof apron (or gown) and overshoes may also be needed to prevent contamination of clothing.

- **Cleaning**
  
  Soiled areas must be cleaned thoroughly with water and detergent using a disposable cloth.

- **Disinfection**
  
  After all visible soiling has been removed, if appropriate, the area should be wiped over with a clean disposable cloth saturated with 0.5% hypochlorite solution and allowed to dry.

- **Disposal**
  
  Cloths used in clean up should be disposed of in a bin designated for contaminated waste.

If a worker has been exposed to blood or body fluid from a needlestick injury or a splash onto a mucous membrane:

- promptly wash away the blood or body fluid;
- use soap except for the eyes and mouth which should be thoroughly rinsed with water;
- report the incident to the employer;
- counsel the worker about the exposure and seek the worker’s consent to be tested for infection; and
- recommend the worker seek medical advice promptly.
2.9  LAUNDRY

Procedures should be developed to cover:

- distribution of clean linen;
- bagging of used linen for collection;
- storage and transport of used linen;
- checking for sharps in used linen; and
- cleaning of used linen.

All linen soiled with blood, excreta or body fluid should be treated as potentially infectious and must be placed in a clear plastic bag provided for "foul" linen before being put into a standard linen laundry bag. It is not necessary to use disposable linen for persons being treated and known to have blood-borne infections, as the hot wash cycle used for foul linen destroys these pathogens.

2.10  WASTE MANAGEMENT

Procedures should be developed to ensure blood, body fluid, or potentially infectious material is disposed of safely. Procedures should cover:

- the initial disposal of waste in the area where waste is generated;
- collection, transport and storage of waste at the workplace;
- transport of waste for final disposal; and
- disposal of waste in accordance with health and local council requirements.

2.11  VACCINATION

2.11.1 Vaccination (before infection)

There is currently no vaccine for the prevention of HIV/AIDS or hepatitis C infection. There is a vaccine for hepatitis B.

The vaccine for hepatitis B is given by injection into muscle and has a three-dose schedule, with injections provided one month and three to six months after the initial dose.

A blood test is carried out after the third dose to verify whether the person has developed immunity, mainly in health care workers. Between five and ten per cent of people who have the vaccination might not develop immunity. Based on present knowledge, a booster is not required for people who have no defect in their immune system.

Where there is a high risk of contracting hepatitis B at work, a vaccination protocol should be included in a policy for prevention and control of infectious disease for the workplace and where appropriate, vaccination should be available free of charge. Employees should always be advised to discuss vaccinations with a medical practitioner.
Vaccination is recommended for:

- medical practitioners;
- dentists, dental assistants and dental therapists;
- post-mortem technicians and other mortuary staff;
- nursing staff;
- operating theatre staff;
- medical and forensic laboratory technicians;
- providers of sexual services;
- institutional health care workers;
- emergency care providers of the police, fire brigade and ambulance services; and
- employees travelling to certain overseas countries, as advised by a medical practitioner.

Where direct contact with blood or a body fluid or injury from contaminated needles or sharp objects is likely, the employer or self-employed person should consider vaccination for:

- hospital cleaning staff;
- maintenance plumbers;
- sanitation workers;
- prison workers;
- garbage collectors;
- hospital laundry staff;
- people performing acupuncture, tattooing, body piercing or hair removal by electrolysis;
- first aid providers;
- people who officiate or work in contact sports; and
- care workers for people with disabilities, children and the aged.

Note: It should be noted that there have been some recent reports of suspected adverse reactions such as optic nerve inflammation and, more commonly, non-specific effects such as rash, muscle pain and headache occurring in people who had received hepatitis B vaccine. This possible association is being further investigated by health authorities.

2.11.2 Protective treatment (after infection)

If a person considers he or she may have been infected with the hepatitis B virus, as a result of an incident at work, medical attention should be sought without delay.

If infection with the hepatitis B virus is suspected, your doctor may recommend hepatitis B immunoglobulin (Human) and hepatitis B vaccine be injected as soon as possible. It is advisable to commence treatment within 48 hours, however, if treatment cannot commence within 48 hours, it can be provided up to 7 days from the time of infection. Further doses of hepatitis B vaccine may be recommended.
2.12 PERSONAL PROTECTIVE EQUIPMENT (PPE)

Employers should provide equipment to protect employees from exposure to blood or body fluid. Employers should ensure there are adequate supplies of personal protective equipment for the use of employees. Personal protective equipment includes clothing.

Gloves should be worn whenever employees are likely to come into contact with blood or body fluid or when handling material contaminated with blood or body fluid. When selecting gloves, consideration should be given to personal protection from other hazards at the workplace, eg. chemicals.

The following personal protective equipment should be provided, as appropriate:
- non-porous waterproof dressings for employees with chapped or broken skin;
- gloves in a range of sizes and types, such as:
  - sterile and non-sterile gloves;
  - heavy latex or vinyl gloves; and
  - waterproof leather and other puncture resistant gloves; and
- masks for mouth-to-mouth resuscitation.

Where there is a possibility that an employee could be splashed or sprayed by blood or body fluids in their work, the following items should be available to the employee:
- eye protection;
- plastic aprons;
- waterproof gowns;
- fluid resistant masks;
- overalls; and
- overboots.

2.13 RISK CONTROL STRATEGIES FOR CERTAIN OCCUPATIONS

Where avoiding the hazard is not practicable, employers should consult with safety and health representatives, if any, and relevant employees to determine the risk of infection and, if such a risk is present, cooperate to develop safe working procedures, based on standard precautions.
Persons in occupations known to be at risk of infection should take precautions to control the risk of infection. These occupations include:

- **Health, hospital and dental care workers**
  
  People in this group, working with needles, have minimal risk when *standard precautions* are followed. They include workers employed in hospitals, out-patient clinics, private medical centres, dental surgeries, blood banks, laboratories, doctors’ surgeries and health centres.

  As employers have a duty to inform employees about hazards at their workplace, employees who are identified as at risk need to be included in a confidentiality net of knowing the blood-borne viral risk status of a patient or client who is in their care.

  Pregnant employees should not be assigned to the direct care of patients with HIV/AIDS. Pregnancy increases susceptibility to many hazards. The foetus could be at risk from any secondary infection that the patient may have. Secondary infections may include cytomegalovirus, tuberculosis and herpes zoster.

