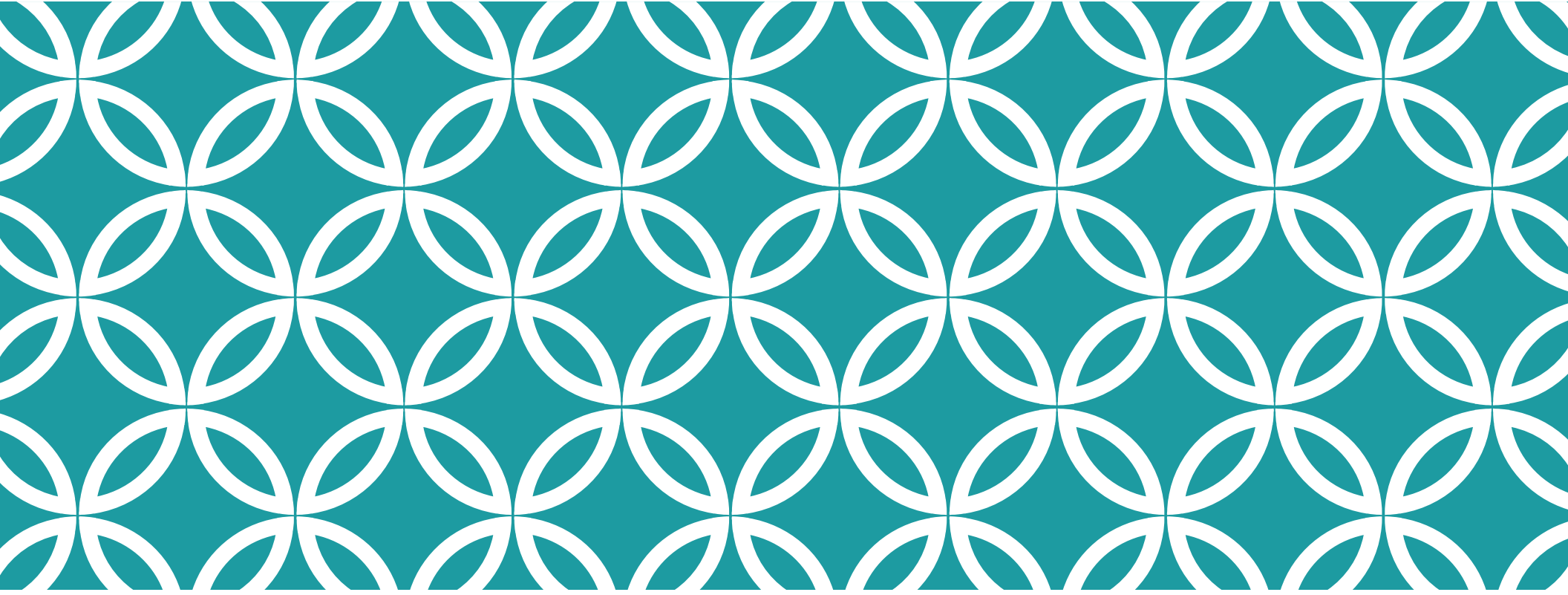


MODULE 1 - TERMS OF REFERENCE, ROLES AND RESPONSIBILITY





INTRODUCTION



MODULE 1 OBJECTIVE

- To ensure health care workers (HCW)s know their responsibility if and when infected with any blood borne virus (BBV) infection
- To understand terms of reference and roles of key players in the system
- To acknowledge the ethical perspective and confidentiality in handling blood borne viral infections





TERMS OF REFERENCE

- Healthcare worker (HCW) – the persons (of all categories) employed in the government or private sector, provisionally or fully registered in service provision
 - Employer – the persons directly responsible for the occupation for the infected HCW
 - Responsible physician – is a physician (preferably specialist infectious disease physician, gastroenterologist, hepatologist, family medicine specialist or similar) who manages the HCW's BBV infection
- * Maybe the HCWs personal physician/chosen by the President of the MMC
- HCW with BBU infection – previously known case OR newly diagnosed healthcare worker infected with any of the following BBV infections namely Human Immunodeficiency Virus (HIV), Hepatitis C Virus (HCV) or Hepatitis B Virus (HBV)





TERMS OF REFERENCE

- Non Exposure Prone *Procedures (non- EPPs) –
 - Procedures where the hands and fingers of the HCW are visible and outside of the body at all times
 - procedures or internal examinations that do not involve possible injury to the HCW's hands by sharp instruments and/or tissues, provided routine infection prevention and control procedures are adhered to at all times
- Exposure Prone *Procedures (EPPs) –
 - there is a risk of injury to the HCW resulting in exposure of the patient's open tissues to the blood of the HCW.
 - include those where the HCW's hands (whether gloved or not) may be in contact with sharp instruments, needle tips or sharp tissues (spicules of bone or teeth) inside a patient's open body cavity, wound or confined anatomical space where hands or fingertips may not be completely visible at all times.

