



Medical By-Laws

The Medical Director/CEO will ensure there are systems in place within the Essendon Day procedure Centre (EDPC) to maintain and improve the reliability, safety and quality of healthcare to the highest standard for all patients by ensuring all accredited practitioners who work at the centre are appropriately credentialed. The Medical By-Laws set out the terms and conditions, on which practitioners are invited to apply to be accredited to admit, care and treat patients at the facility. Every applicant applying for accreditation is given a copy of the By-Laws when making an application. Applications for accreditation are dealt with through the credentialing process described here.

Applications for accreditation are dealt with through the credentialing process of the Medical Advisory Committee (MAC). The process of accreditation and the process of changes to accreditation, including revocation or termination of accreditation, is confidential and is not to be disclosed to any person not involved in the process under these by-laws.

Medical Advisory Committee

The MAC is established by the CEO in accordance with the provisions of these By-Laws. In addition to those accredited practitioners on this committee, it shall also include the Director of Nursing (DON).

The Role of the Medical Advisory Committee

- (a) Is the formal organisational structure through which views of the accredited practitioners of the hospital are formulated and communicated.
 - (b) Provide a means whereby accredited practitioners can participate in the policy making and planning processes of the hospital.
 - (c) Advise the CEO via the DON of appropriate policies and procedures regarding the quality and safety of the facility.
 - (e) Participates in the planning, development and implementation of quality programs
- Advocates all VMO's adopt the 8 Quality statements in the 2020 Antimicrobial Clinical Care Standard including:

- 1- Life Threatening Conditions
- 2- Use of guidelines
- 3- Adverse reactions to antimicrobials
- 4- Microbial Testing
- 5- Patient information and shared decision making
- 6- Documentation
- 7- Surgical and procedural prophylaxis



- (f) Ensures that the delivery of medical care is maintained at an optimal level of quality and efficiency given the resources locally available.
- (g) Ensures that a formal mechanism for review of clinical outcomes and management is established.
- (h) Considers applications for appointment and re-appointment from medical practitioners
- (I) Undertakes the process of credentialing scope of clinical practice including urgent situations.
- (j) Recommends the delineation of Clinical Privileges commensurate with the training, experience, competence, judgment, current fitness, character and confidence held in an applicant for appointment or re-appointment as an Accredited Practitioner.
- (k) Where so directed by the CEO, examines and investigates the demonstrated knowledge and skill, current fitness and confidence held in each applicant for appointment or reappointment as an accredited Practitioner.
- (l) Where so directed by the CEO, examines and investigate the current clinical privileges of an Accredited practitioner and, following due consideration and taking into account the facilities and supporting services available, make a recommendation to the Board concerning the amendment or revocation of those privileges.
- (m) Reviews any new or amended use of technology or procedures to treat patients, and other matters which are considered relevant, and makes recommendations on the amendment of the clinical privileges of an accredited practitioner.
- (n) Provides advice so that clinical review, monitoring and assessment activities are appropriate given the role of the EDPC.
- (o) Provides advice so that hospital quality improvement activities satisfy applicable quality assurance statutory requirements.
- (p) Reviews reports and actions taken by EDPC on clinical review and quality assurance activities.
- (q) Reviews reports ensuring clinicians safely prescribe and administer appropriate medicines and monitor medicine use.
- (r) Makes recommendations to the CEO or delegate regarding the ongoing overall management of clinical review and quality improvement at the facility.
- (s) Reviews the results of the clinical indicator program and makes recommendations.
- (t) Provides guidelines to support staff to recognize acute patient deterioration and take appropriate action.
- (u) Champions the development and implementation of systems to provide effective comprehensive care.

Definitions and Terms

“**Accredited Practitioner**” means a Medical Practitioner has received and accepted an offer by the Chief Executive Officer (CEO) as ratified by EDPC MAC Meeting. The appointment letter will include the scope of clinical privileges granted to treat his or her patients, appointment as an Accredited Practitioner under these by-laws is a pre-requisite to practice at the EDPC

“**Chief Executive Officer**” means the individual appointed as the senior executive at EDPC.



“Clinical Privileges” means the specific surgical procedures permitted to be undertaken by Accredited Practitioners to patients within the EDPC, as delegated by the CEO

“Doctor /Visiting Medical Officer” (VMO) is an individual who is fully registered to practice medicine as determined by AHPRA and pursuant to the provisions of the Medical Practice Act 1994.