  If work activities do not involve contact with blood or body fluids, there is generally no need for protective clothing. However, if such contact is involved, employers should ensure employees are protected in accordance with *standard precautions*.

- **Post mortem technicians and assistants**
  
  *Standard precautions* should be applied to all autopsy, mortuary and embalming procedures.

- **Sex industry workers**
  
  Sex industry workers should require the use of condoms and dental dams at all times. Sex industry workers should be fully informed about the risk of contracting HIV/AIDS, hepatitis B and hepatitis C.
Police officers, fire fighters and ambulance personnel

*Standard precautions* should be used when people in these groups are exposed to blood or body fluids. Masks for mouth-to-mouth resuscitation should be used, where practicable.

Acupuncture, tattoos, body piercing, hair removal by electrolysis

People in this group, working with needles, have minimal risk from contact with the blood of clients when *standard precautions* are followed.

Sanitation or plumbing workers

People in this group should wear gloves and protective clothing, all cuts and scratches should be covered, and hands should be washed before eating, drinking, smoking and upon completion of work. These practices will protect the employee from exposure to hepatitis A. *Standard precautions* are not necessary unless employees are working with blood or body fluids.

Hospital support staff and other care workers

Protective measures should be considered for people providing domestic, kitchen, laundry, orderly, maintenance, laboratory and other support services, as well as the people involved in direct patient care. People carrying out dental procedures and oral surgery, those working in institutions for the mentally ill and intellectually handicapped, and those working in aged care are included in this group. *Standard precautions* should be applied where necessary.

As employers have a duty to inform employees working in institutions for the mentally ill and intellectually handicapped, and those working in aged care, about hazards at their workplace, employees who are identified as at risk need to be included in a confidentiality net of knowing the blood-borne viral status of a patient or client who is in their care.

Prison officers

Where there is a risk of contact with blood or body fluids *standard precautions* should be applied.

As employers have a duty to inform employees about hazards in their workplace, employees, who are identified as at risk, need to be included in a confidentiality net of knowing the blood-borne viral status of a prisoner who is in their care.
RISK MANAGEMENT

- **Emergency first aid providers, pool attendants, life savers and life guards**

  Standard precautions should be used when people in this group are exposed to blood or body fluids. Masks for mouth-to-mouth resuscitation should be used, where practicable.

- **Body contact sports**

  People who officiate or work in contact sports should follow the recommendations in the joint bulletin issued by the Australian National Council on AIDS (ANCA) and Sports Medicine Australia (SMA) (see Appendix H).

2.14 INFORMATION AND TRAINING

All workers handling blood or body fluids must be adequately trained with regard to blood-borne infections. Workplace information and training programs should:

- form part of the induction program for new employees;
- be regularly repeated to employees on an ongoing basis;
- relate to the activities of the workplace and be targeted to specific tasks;
- provide updates when there are changes in information about blood-borne pathogens such as HIV, hepatitis B and hepatitis C;
- provide updates when changes in work procedures and practices are introduced;
- provide updates when new equipment is introduced;
- provide training for the provision of first aid;
- train employees in the correct procedure in the event of an exposure to blood or body fluids;
- utilise a variety of educational and training techniques (such as peer educators and group sessions) which involve the active participation of employees;
- be provided in a manner appropriate to the workplace;
- inform employees about their legal obligations regarding occupational safety and health; and
- direct employees to other reliable sources of information.
2.15 MONITORING AND EVALUATION

Employers should regularly monitor and evaluate work practices and ensure that action is taken to modify work practices when indicated. Safety and health representatives, if any, and employees, should be involved in the monitoring and evaluation process. The following should be considered:

- effectiveness of workplace policies and procedures;
- level of compliance with *standard precautions*;
- effectiveness of information and training programs;
- causes of exposures to blood or body fluids;
- appropriate investigation of incidents; and
- effectiveness of post-exposure follow-up.
1.1 LEGISLATIVE FRAMEWORK IN WESTERN AUSTRALIA

The *Occupational Safety and Health Act 1984* sets objectives to promote and improve occupational safety and health standards. The *Act* sets out broad duties and is supported by more detailed requirements in the *Occupational Safety and Health Regulations 1996*. The legislation is further supported by guidance material such as approved Codes of Practice. This legislative framework is depicted below.

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| OCCUPATIONAL SAFETY AND HEALTH REGULATIONS | The *Occupational Safety and Health Regulations* set minimum requirements for specific hazards and work practices, including reference to National Standards developed by the National Occupational Health and Safety Commission and Australian Standards developed by Standards Australia. |

| GUIDANCE MATERIAL | • Codes of practice approved for Western Australia in accordance with Section 57 of the Act |
|                  | • Guidance notes developed by the WorkSafe Western Australia Commission |
|                  | • National codes of practice and national standards developed by the National Occupational Health and Safety Commission |
|                  | • Australian standards developed by Standards Australia |
APPENDIX A  GENERAL PRINCIPLES FOR MANAGING OCCUPATIONAL SAFETY AND HEALTH IN WORKPLACES

1.2 ACCESS TO ACT, REGULATIONS AND OTHER RELEVANT DOCUMENTS

Employers are required to provide information to employees, to alert them to areas where hazards may exist and to improve their understanding of safe work practices. The Regulations specify documents which must be made available for perusal by employees at the workplace.

Persons at workplaces to have access to Act etc.

Regulation 3.2 states

A person who, at a workplace, is an employer or the main contractor must ensure that, as soon as practicable following a request from a person who works at the workplace, there is available for that person’s perusal an up to date copy of —

(a) the Act;
(b) these regulations;
(c) all Australian Standards, Australian/New Zealand Standards and NOHSC documents or parts of those Standards or documents referred to in these regulations that apply to that workplace;
(d) all codes of practice approved under section 57 of the Act that apply to that workplace; and
(e) guidelines or forms of guidance referred to in section 14 of the Act —
   (i) the titles of which have been published in the Government Gazette and which are set out in Schedule 3.1; and
   (ii) which apply to that workplace.

