

# Guidelines for podiatrists with blood-borne infections

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## Introduction

These guidelines have been developed by the Podiatry Board of Australia under Section 39 of the *Health Practitioner Regulation National Law Act 2009*<sup>1</sup> (the National Law). The guidelines provide guidance to podiatrists in relation to a matter of professional practice not set down in the legislation which can be used in proceedings under the National Law as evidence of what constitutes professional conduct or practice for podiatry under Section 41 of the National Law.

The relevant sections of the National Law are attached.

## Who needs to use these guidelines?

These guidelines are developed to provide guidance to podiatrists and those seeking to become registered in the podiatry profession. It applies to all practising podiatrists as well as to podiatry students who perform clinical treatment. These guidelines are strongly recommended for podiatric assistants who perform clinical treatments.

The guidelines address practice by podiatrists with blood-borne infections.

## Summary of guideline

These guidelines set out the responsibilities of podiatrists with blood-borne infections or who have experienced an occupational exposure to a blood-borne virus infected source. The guidelines explain the responsibility of podiatrists to maintain knowledge of his or her infective status and what podiatric procedures are considered to be exposure prone.

## Body of guideline

The Board wishes to ensure that podiatrists who carry blood-borne infections are aware of their responsibilities towards their patients or clients in the management of their condition. The Board endorses the *Guidelines for the management of health care workers known to be infected with blood borne viruses* issued by the Communicable Diseases Network Australia (the National Guidelines) and published by the Australian Government Department of Health and Ageing.

Podiatrists have a wide range of professional, ethical and legal responsibilities towards his/her patients or clients, the public, colleagues and themselves. Podiatrists are responsible for ensuring that standard precautions are used whenever patients or clients are examined or treated.

## Awareness of infective status

Any podiatrist who undertakes, or could reasonably be expected to undertake exposure-prone procedures has a professional responsibility to take steps to know his or her infective status in relation to common blood-borne viruses. These podiatrists must undergo testing to detect changes in his/her infective status at least every 12 months or as recommended by current medical guidelines. A podiatrist should be tested more frequently if he or she has reason to believe that he or she may have been exposed to any of the common blood-borne viruses.

A podiatrist who is aware that he or she is infected with a blood-borne virus should not undertake exposure-prone procedures except in the circumstances set out in the National Guidelines. In the opinion of the Board, undertaking exposure-prone procedures where contraindicated in the National Guidelines may constitute professional misconduct.

A podiatrist who carries a blood-borne virus has a responsibility to consult with an appropriate medical specialist, to follow the recommended treatment and to seek advice regarding the scope of his or her involvement in direct care of patients or clients.

## Occupational exposure to sharps

In the case of an occupational exposure to a source infected with a blood-borne virus, a podiatrist need not refrain from performing exposure-prone procedures subject to the usual infection control measures. The Board would expect the podiatrist to pursue medical testing and advice as soon as possible. The combined risks of contracting a blood-borne virus from a source patient or client, then transmitting this to another patient or client during an exposure-prone procedure, is so low as to be considered negligible. However, in the event of the podiatrist being diagnosed with a blood-borne virus, he or she should cease undertaking exposure-prone procedures in accordance with these guidelines.

## Exposure-prone procedures by podiatrists

For the purposes of these guidelines, general clinical practice and routine procedures undertaken by podiatrists who do not perform surgical techniques are not regarded as exposure-prone. Ulcer/wound management is not considered an exposure prone procedure.

Exposure-prone procedures undertaken by podiatrists and podiatric surgeons include: surgery on nails; bones, and; soft tissue of the foot and lower leg, and; joint replacements.

<sup>1</sup> the National Law is contained in the schedule to the *Health Practitioner Regulation National Law (2009)*.

Resuscitation performed wearing appropriate protective equipment does not constitute an exposure-prone procedure.

### Reporting

Podiatrists should refer to the Board's Guidelines on Mandatory Notification about a podiatrist's responsibility to report an impairment which places the public at risk of substantial harm. Mandatory notifications are required of all registered health practitioners, employers and education providers. Voluntary notification may also be made regarding this matter where there may be grounds to do so.