“Medical Advisory Committee” MAC means the executive committee of the medical staff

“Specialist Practitioner” means a Medical Practitioner who has been recognised as a specialist in their nominated category, for the purpose of the Health Insurance Act 1973 (Commonwealth)

“Scope of Practice” means the delineation and extent of clinical practice or clinical privileges for which the medical practitioner is accredited to practice at EDPC. This may further include the use of specialised equipment, or the performance of specific operations or procedures.

Every applicant for Accreditation must acknowledge in writing that she or he will comply with and be bound by these by laws.

Meetings of Medical Advisory Committee

(a) Ordinary meetings of the Medical Advisory Committee will be held quarterly at a time and place to be determined by the Chairperson/ Medical Director.

(b) The presence of two medical practitioners who are members of the MAC shall constitute a quorum.

(c) A special meeting of the MAC may be called by the CEO or DON or Chairperson of the MAC.

(d) At least 48 hours notice of a special meeting shall be given by the Chairperson of the MAC to all members of the MAC entitled to attend such a meeting.

(e) Notice of a special meeting shall specify the business to be considered and no business of which such notice has not been given shall be considered at the meeting.

(f) Should there be an emergency situation at any time in which is necessary to obtain the advice of or a decision from the MAC, the CEO or DON in consultation as necessary with the Chairperson of the MAC is empowered to undertake such appropriate action for later consideration by the Medical Advisory Committee.

Proceedings of the Medical Advisory Committee

(a) Entitlement to vote at MAC is given only to the Accredited Practitioner members of the Committee.

(b) All questions, excepting as otherwise provided in these By-Laws, shall be decided by a show of hands, or where demanded by a member entitled vote, a ballot and the Chairperson of the MAC shall have a casting vote.

(c) The CEO or delegate shall record minutes of all meetings of the MAC.

(d) Minutes shall be distributed to all those entitled to attend prior to the meeting

(e) No business shall be considered at a meeting until the minutes of the previous meeting have been confirmed.

Disputes



Any dispute or difference which may arise as to the meaning or interpretation of these By-Laws, or as to the powers of any committee, or the validity of proceedings of any meeting shall be determined by the CEO.

Admission of Patients

Only practitioners, who are accredited to EDPC, may admit, care for and treat patients

Scope of Practice of Accredited Practitioners

Each person appointed as an Accredited Practitioner to the EDPC shall be appointed to one or more of the following categories:

(a) Specialist Practitioner – Oral and Maxillofacial Surgeon

(b) Specialist Anaesthetist

(c) Paediatric “Any clinical practice involving treatment of a patient under the age of 18 years”

No aspect of medical practitioner accreditation will be denied on the basis of race, age, creed, color, sex or national origin.

A mechanism exists for granting of provisional privileges for short term appointees, without recourse to the full committee. The DON in consultation with the Chairperson of the MAC or delegate, have the authority to grant provisional privileges following assessment of the completed practitioner’s application form. Clinical privileges granted under this By-Law shall remain in force until determination at the Medical Advisory Committee meeting or for a period not exceeding six months.

Where new services are introduced, or when a medical practitioner wishes to extend their scope of clinical practice, they must formally undergo appropriate credentialing and scope of clinical practice processes specifically for the new service or practice. Changes must align with the 'Requirements for medical practitioners who are changing their scope of practice' in the Medical Board of Australia's [Registration Standard – Recency of Practice](#).

Whenever a new scope of clinical practice, procedure or technology is introduced or requested, Accredited Practitioners must demonstrate proficiency in the form of clinical training and competency records. A request for altered scope of practice is completed for consideration by the MAC who makes recommendation to the CEO. The decision to approve the altered scope of practice is the responsibility of the CEO.

Application for Appointment Form

The DON or delegate shall provide each practitioner seeking appointment with an Application for Appointment Form and make available a copy of the By-Laws.

Process of Application for Privileges and/or Appointment

The CEO will consider every recommendation of the MAC in reference to an application for accreditation by a medical practitioner.



A practitioner seeking appointment as an accredited practitioner shall complete an Application for Clinical Privileges Form.

The application must include 100-point identity check

The application form must clearly list the scope of practice requested by the applicant in accordance with their level of skill, experience, AHPRA (Australian Health Practitioner Agency) and in consideration of the facilities capability.

The applicant must provide 3 referees.

The MAC has determined visiting medical officers who were credentialed after 2010 must have at least 2 checked referees from the same specialty.

The MAC has determined visiting medical officers who were credentialed after 2016 must provide certified copies of all original qualifications.

The application must include evidence of professional indemnity currency

The application must include evidence of current Working With Children check.

The application must include evidence of recent Police Check

The completed application form is forwarded to the DON for tabling at the next MAC meeting. The DON or Chair of the MAC verifies references.