1.3 THE GENERAL DUTIES - AN OVERVIEW

Employers must, so far as is practicable,

- provide a workplace and safe system of work so that, as far as practicable, employees are not exposed to hazards;
- provide employees with information, instruction, training and supervision to allow them to work in a safe manner;
- consult and co-operate with safety and health representatives in matters related to safety and health at work;
- ensure plant is installed or erected so it can be used safely; and
- provide adequate protective clothing and equipment where hazards cannot be eliminated.
Employees must take reasonable care to ensure their own safety and health at work and the safety and health of others affected by their work.

Self-employed persons also must take reasonable care to ensure their own safety and health at work and to ensure their work does not affect the safety and health of others.

Designers, manufacturers, importers and suppliers of plant must ensure that plant is safe to install, maintain and use at workplaces. Safety and health information must be supplied with all plant and substances used at work.

Designers or builders of a building or structure for use as a workplace must ensure, so far as is practicable, that persons constructing, maintaining, repairing, servicing or using the building or structure are not exposed to hazards.

1.4 HAZARD IDENTIFICATION, RISK ASSESSMENT AND RISK CONTROL

The Act: Section 19 states (in part)

(1) An employer shall, so far as is practicable, provide and maintain a working environment in which his employees are not exposed to hazards and in particular, but without limiting the generality of the foregoing, an employer shall —

(a) provide and maintain workplaces, plant, and systems of work such that, so far as is practicable, his employees are not exposed to hazards.

Under Section 19(1)(a) of the Occupational Safety and Health Act, employers have a duty to ensure, as far as practicable, that employees are not exposed to hazards at the workplace. The Regulations require employers to identify hazards, assess risks and consider how these risks may be controlled.

Identification of hazards, and assessing and addressing risks, at workplaces

Regulation 3.1 states

A person who, at a workplace, is an employer, the main contractor, a self-employed person, a person having control of the workplace or a person having control of access to the workplace must, as far as practicable —

(a) identify each hazard to which a person at the workplace is likely to be exposed;

(b) assess the risk of injury or harm to a person resulting from each hazard, if any, identified under paragraph (a); and

(c) consider the means by which the risk may be reduced.
The regulation outlines three basic steps:

- **Identification of hazards**
  
  This involves recognising things which may cause injury or harm to the health of a person, for instance flammable material, ignition sources or unguarded machinery.

- **Assessing risk**
  
  This involves looking at the possibility of injury or harm occurring to a person if exposed to a hazard.

- **Controlling the risk of injury or harm**
  
  This involves introducing measures to eliminate or reduce the risk of a person being injured or harmed.

It is important to regularly review the steps, especially if there are changes in the work environment, new technology is introduced, or standards are changed.

Employers should consult with safety and health representatives, if any, and employees during these steps.

### 1.4.1 Identifying hazards

There are a number of ways of identifying potential sources of injury or disease. Selection of an appropriate procedure will depend on the type of work processes and hazards involved.

Procedures may range from a simple checklist for a specific piece of equipment or substance to a more open-ended appraisal of a group of related work processes. A combination of methods may provide the most effective results.

Methods of identifying workplace hazards include:

- developing a hazard checklist;
- conducting walk-through surveys;
- reviewing information from designers or manufacturers;
- analysing unsafe incidents, accident and injury data;
- analysing work processes;
- consulting with employees;
- examining and considering material safety data sheets and product labels; and
- seeking advice from specialist practitioners and representatives.
A HAZARD MEANS ANYTHING THAT MAY RESULT IN INJURY OR HARM TO THE HEALTH OF A PERSON

Some hazards such as mechanical hazards, noise, or the toxic properties of substances may be inherent in the work process. Other hazards result from equipment or machine failures and misuse, control or power system failures, chemical spills, and structural failures.

The table below lists some types of hazards together with some specific examples.

Table 1

<table>
<thead>
<tr>
<th>HAZARD</th>
<th>EXAMPLES</th>
<th>OUTCOMES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Manual handling</td>
<td>overexertion/repetitive movement</td>
<td>sprains, strains, fractures</td>
</tr>
<tr>
<td>Falls</td>
<td>falling objects, falls, slips and trips of people</td>
<td>fractures, bruises, lacerations, dislocations, concussion, permanent or fatal injuries</td>
</tr>
<tr>
<td>Electricity</td>
<td>electrical current, lightning</td>
<td>shock, burns, electrocution</td>
</tr>
<tr>
<td>Machinery and equipment</td>
<td>being hit, hitting objects, being caught in or between, over-turning vehicles</td>
<td>cuts, bruises, dislocations, fractures, amputation, permanent or fatal injuries</td>
</tr>
<tr>
<td>Hazardous substances</td>
<td>chemicals such as acids, hydrocarbons, heavy metals</td>
<td>toxic effects, dermatitis, respiratory illnesses, cancers</td>
</tr>
<tr>
<td>Extremes of temperature</td>
<td>effects of heat or cold</td>
<td>burns, frost bite, heat stress, heat stroke</td>
</tr>
<tr>
<td>Noise</td>
<td>excessive noise</td>
<td>permanent hearing damage</td>
</tr>
<tr>
<td>Radiation</td>
<td>ultra violet, welding arc flashes, micro waves, lasers</td>
<td>burns, cancer, damaged eye sight, blindness</td>
</tr>
<tr>
<td>Biological</td>
<td>viruses, bacteria, fungi, toxins</td>
<td>hepatitis, Legionnaire’s disease, Q Fever, tetanus, HIV/AIDS, allergies</td>
</tr>
<tr>
<td>Vibration</td>
<td>hands, whole of body</td>
<td>organ, nerve and muscle damage</td>
</tr>
<tr>
<td>Psychological stress</td>
<td>intimidation, organisational change, violence, conflict, time pressure</td>
<td>high blood pressure, headaches and migraine, anxiety, depression, absenteeism</td>
</tr>
</tbody>
</table>
APPENDIX A  GENERAL PRINCIPLES FOR MANAGING OCCUPATIONAL SAFETY AND HEALTH IN WORKPLACES

1.4.2 Analysing and assessing risks

RISK, IN RELATION TO ANY INJURY AND HARM, MEANS THE PROBABILITY OF THAT INJURY OR HARM OCCURRING.