### Practice

A podiatrist infected with a blood-borne infection which does not constitute an impairment may continue to practise podiatry that does not involve exposure-prone procedures.

### Definitions

**Blood-borne infection** refers to infectious diseases and viruses that may be transmitted through blood and other body fluids. The main risk of occupationally-acquired, blood-borne infection relates to viruses that persist in the blood. The blood-borne viruses that are of most concern are Hepatitis B, Hepatitis C and the Human Immunodeficiency Virus (HIV).

**Exposure-prone procedures** for the purposes of these guidelines, exposure-prone procedures are invasive procedures where there is potential for direct contact between the skin, usually finger or thumb of the podiatrist and sharp surgical instruments, needles or sharp tissue material; for example, spicules of bone or teeth, in body cavities or in poorly visualised or confined body sites, including the mouth of the patient or client.

**Standard precautions** are standard, safe work practices that are to be applied to all patients or clients, regardless of their known or presumed infectious status. Standard precautions constitute the frontline approach to infection control in the health care environment and include hand washing, use of appropriate personal protective equipment, management of sharps and immunisation of health care workers.

### References

National Health and Medical Research Council. *Australian Guidelines for the Prevention and Control of Infection in Healthcare*. 2010

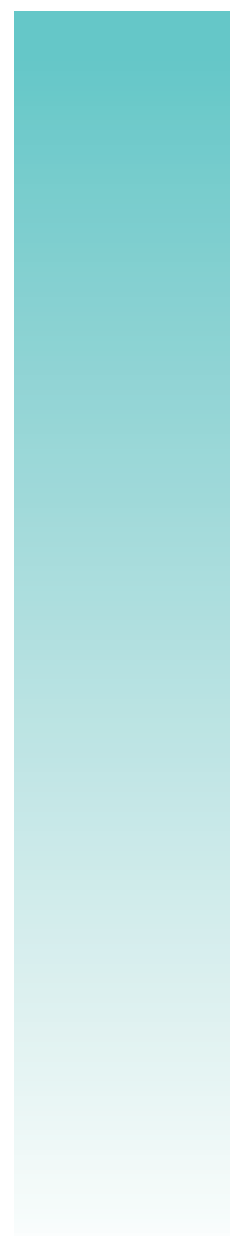
Australian Government Department of Health and Ageing. *Guidelines for Managing Blood-Borne Virus Infection in Health Care Workers*. September 2005

Links to these references will be available at the Codes and Guidelines section of the Board's website, [www.podiatryboard.gov.au](http://www.podiatryboard.gov.au).

Date of issue: 1 July 2010

Date of review: This guideline will be reviewed at least every three years

Last reviewed:



## Attachment A

### Extract of relevant provisions from the *Health Practitioners Regulation National Law (2009)*

#### Division 3 Registration standards and codes and guidelines

##### 39 Codes and guidelines

A National Board may develop and approve codes and guidelines—

- a). to provide guidance to the health practitioners it registers; and
- b). about other matters relevant to the exercise of its functions.

**Example.** A National Board may develop guidelines about the advertising of regulated health services by health practitioners registered by the Board or other persons for the purposes of section 133.

##### 40 Consultation about registration standards, codes and guidelines

1. If a National Board develops a registration standard or a code or guideline, it must ensure there is wide-ranging consultation about its content.
2. A contravention of subsection (1) does not invalidate a registration standard, code or guideline.
3. The following must be published on a National Board's website—
  - a). a registration standard developed by the Board and approved by the Ministerial Council;
  - b). a code or guideline approved by the National Board.
4. An approved registration standard or a code or guideline takes effect—
  - a). on the day it is published on the National Board's website; or
  - b). if a later day is stated in the registration standard, code or guideline, on that day.

##### 41 Use of registration standards, codes or guidelines in disciplinary proceedings

An approved registration standard for a health profession, or a code or guideline approved by a National Board, is admissible in proceedings under this Law or a law of a co-regulatory jurisdiction against a health practitioner

registered by the Board as evidence of what constitutes appropriate professional conduct or practice for the health profession.