*List of procedures can be obtained from the References – MMC Guideline on Blood Borne Viral Infections (Appendix 4; pages 30-32)





RESPONSIBLE PERSONS

- There are several people in the organization to ensure the success of the sharps injury surveillance programme and screening of blood borne infection amongst health care workers (HCW)
 - The infected health care worker
 - Employer (Employing Organization)
 - Responsible physician
 - Specialist Occupational Physician
 - Fitness to Practice Committee
 - The Infection Control Team/ the Occupational Health Unit in the Hospital.
 - The Occupational Safety and Health Committee Secretary in the District Health Office





TYPES OF HCW

- Healthcare worker (HCW) – the persons (of all categories) employed in the government or private sector, provisionally or fully registered in service provision. There are 2 types of HCWs:-

PROVISIONALLY REGISTERED

FULLY REGISTERED



PROVISIONALLY REGISTERED

- Usually houseman training
- May choose not to enter or discontinue training

Continue training

Discontinue training

- Special restrictions
- Supervision
- Exemption from some postings
- EPP only if fulfill health clearance criteria
- Subjected to FTP-MMC

FULLY REGISTERED

- Diagnosed anytime during the period of full registration (public or private)

Not performing EPP

Performs EPP

- | | |
|---|---|
| <ul style="list-style-type: none">- Allowed to practice- Needs evaluation by FTP-MMC- Annual self declaration- No change in work scope | <ul style="list-style-type: none">- Refrain all EPPs- Needs health clearance by FTP-MMC- Conditions and limitations |
|---|---|

*FTP-MMC – fitness to practice committee of Malaysian Medical Council





ETHICS AND ROLES

- Employing organization
 - Patient safety and public confidence IS IMPORTANT
 - Employers should promote a climate that encourages confidential disclosure
 - Healthcare facilities must have an ENVIRONMENT which respects and maintains confidentiality of a HCW living with BBV infection
 - All matters related to retraining/employment – coordinated by a specialist occupational physician
 - Final placement – consensus from responsible physician, specialist occupational physician and fitness to practice committee





ETHICS AND ROLES

– Responsible Physician

- Acts as an advocate for the HCW and an advisor to the employing authority
- Regularly monitoring the viral load
- Aim to ensure the HCW is able to perform EPPs safely
- Actively schedule appointments and follow up missed appointments
- Notify the MMC or the specialist occupational physician if the HCW does not attend appointments without notification or justification, refused testing, continues to perform EPP without any advice or known status





ETHICS AND ROLES

– Specialist Occupational Physician

- Coordinates all matters related to the training and/or employment of HCWs living with BBV infection
- Proactive role in advising HCWs about the clearance to perform any EPPs
- Explain the testing arrangements necessary for clearance to perform any EPPs
- Ensure the HCWs are monitored effectively for their viral load status
- Aim to ensure the HCW is able to perform EPPs safely





ETHICS AND ROLES

– Fitness to Practice Committee

- Comprises of the responsible physician, and at least four other members including a specialist in the discipline of the HCW (applicable if HCW is a specialist)
- Duty to obtain a confidential report on the infected HCW
- Duty to suggest the most appropriate action to be taken with regards to job placement, restriction of duties, monitoring , further treatment and such
- Review any application from HCWs who applies to perform high risk EPPs
- Submit suggestions and recommendations to the President of the Council





SHARPS INJURY REGISTRY

- All healthcare workers sustaining sharps injuries in the hospitals and primary health clinics **MUST REPORT** their injuries.
- A registry will be kept at the facility level that is by each individual hospital and district health office. This is to ensure monitoring and implementation of the management needed by the injured healthcare workers.