Risk assessment of the hazards identified in the first step should result in a list of potential injuries or harm and the likelihood of these occurring. The potential for fatal injury should be considered for each identified hazard. If hazards are listed they should be in the order of the most to the least serious, eg. from death to minor injury.

In assessing risks, consideration should be given to the state of knowledge about the frequency of injury or disease, the duration of exposure to injury or disease sources and the likely severity of the outcomes. Knowledge gained from similar workplaces or similar processes may be relevant to this risk assessment. Factors to be considered include:

- **frequency of injury** - how often is the hazard likely to result in an injury or disease?
- **duration of exposure** - how long is the employee exposed to the hazard?
- **outcome** - what are the consequences or potential severity of injury?

Assessing these three factors will indicate the probability or likelihood of injury or harm occurring to workers involved in a particular work process. It also indicates the likely severity of this harm.

Risk assessment requires good judgement and awareness of the potential risks of a work process. Any person undertaking the risk assessment must have knowledge and experience of the work process. The task may be complicated by incomplete data or incomplete information regarding hazards of a work process.

In some cases it may be necessary to break down the activity or process into a series of parts and assess each part separately.

Risk assessment should include:

- assessing the adequacy of training or knowledge required to work safely;
- looking at the way the jobs are performed;
- looking at the way work is organised;
- determining the size and layout of the workplace;
- assessing the number and movement of all people on the site;
- determining the type of operation to be performed;
- determining the type of machinery and plant to be used;
- examining procedures for an emergency (eg. accident, fire and rescue); and
- looking at the storage and handling of all materials and substances.
This step should provide information on where and which employees are likely to be at risk of incurring injury or disease, how often this is likely to occur, and the potential severity of that injury or disease risk.

1.4.3 Identifying control measures

The final step in risk assessment is to determine the control measures that need to be taken and the ongoing review of those measures. There is a hierarchy or preferred order of control measures ranging from the most effective to the least effective. The preferred order is outlined in the table below.

The control of occupational injury and disease risks should preferably be dealt with by design, substitution, redesign, separation or administration. These controls generally eliminate, reduce or minimise risk in a more reliable manner than personal protective equipment.

Controls involve implementing measures which eliminate or reduce the risks of a hazardous work process and minimise the effects of injury or disease.

Where regulations require specific methods to control the risk, these must be complied with.

**TABLE 2 - Hierarchy or preferred order of control**

| **elimination** | removing the hazard or hazardous work practice from the workplace. This is the most effective control measure; |
| **substitution** | substituting or replacing a hazard or hazardous work practice with a less hazardous one; |
| **isolation** | isolating or separating the hazard or hazardous work practice from people involved in the work or people in general work areas. This can be done by installing screens or barriers or marking off hazardous areas; |
| **engineering control** | if the hazard cannot be eliminated, substituted or isolated, an engineering control is the next preferred measure. This may include modifications to tools or equipment, or providing guarding to machinery or equipment; |
| **administrative control** | includes introducing work practices that reduce the risk. This could include limiting the amount of time a person is exposed to a particular hazard; and |
| **personal protective equipment** | to be considered only when other control measures are not practicable or to increase protection. |

Control measures are not mutually exclusive. That is, there may be circumstances where more than one control measure should be used to reduce exposure to hazards.
APPENDIX A  GENERAL PRINCIPLES FOR 
MANAGING OCCUPATIONAL SAFETY 
AND HEALTH IN WORKPLACES

In some instances, a combination of control measures may be appropriate. Control measures should be designed:

- to eliminate or reduce the risks of a hazardous work process and to minimise the effects of injury or disease; and
- to reduce the risk of exposure to a hazardous substance.

1.4.4 Control through personal protective equipment

Personal protective equipment should be used in circumstances where other methods of control are not practicable or where there is a need to increase the level of protection. The factors which determine the appropriateness of using personal protective equipment include:

- the nature of the work or the work process concerned;
- the severity of any potential injury or disease;
- the state of knowledge about the injury or disease related to the work or process;
- information available to employers about methods of preventing injury or disease associated with a particular hazard or risk;
- the availability and suitability of methods to prevent, remove or mitigate causes of injuries or diseases associated with a hazard or risk; and
- whether the costs of preventing, removing or mitigating that injury or disease are prohibitive in the circumstances.

There are some situations where temporary use of personal protective equipment may be necessary. These include:

- where it is not technically feasible to achieve adequate control of the hazard by other measures. In these cases, the hazard should be reduced as far as practicable by other measures and then, in addition, suitable personal protective equipment should be used to secure adequate control;

- where a new or revised risk assessment indicates that personal protective equipment is necessary to safeguard safety and health until such time as adequate control is achieved by other methods, for example, where urgent action is required because of plant failure; and

- during routine maintenance operations. Although exposure to hazards occurs regularly during such work, the infrequency and small number of people involved may make other control measures impracticable.
1.4.5 Review of control measures

Constantly reviewing control measures is important to ensure they continue to prevent or control exposure to hazards or hazardous work practices.

Engineering controls should be regularly tested to ensure their effectiveness. Performance testing and evaluation standards should be established.

Repair and maintenance programs should specify:

- where servicing is required;
- the extent of servicing required;
- the nature of the servicing required;
- the frequency of servicing;
- who is responsible for maintaining repair and maintenance programs; and
- how defects will be corrected.

In order to keep accurate records, a recording or reporting system should be developed, implemented and maintained.

1.5 THE MEANING OF PRACTICABLE

Some of the general duty provisions in the Act and some requirements in the Regulations are qualified by the words “so far as is practicable”.

“Practicability” applies to the general duties of employers, self-employed people, people with control of workplaces, designers, manufacturers, importers, suppliers, erectors and installers, and to certain requirements in the Regulations.

These people are expected to take practicable and reasonable measures to comply with the requirements.

If something is practicable, it is capable of being done. Whether it is also reasonable takes into account:

- the severity of any injury or harm to health that may occur;
- the degree of risk (or likelihood) of that injury or harm occurring;
- state of knowledge about the hazard and the ways of reducing, eliminating or controlling it; and
- the availability, suitability and cost of the safeguards.
The risk and severity of injury must be weighed up against the overall cost and feasibility of the safeguards needed to remove the risk.