For urgent applications the Chair will review and approve urgent applications. Urgent applications will be tabled and formally approved at the next MAC.

The application contains full information covering the applicant and a declaration indicating willingness to abide by the By-Laws, and the EDPC policies and procedures. After receipt of a recommendation from the MAC the CEO will make a decision to approve the applicant. The CEO can decline an application for accreditation by a medical practitioner even where recommended by the MAC. Applications are considered in relation to the strategic intent and direction of the hospital and staffing, equipment and organisational governance matters. The CEO's decision retains absolute discretion to recommend any action deemed in the best interest of the EDPC.

Term of Appointment of Accredited Practitioners

Applicants may be accredited for a period of up to 3 years.

Interim privileges may be provided at the discretion of the Medical Director until formal approval can be made at the next MAC

Practitioner accreditation will be suspended if there are any conditions or changes imposed on the practitioner AHPRA registration during their appointment period. Accredited Practitioners must inform the MAC of any changes or restriction to their AHPRA registration.

Rejection of Application for Appointment

If the application for appointment or reappointment is rejected, the applicant has the right of appeal as per appeal process



Consideration of Credentialing

Following receipt of a completed Application for Specialist Credentialing and Scope of Clinical Practice

- (a) The CEO or DON refers the complete application to the next MAC meeting. The application shall include all relevant documentation such as professional indemnity, registration, police check, working with children, certified copies of qualifications.
- (b) The MAC reviews the application and current references and makes a recommendation to the CEO who will make the final determination as to the application.

Notification of Decision

The applicant is notified in writing by the CEO or DON within 14 working days of the decision being made by the Medical Advisory Committee.

Re-Appointment of Accredited Doctors

- (a) The MAC will review all re-appointments. .
- (c) Practitioners whose re-appointment is rejected, varied or is made subject to special conditions may request a review of the decision.
- d) In the instance of the re-appointment of the members of the MAC an accredited VMO from the same specialty as the applicant will be invited to review the re-appointment

Appeal Process

- (a) If the recommendation of the MAC or CEO is averse to the applicant, the applicant may within fourteen (14) days from the date of notification, request a hearing with the MAC. A request for review is required to be in writing and addressed to the CEO.
- (b) Upon the receipt of a written request from the applicant for a hearing, the CEO with the Chairperson of the MAC will schedule an Appeal Committee meeting to be held within 90 days. Failure of the applicant to be present for the hearing will constitute a withdrawal of the request for approval.
- (c) If no written notification for appeal is received within fourteen (14) days of the notification of the recommendation of the CEO, the applicant is deemed to have waived the right to appeal and accepts the recommendation.
- (d) It is a condition of any request for review that both the hospital and the practitioner are bound by the final decision made after this review.

Appeal Committee

The CEO will nominate an Appeal Committee, which comprises:

- CEO, DON, the Chairperson (or Delegate) of the Medical Advisory.
- A nominee of the learned college of which the practitioner is a member.



Hearing Process

- (a) The committee will provide the affected practitioner with appropriate notice to have the opportunity to make submissions to the Appeal Committee. These submissions may be oral (in person) and/or in writing or both. A written submission must be provided to the committee.
- (b) The hearing is not a court of law and neither the affected practitioner, nor the hospital shall be represented by legal counsel.
- (c) The hospital has an obligation at the hearing to present appropriate evidence and reasoning in support of the adverse recommendation or decision affecting the practitioner. The practitioner shall thereafter be responsible for supporting any challenge to the adverse recommendation or decision.
- (d) Upon conclusion of the presentation of oral and /or written evidence, the hearing shall be closed. The Appeals Committee at a time convenient to itself will conduct its deliberation outside the presence of the practitioner for whom the hearing was convened. A written recommendation is made to the CEO from the Appeals Committee within (30) days after the final adjournment of the hearing. The CEO will make a decision based on the recommendation of the committee. The final decision of the CEO is binding.

Suspension and Revocation

The CEO and hospital management in consultation with the Chairperson of the MAC may suspend the appointment, revoke the practitioner's appointment and suspend the clinical responsibilities of an Accredited Practitioner should the need arise:

- (a) In the best interests of patient care and safety.
- (b) If the conduct of the accredited practitioner is unduly hindering the operation of EDP.
- (c) Any of the common conditions of accreditation set out in these by-laws have been breached.
- (d) Any of the special conditions applicable to the practitioner have been breached.
- (e) The accredited practitioner's AHPRA registration conditions have changed

The accredited practitioner is notified immediately of the suspension or revocation with the reasons why, by the CEO. The practitioner is informed regarding what is required to be done within a specified number of days for the suspension to be lifted. A practitioner's accreditation may only be suspended if it is reasonably believed the matter can be rectified by the practitioner. The practitioner has the rights of appeal established by these By- Laws.