SHARPS INJURY SURVEILLANCE

- All healthcare workers sustaining sharps injuries in the hospitals and primary health clinics **MUST REPORT** their injuries.
- A registry will be kept at the facility level that is by each individual hospital and district health office. This is to ensure monitoring and implementation of the management needed by the injured healthcare workers.





LEGAL ASPECTS AND CONFIDENTIALITY

- The infected HCW receives the same rights of confidentiality as any other patient seeking or receiving medical care
- Avoid disclosure of the identity of the healthcare worker at all costs
- The number of people who know the HCWs identity should be at a minimum
- Any unauthorized disclosure about the BBV status of an employee constitutes a breach of confidence and may lead to disciplinary action or legal proceedings

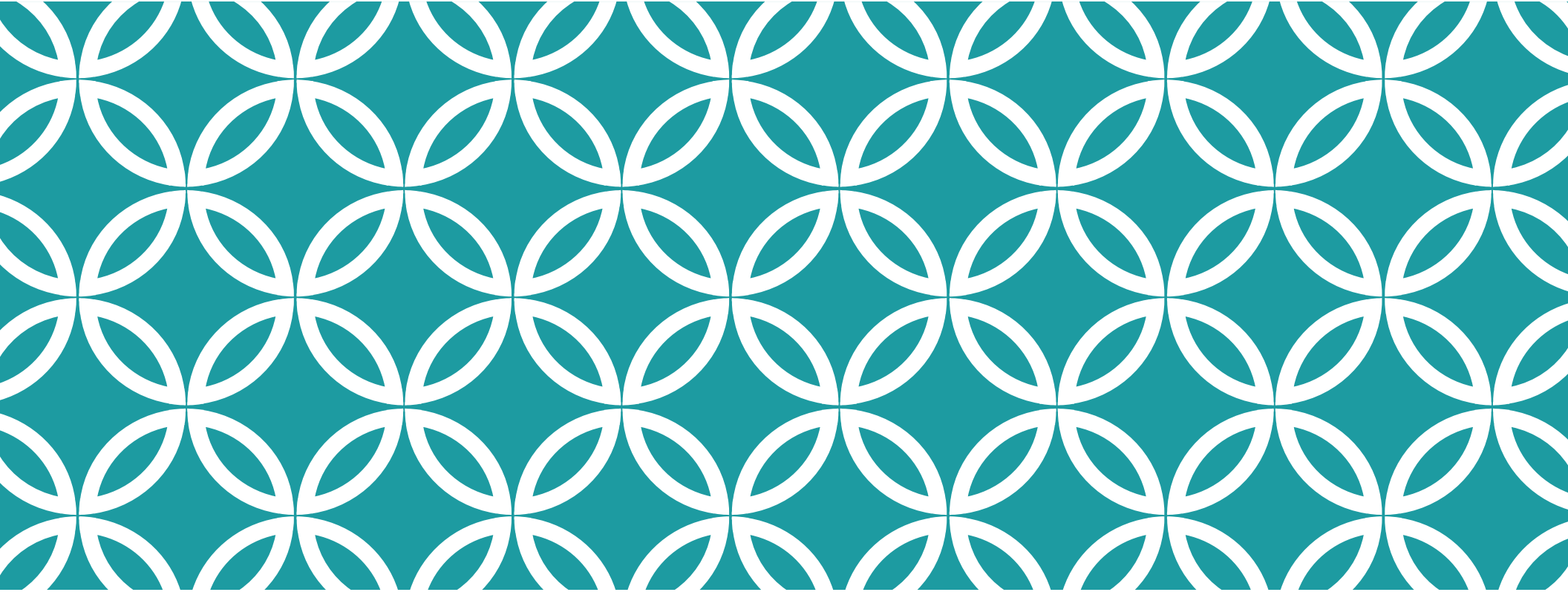




LEGAL ASPECTS AND CONFIDENTIALITY

- Any disclosure of identity should be carefully weighed warranted and justified for the purpose of treatment or prevention of spread of infection
- Data collected and entered in the registry is sensitive and confidentiality has to be maintained as such, with access only to authorized personnel such as the registry manager and the hospital director/ medical officer of health.
- The duty of confidentiality still apply even after the death of the infected HCW or identified publicly.





THANK YOU FOR
YOUR ATTENTION

@Hakcipta terpelihara
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Sekitar, JKN Johor