Common practice and knowledge throughout the relevant industry are taken into account when judging whether a safeguard is “reasonably practicable”. Individual employers could not claim that they did not know what to do about certain hazards if those hazards are widely known by others in the same industry, and safeguards are available.

The cost of putting safeguards in place is measured against the consequences of failing to do so. It is not a measure of whether the employer can afford to put the necessary safeguards in place.

While cost is a factor, it is not an excuse for failing to provide appropriate safeguards, particularly where there is risk of serious, or frequent but less severe, injury.

Where a regulation exists and is not qualified by the words “as far as is practicable”, the regulation must be complied with as a minimum requirement.

The WorkSafe Western Australia Commission Guidance Note The General Duty of Care in Western Australian Workplaces provides detailed information on the ‘duty of care’. The Guidance Note can be purchased from WorkSafe Western Australia, Westcentre, 1260 Hay Street, West Perth [Tel. (08) 9327 8777] or can be downloaded free of charge from WorkSafe Western Australia Internet Service, Safetyline Online [www.safetyline.wa.gov.au].
APPENDIX B  EMPLOYEES WITH HIV/AIDS, HEPATITIS B OR HEPATITIS C

NOTIFICATION

Regulation 2.5 of the Occupational Safety and Health Regulations 1996 requires an employer to notify the Commissioner if an employee has contracted certain diseases in the course of their work.

**Regulation 2.5 (1) (in part) states**

For the purposes of section 19(3) of the Act, the kinds of disease affecting an employee to be notified by an employer to the Commissioner are the diseases set out in column 1 of the Table to this regulation that have been contracted in the course of the kind of work set out opposite that disease in column 2 of the Table.

<table>
<thead>
<tr>
<th>Disease</th>
<th>Work</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Infectious diseases:</td>
<td>Work involving exposure to human blood products, body secretions, excretions or other material which may be a source of infection</td>
</tr>
<tr>
<td>tuberculosis</td>
<td></td>
</tr>
<tr>
<td>viral hepatitis</td>
<td></td>
</tr>
<tr>
<td>legionnaires’ disease</td>
<td></td>
</tr>
<tr>
<td>HIV</td>
<td></td>
</tr>
</tbody>
</table>

Notification must be made on Form 2, a copy of which is at Appendix C.

Attending medical practitioners are required to notify the Health Department of Western Australia of all cases of HIV infection, including cases of Lymphadenopathy syndrome and asymptomatic infection, hepatitis B and hepatitis C.

The Health Department of Western Australia is responsible for preventing the spread of infectious diseases and provides advice to WorkSafe Western Australia where an employee is at risk as a result of exposure to HIV/AIDS, hepatitis B or hepatitis C.

Employees who are HIV positive and are healthy need not necessarily be excluded from their normal duties. As in the case of others suffering from an infectious disease, they should not participate in training for the administration of mouth-to-mask resuscitation and due to the risk of transmitting opportunistic infections to these patients, they should not care for patients who have any disease that affects the immune system.
APPENDIX B  EMPLOYEES WITH HIV/AIDS, HEPATITIS B OR HEPATITIS C

HEALTH CARE WORKERS AND EXPOSURE PRONE PROCEDURES

‘Exposure prone procedures’ are considered to be a subset of ‘invasive procedures’. It is a term usually 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).

In the broader sense, and for the purpose of these guidelines, an exposure prone procedure is considered to be any situation where there is potentially high risk of transmission of blood borne disease from health care worker to patient during medical or dental procedures.

Health care workers undertaking exposure prone procedures have an ongoing responsibility to know their infectious status for HIV, hepatitis B and hepatitis C and should not perform exposure prone procedures where there is established evidence of a risk of transmission of infection from health care worker to patient. Health care workers who engage in exposure prone procedures should be encouraged to seek routine testing if they believe they are at risk of occupational or other exposures. If there is any uncertainty about the level of risk involved, the matter should be referred to the Director of Communicable Disease Control Branch, Health Department of Western Australia.

Individuals with HIV test results which have been confirmed positive by a State Reference Laboratory should not perform any procedure where there is a risk of HIV transmission. Where there is any uncertainty about the level of risk involved, individuals should be assessed by the Director of Communicable Disease Control Branch, Health Department of Western Australia on a case-by-case basis to determine their continuing participation or modification of work practices.

Health care workers should not perform exposure prone procedures if they are HBV DNA or hepatitis B ‘e’ antigen (HBeAg) positive. Individuals who test positive for hepatitis B surface antigen (HBsAg) should only perform exposure prone procedures on the advice of the Director of Communicable Disease Control Branch, Health Department of Western Australia. HBeAg positive individuals should not perform exposure prone procedures, as persons with the ‘e’ antigen pose a higher risk of infection to contacts than those who are HBsAg positive but HBeAg negative.

Health care workers with hepatitis C viraemia (current infection) should not perform exposure prone procedures, as in this situation there is a reasonable risk of transmission of infection. Individuals with indeterminate hepatitis C (HCV) test results should not be excluded from performing exposure prone procedures on the basis of test results alone.
APPENDIX B  EMPLOYEES WITH HIV/AIDS, 
HEPATITIS B OR HEPATITIS C

If test results are positive or indeterminate, health care workers should be clinically assessed by an experienced physician, over a reasonable period of time, for any sign of current or active infection. Where there is insufficient evidence of active infection, the treating doctor, or the individual concerned, should seek the advice of the Director, Communicable Disease Control Branch, Health Department of Western Australia.

The situation should be reviewed once further information becomes available about the real risk of inoculation injury of surgeons performing ‘exposure prone procedures’ and the risks to patients if infected health care workers perform exposure prone procedures.

It is the responsibility of the health care worker’s employer (including self-employed), in consultation with professional boards or the Health Department of Western Australia, to ensure staff have access to appropriate testing, counselling and vaccination programs, consistent with the principles of informed consent. Relevant documentation, including written consent, must be maintained for specific screening and immunisation activities.

FIRST AID

Employees with HIV/AIDS, hepatitis B or hepatitis C should not administer mouth-to-mouth resuscitation.