Termination of Appointment

The appointment of the practitioner may be terminated in the event of:

- (a) Loss of the practitioner's registration to practice.
- (b) Permanent incapacity to perform his/her duties. For the purposes of these By-Laws permanent incapacity means a continuous period of six months incapacity.
- (c) Unfitness to practise.



(d) Unsatisfactory conduct where the practitioner fails to observe the terms and conditions of their appointment, the practitioner is adjudged guilty of professional misconduct or unsatisfactory professional conduct by the AHPRA or as otherwise provided in these By-Laws.

(e) The practitioner being convicted of a serious criminal offence.

The practitioner may resign his/her appointment upon the expiry of one month after the giving of notice to the hospital unless agreed otherwise by the CEO.

Terms and Conditions of Appointment

Appointment of an Accredited Practitioner shall be conditional on the practitioner. The practitioner is required to:

(a) Maintain registration with the AHPRA and comply with any special conditions set by the CEO/Medical Director or Director of Nursing.

(b) Comply with the provisions of statutory requirements, the By-Laws, rules, policies and procedures of the EDPC.

(c) Attend patients when reasonably requested. An accredited practitioner is required to ensure that all reasonable requests by CEO/ Medical Director are responded to in a timely manner and in particular patients are promptly attended when reasonably requested by the CEO/Medical Director or nursing staff for clinical reasons.

(d) Take all reasonable steps to ensure that adequate medical and legal records are maintained for all patients under their care in accordance with statutory, quality standard requirements, and any other data reasonably required by the EDPC

(f) Provide professional services with due skill, care and diligence and adheres to the generally accepted ethics and standards of personal conduct expected of health care professionals.

(g) Maintain an adequate level of professional indemnity membership and provides evidence of membership and registration on an annual basis to the hospital. The practitioner must be fully insured for his/her own malpractice, professional errors, omissions or negligence.

(h) Participate in continuous improvement programs approved by the MAC and in the organised educational activities of the hospital.

(j) Obtain prior written approval from the MAC before treating patients with new technology, new instruments, and new procedures and before amending technology, instruments and procedures to treat patients.

(k) Adhere to the generally accepted ethics of professional practice, both in relation to colleagues and to the patients.

(m) Promptly notify the CEO or DON if a statutory professional board makes an adverse finding against the practitioner or revokes or suspends the practitioner's professional registration, places limitations on the practitioners right to practice or if the practitioners Professional Indemnity Insurance is not renewed.

(n) Promptly notify the CEO or DON if the practitioner is charged with or convicted of a serious criminal offence.



- (o) Promptly notify the CEO or DON if the practitioner's appointment as a visiting medical officer at any other hospital or day procedure centre is changed in any way.
- (p) Be available for emergency calls regarding the patients by EDPC staff.
- (q) Take reasonable steps to know their blood borne virus status at least every 3 years. Have appropriate testing and follow up care after potential exposure and confirm they comply with the "Australian national guidelines for the management of healthcare workers living with blood borne viruses and healthcare workers who perform exposure prone procedures at risk of exposure to blood borne viruses (the Guideline)" when applying for renewal of clinical privileges. To clarify, surgeons, will be required to disclose they have been tested at renewal of clinical privileges. Results of tests are not required however doctors will need to declare they are practicing within the Guidelines.

All of the above requirements are consistent with governance expectations outlined in other relevant Victorian guidelines and policies such as the Statement of Priorities, the Performance monitoring framework and [Delivering high-quality healthcare – Victorian clinical governance framework](#).

Clinical Governance

Person centre care provides the foundation of all services provided at the facility. This may require a thorough explanation of a disease or surgery where a patient or carer has the opportunity to explore and outline their feelings, beliefs and expectations. At EDPC there is respect for the individual's values, expressed needs and preferences. Patients have the right and responsibility to participate in health care decisions including treatment and management. Patients are provided with access to services required by their medical condition including preventative care, and support. Effective and consistent communication is provided following adverse events i.e. "an incident in which unintended harms resulted to a person receiving health care". The MAC advocates the principles and processes outlined in the Australian Open Disclosure Framework, 2013.

The facility has a zero tolerance to child abuse and is committed to acting in children's best interests and keeping them safe, whilst acting to empower children. The EDPC is committed to maintaining child safety and protecting children from abuse through all aspects of our care, service and interaction with patients under the age of 18 years.