HIV/AIDS, hepatitis B or hepatitis C positive employees should adhere to some general precautions to prevent transmission of the disease. They should:

- cover any cuts or abrasions with a waterproof dressing;
- wear gloves when dealing with patients if skin is broken;
- wash hands thoroughly after contact with own blood or body fluids;
- not share personal items such as razors and toothbrushes;
- not donate blood; and
- have regular follow-up medical assessments (in the case of HIV/AIDS).

There is no likelihood of catching HIV/AIDS, hepatitis B or hepatitis C from casual contact at work.

Employees with HIV/AIDS, hepatitis B or hepatitis C should consult their medical practitioner to assess their risk of transmission of disease during performance of normal duties. Section 20 of the Occupational Safety and Health Act 1984 requires an employee to notify his or her employer of any situation the employee considers may harm or injure any person at the workplace.
APPENDIX C  FORM 2 - NOTIFICATION OF DISEASE

[Regulation 2.5(2)]

Occupational Safety and Health Act 1984

WorkSafe Western Australia Commissioner
PO Box 294
WEST PERTH WA 6872
Phone: (08) 9327 8777  Fax: (08) 9321 8973

DISEASE REPORTING TELEPHONES:
(08) 9327 8800
(1800) 198 118

Section 1: Employer Details

Employer Name:
Workplace Name:
Address:

Suburb/Town:
Postcode:

Phone Number:
Fax Number:

Section 2: Details of person affected

Surname:
Given Names:
Occupation:

Date of Birth: ___/___/___
Age: ___

Sex: Male: ☐  Female: ☐

Section 3: Diagnosis Details

Name of Disease:
Date of Diagnosis:
Name of Medical Practitioner:
Address:

Suburb/Town:
Postcode:

Phone Number:
Fax Number:

Section 4: Description of work done by affected person


Section 5:

Name of person reporting disease:
Position:
Phone Number:

Person for liaison:
Phone Number:
The principles of standard precautions and additional precautions should be used by employers and employees to develop safe working procedures appropriate to their workplace. These principles form the basis for what were generally known as universal precautions. The National Health and Medical Research Council of Australia (NH&MRC) has recommended that the term universal precautions be replaced with standard precautions as the basic risk minimisation strategy and additional precautions where standard precautions may be insufficient to prevent transmission of infection, particularly via airborne routes.

It is impossible to reliably identify all persons carrying Human Immunodeficiency Virus (HIV), hepatitis B or hepatitis C virus infections and other blood-borne diseases. Thus work practices have been reviewed world-wide in order to reduce, to the absolute minimum, the already low risk of occupational infection for health care workers. It is necessary to presume that the blood and body substances of all persons being treated, be considered potential sources of infection independent of diagnosis or perceived risk.

Standard precautions are intended to prevent infection by the following routes:

- parenteral (eg. injection);
- mucous membrane (eg. splash onto mouth);
- conjunctival (eg. spray into eye);
- non-intact skin (eg. contamination of cut on hand).

Conscientious use of these precautions will minimise the risk of workers acquiring infections and transferring infections between persons. Additional measures may be needed for some diseases requiring isolation.

Standard precautions should be used by all persons as a means of minimising any risk of blood borne infection.

In summary, precautions must be applied to all persons being treated to protect workers from known and unknown blood-borne pathogens in persons under their care.

The main principles are:

- handwashing after any contamination of hands;
- care of intact normal skin;
- protection of damaged skin by covering with a waterproof dressing or by gloves;
- proper handling and disposal of sharps;
- good hygiene practices to prevent most infections;
- the use of personal protective equipment; and
- containment of all blood and body fluids, ie. confining spills, splashes and contamination of the environment and workers to the smallest amount possible.
Each workplace must ensure appropriate and adequate equipment such as gloves, aprons, etc., is available at strategic points. Employee education and training in prevention measures should be carried out and standard operating procedures developed for all activities having the potential for exposure. Supervision has an important role in maintaining procedures and employees have a duty to follow the agreed procedures.

**STANDARD PRECAUTIONS**

*Standard precautions* are work practices required for the basic level of infection control. They include good hygiene practices, particularly washing and drying hands before and after patient contact, the use of protective barriers which may include gloves, gowns, plastic aprons, masks, eye shields or goggles, appropriate handling and disposal of sharps and other contaminated or infectious waste, and use of aseptic techniques.

*Standard precautions* are recommended for the treatment and care of all patients regardless of their perceived infectious status, and in the handling of:

- blood;
- all other body fluids, secretions and excretions (excluding sweat), regardless of whether they contain visible blood;
- non-intact skin; and
- mucous membranes.

*Standard precautions* also apply to dried blood and other body substances, including saliva.

As an approach to infection control, *standard precautions* are essential because:

- infectious patients may not manifest any signs or symptoms of infection that would be detected in the course of routine history and medical assessment;
- infectious status is often determined only by laboratory tests that cannot be completed in time to provide emergency care;
- patients may be infectious before laboratory tests are positive or signs of disease are manifested (window period); or
- health care workers and patients may be placed at risk of cross infection from those who are asymptomatic but infectious.

Implementation of *standard precautions* is the primary strategy for successful control of infections in hospitals or from activities associated with medical treatment and surgery.
APPENDIX E  PRINCIPLES OF THE STORAGE, TRANSPORT AND DISPOSAL OF MEDICAL WASTE

For full details, consult the 'Guidelines for the Storage, Transport and Disposal of Medical Waste’ produced by the Health Department of Western Australia.

STORAGE

Medical waste should be stored in a weather-proof secure location, isolated from other wastes and in such a manner that it does not represent a hazard to persons or the environment.

Sharps should not be cut, burnt or manipulated in such a way that would render them capable of piercing the skin.

Sharps should be placed in a suitable container which meets the requirements of AS/NZS 4031 Non-reusable containers for the collection of sharp medical items used in health care areas and AS/NZS 4261 Reusable containers for the collection of sharp items used in human and animal medical applications. All containers should be labelled with the bio-hazard symbol recognised world-wide and adopted for use in Australia, as shown below.

The following precautions should be adopted with respect to these containers:

- Medical waste should be stored in a clean, leak-proof, clearly labelled container suitable for transport to a disposal site. Cytotoxics should be incinerated unless otherwise authorised.

- Persons responsible for collecting medical waste should be authorised by the Health Department. Pharmaceuticals should be disposed of as for medical waste.

- Reusable containers should be thoroughly cleaned prior to use.
TRANSPORT

Transporters of medical waste should be authorised by the Health Department of Western Australia.

The holding compartment of the transport vehicles should be totally enclosed, weather-proof and lockable. Medical waste should not be held in the vehicle overnight.

The disposal facility to which the waste is transported should be approved by the Health Department of Western Australia.

The transporter should provide a signed statement giving details about the producer of the waste and obtain the signed acknowledgment of the disposal site operator that the waste was received.

The transporter should be aware of his/her responsibilities under the *Explosives and Dangerous Goods Act*, administered by the Department of Minerals and Energy of Western Australia.

DISPOSAL

Where available, an incinerator approved by the Health Department of Western Australia should be used to dispose of medical waste.

Where waste is disposed of at a municipal sanitary landfill site, the site operator should be notified. It should be off-loaded and covered with other site waste immediately.

**Site operators must comply with any requirements of the Health Department of Western Australia.**
APPENDIX F DISCRIMINATION

Under the Equal Opportunity Act 1984 and the Disability Discrimination Act 1993, employers must not discriminate against an employee on the grounds of a past, present, imputed or future impairment. The discrimination can be direct or indirect.

Direct discrimination involves treatment that favours one person over another person in the same or similar circumstances. An example would be terminating the employment of someone because they have HIV or requiring patients who have HIV to wear identifying wrist bands.

Indirect discrimination can occur if there are rules or requirements which apply to everyone, but which have the effect of disadvantaging one group and are not reasonable in the circumstances.

EMPLOYER RESPONSIBILITIES

With regard to HIV/AIDS, hepatitis B or hepatitis C in the workplace:

- Employees with HIV/AIDS, hepatitis B or hepatitis C should be treated in the same manner as any employee with a non-work related illness (e.g., cancer, heart disease).
- All employment decisions should be based exclusively on criteria relating to merit and fitness and have no reference to hepatitis B, hepatitis C, HIV infection or AIDS related illnesses.
- Pre-employment medical screening of employees for HIV/AIDS, hepatitis B or hepatitis C should not be carried out unless relevant for assessment of medical fitness for work.
- Any information pertaining to an individual's HIV/AIDS, hepatitis B or hepatitis C status should be kept confidential.
- Unless the work poses a danger to the employee, other employees or the public, the employer need not be informed that an employee is infected. The employer is not obliged to inform anyone should they become aware that an employee is infected.
- Notwithstanding this, health care workers and emergency service providers who become infected with HIV/AIDS, hepatitis B or hepatitis C have special responsibilities in relation to possible risks to others and require special advice on their obligations in the workplace from the Director, Communicable Disease Control Branch, Health Department of Western Australia.
Employers who become aware of a prospective or existing employee with HIV/AIDS, hepatitis B or hepatitis C are obliged to make any reasonable adjustment required to ensure the employee can continue to carry out the essential requirements of the job, so long as the adjustment does not cause unjustifiable hardship in terms of cost, dislocation to work practices etc.

All normal sick leave and other leave entitlements should be no different for HIV/AIDS, hepatitis B or hepatitis C illnesses than for other illnesses.

Where practicable, an employee with HIV/AIDS, hepatitis B or hepatitis C should not be required to work where there is risk of transmission of other diseases which may increase or aggravate that employee's ill-health.

Other Equal Opportunity laws make it illegal to discriminate on the grounds of an employee’s sexual preferences and race. With regard to HIV/AIDS, hepatitis B or hepatitis C, this makes it illegal to discriminate in the following circumstances:

A person's sexual preference: For example, discrimination against someone because of their homosexuality, or assumed homosexuality, and therefore the assumption that they may have HIV infection or AIDS.

A person's race: For example, if it is assumed that people from certain countries are likely to have HIV infection or AIDS.

Unless the work poses a danger to employees or the public, employees are not obliged to inform their employer should they become aware that they, or another employee, are infected with HIV/AIDS, hepatitis B or hepatitis C.

Unless the work poses a danger to employees or the public, there should be no denial of services to existing or potential clients on the grounds that those clients have or are thought to have HIV/AIDS, hepatitis B or hepatitis C.

Confidentiality and the requirement to obtain consent to waive that confidentiality should be respected.
Antibody: substance in the blood counteracting the effect of a foreign substance.

Aseptic technique: a method in which the instruments, the drapes and the gloved hands of the surgical team are sterile, and the operating room is free of viable microorganisms.

Asymptomatic: absence of any subjective evidence of disease or of a patient's condition, ie., such evidence as perceived by the patient.

Body fluids: includes amniotic, pericardial, peritoneal, pleural, synovial and cerebrospinal fluids, semen, vaginal secretions and blood, or other body fluids which contain visible blood. This does not include faeces, nasal secretions, sputum, sweat, tears, urine, vomit, nor saliva, unless they are contaminated with blood.

Chemotherapy: treatment of disease by chemical agents.

Chronic: persisting for a long time.

Creutzfeldt-Jakob Disease (CJD): a rare brain disease which is caused by an infectious protein called prion.

Cytomegalovirus: a herpes virus which causes disease of the liver and nervous system especially in babies.

Cytotoxic: having a deleterious effect upon cells such as seen in drugs used to treat cancer.

Dental dams: protective barrier inserted into the mouth to prevent transfer of body fluids during oral sex.

Discharging purulent wound: wound discharging pus which is yellowish; viscous matter produced from inflamed or infected tissue.

Disinfection: the act or process of destroying disease causing organisms.

Enteric: pertaining to the small intestine.

Exposure prone procedure: any situation where there is potentially high risk of transmission of blood-borne disease from the health care worker to the patient during medical or dental procedures.

Herpes zoster: shingles which is due to chicken pox (varicella zoster) virus causing pain and skin eruption, often forming a band around the middle of body.

High level disinfection: act or process whereby disease causing organisms are killed except for some refractile forms called spores.

Human transmissible spongiform: a group of degenerative brain diseases in humans caused by infectious protein called prion.

Immunocompromised: having the immune response attenuated by administration of immuno-suppressive drugs, by radiation, malnutrition or certain disease processes, eg., cancer.

Infectious disease: a disease which can be transmitted to people from a source of disease-causing organisms. Also called a "communicable" or "contagious" disease.
**Inoculation**: introduction of material such as vaccine into tissue or culture media.

**Intact skin**: skin which is normal or unbroken.

**Intravenous**: within a vein.

**Invasive procedure**: any procedure that pierces skin or mucous membranes or enters a body cavity or organ.

**Jaundice**: yellow discolouration of the skin due to deposition of bile pigments.

**Lymphadenopathy**: disease of the lymph nodes.

**Medical waste**: any waste contaminated with human or animal matter, originating from any patient care area, surgery, health or transport facility and any autopsy, surgical, pathological, dental or veterinary procedure.

**MRSA**: Methicillin Resistant Staphylococcus Aureus is a bacterium which is resistant to many antibiotics including methicillin.

**Mucous membrane**: inner surface lining of hollow organs of body.

**Neurological disorders**: disturbance of the healthy working of the nervous system.

**Opportunistic infection**: an infection by a micro-organism which ordinarily does not cause disease.

**Pathogen**: disease causing agent or micro-organism.

**Pertussis**: whooping cough which is an infectious disease especially of children causing a violent, convulsive cough.

**Prion**: an infectious protein which is not a bacteria or virus which can cause a rare brain disease called Creutzfeldt-Jakob Disease (CJD).

**Renal dialysis**: process for purification of blood which substitutes the kidney by a dialysis process.

**Sepsis**: presence in the blood or other tissues of disease causing micro-organisms or their toxic products (toxins).

**Sharp**: object or device having sharp points or protuberances capable of cutting or piercing the skin.

**Sterile**: free from living germs.

**Unusual manifestation**: disease presentation which is not commonly encountered.
APPENDIX H SOURCES OF INFORMATION

NOTE: This information is subject to change.

OCCUPATIONAL ASPECTS

☐ WorkSafe Western Australia
  1260 Hay Street
  WEST PERTH WA 6005; or
  PO Box 294
  WEST PERTH WA 6872
  Tel: (08) 9327 8777
  Fax: (08) 9321 8973

Notification of HIV infection.
Information on AIDS, advice on policy
and implementation of AIDS control and
prevention programs. Education
programs and seminars.

CONTROL OF HIV/AIDS
HEPATITIS B AND HEPATITIS C

☐ Communicable Disease Control
  Branch
  Health Department of Western
  Australia
  227 Stubbs Terrace
  SHENTON PARK WA 6008
  Tel: (08) 9388 4999
  Fax: (08) 9388 4848

Notification of HIV infection.
Information on AIDS, advice on policy
and implementation of AIDS control and
prevention programs. Education
programs and seminars.

INFORMATION ON HEPATITIS C

☐ Hepatitis C Council of WA (Inc)
  PO Box 8060
  Perth Business Centre
  PERTH WA 6849
  Tel:
  Administration:
    (08) 9328 8216
  Information Support Line:
    (08) 9328 8538 (Metro)
    1800 800 070 (Country)
  Fax: (08) 9227 6545

HEPATITIS B VACCINATION

☐ Immunisation Clinic
  Health Department of Western
  Australia
  16 Rheola Street
  WEST PERTH WA 6005
  Tel: (08) 9321 1312
  Fax: (08) 9322 5955

HIV/AIDS

☐ Australian National Council on AIDS
  (ANCA)
  GPO Box 4848
  CANBERRA ACT 2601
  Tel: (062) 897 767

☐ National Health and Medical
  Research Council (NH&MRC)
  GPO Box 9848
  CANBERRA ACT 2601
  Tel: (062) 891 555

☐ AIDS Education Section
  Department of Community Services
  and Health
  CANBERRA ACT 2601
  Tel: (062) 891 555

☐ Western Australian AIDS Council
  664 Murray Street
  WEST PERTH 6005
  AIDSLINE: 13 10 25

Counselling, emotional and financial
support and information on HIV/AIDS.
Medical advice and testing.

☐ Family Planning Association
  70 Roe Street
  PERTH 6000
  Tel: (08) 9227 6177

Provide advice and support.
Testing available.
APPENDIX H SOURCES OF INFORMATION

NOTE: This information is subject to change.

HIV/AIDS (continued)

- Communicable Disease Service
  Royal Perth Hospital
  Wellington Street
  EAST PERTH 6004
  Tel: (08) 9224 2178

  Screening, diagnoses, treatment and counselling service.

- Sexual Health Service
  Fremantle Hospital
  South Street
  FREMANTLE 6066
  Tel: (08) 9431 2149

  Full STD screening, counselling and referral service.

- Alcohol and Drug Information Service
  P O Box 8165
  Perth Business Centre 6849
  Tel: (08) 9421 1900
  1800 198 024 (country callers)

- Gay Counselling Services
  79 Stirling Street
  PERTH 6000
  Tel: (08) 9328 9044

  Counselling and advice service.

- Silver Chain Nursing
  6 Sunderland Street
  OSBORNE PARK 6017
  Tel: (08) 9242 0242

  Provides care and support for people with AIDS.

SPORT & INFECTIOUS DISEASES

- Sports Medicine Australia (SMA)
  P O Box 57
  CLAREMONT 6910
  Tel: (08) 9285 8033
  Fax: (08) 9441 8255

WASTE DISPOSAL

- Waste Management Division
  Department of Environmental Protection
  4th floor Westralia Square
  141 St George’s Terrace
  PERTH 6000
  Tel: (08) 9222 0413
  Fax: (08) 9222 0466
APPENDIX I REFERENCES

Australian National Council on AIDS (ANCA)


Australian Sports Medicine Federation

- Infectious Diseases Policy, 1993.

Health Department of Western Australia

- What you need to know about hepatitis B and hepatitis C, 1996.

National Health and Medical Research Council of Australia (NH&MRC)

- Infection Control in the Health Care Setting. 
  Australia Government Printing Services, 1996

National Occupational Health and Safety Commission

- Infectious Disease Fact Sheets.
  Australian Government Printing Service, 1993

Australian/New Zealand Standards

AS/NZS 4031:1992 Non-reusable containers for the collection of sharp medical items used in health care areas.

AS/NZS 4261:1994 Reusable containers for the collection of sharp items used in human and animal medical applications.