Where practical we acknowledge and address the person's emotional and social needs. This means involving the person's family and friends (as the patient desires) and considering educational, cultural and personal factors affecting the person's ability to manage their condition. Education and information is provided that is current and accurate and which provides, relevant and answers. Partners, carers and consumers may be involved in decisions regarding admission, medical, financial consent and treatment options. Clinicians are encouraged to think about ways of integrating patients' perceptions into consultations and involving, seeking and accepting the patient's ideas, giving recognition to their wishes.



Scope of Care at EDPC

Patient Exclusion List

- some ASA 3 or above
- patients requiring general anaesthetic
- patients greater than 175kg
- patients under the age of 12 years
- patients who are not mobile, and are unable to walk short distances or who have had 2 or more accidental falls in the past 12 months
- prospective patients with a confirmed or suspected diagnosis requiring transmission-based precautions will not be admitted until the condition is no longer infectious
- patients who are at risk of delirium, confusion, self-harm or displaying violent or aggressive behaviours-
- patients requiring restraint

It has been determined:

- only patients having sedation or local anaesthesia are considered suitable for admission. No general anaesthetics are performed at the facility.
- no blood or blood products are administered or stored at the facility
- patients baseline observations on admission are recorded by the anaesthetist for sedation patients and by the registered nurse for local patients and include heart rate, respiration, oxygen saturation and blood pressure.
- the patient's temperature and blood sugar level may be taken on admission if medically indicated. For sedation type patients the anaesthetist will measure and document core physiological observations with appropriate frequency and duration. The minimum requirement being two sets of observations including the baseline.
- only patients requiring short stay are suitable for admission
- patients who are likely to require prolonged length of stay, surgery, recovery are not deemed appropriate for admission.
- patients with poor mobility and circulation who may be at risk of falls or pressure injuries are not deemed appropriate for admission.
- patients requiring overnight care are not suitable for admission.
- patients who are immobile, who require mobility aides or who have had 2 or more falls in the past 12 months may be considered unsuitable for admission.
- The EDPC does not admit patients who are at risk of self-harm or suicide during an episode of care. Patients identified as at risk of self-harm, or at risk of suicide or have self-harmed or appear distressed at initial consultation are referred immediately to an appropriate healthcare provider in collaboration with supportive carer.
- The EDPC does not admit patients who have cognitive impairment or are at risk of developing delirium during an episode of care



- The EDPC does not use restrictive practices during an episode of care. Patients requiring restraint are not suitable for admission.
- EDPC does not admit patients who are at risk of aggressive or violent behaviour during an episode of care
- The EDPC does not admit patients requiring administration of blood products
- patients who do not have a responsible adult to escort them home after a sedation are generally not suitable for admission
- bariatric (obese) patients greater than 175kg are not suitable for admission
- we endeavour to treat ASA 1 and ASA 2 type patients. Selected ASA 3 type patients may be appropriate at the discretion of the anaesthetist in consultation with other health providers.
- paediatric patients may be suitable for sedation at the discretion of the surgeon in consultation with the anaesthetist
- all patients who are having a procedure awake under local anaesthetic may be suitable for admission at the discretion of the surgeon and on occasions in consultation with other healthcare professionals.
- patients who demonstrate unplanned clinical deterioration requiring monitoring, further investigation or comprehensive clinical management are not deemed suitable to be managed at the facility
- the medical record stays with the patient at the point of care and remains accessible at all times
- where possible patients/carers are to be involved in the care planning
- all patients/carers and staff are informed of the Australian Charter of Healthcare Rights
- a clinical indicator data set has been identified as providing meaningful information relevant to the clinical outcomes of the facility. The clinical indicators will be collected by exemption, reviewed at regular intervals by the MAC and may be utilised for Benchmarking from time to time. The MAC takes responsibility to review patient outcomes and make recommendations to the Medical Director/CEO.
- all patients are correctly identified and whenever care is provided there is a correct match of the patient to their intended treatment.
- the surgeon, anaesthetist and dental nurse will participate in a team Time Out as per the EDPC policy prior to the sedation anaesthetic being administered.
- 3 approved patient identifiers are reviewed on admission, when care is provided and whenever patient care is transferred. The MAC takes responsibility to review compliance and make recommendations to the Medical Director/CEO.
- clinical handover is completed to ensure there is a timely, relevant and structured handover that supports safe patient care. The MAC supports the use of the ISBAR handover tool acronym.
- VMO's adopt and utilise the Open Disclosure Framework to communicate openly when health care does not go to plan.
- Visiting medical officers are familiarised with the EDPC policies through the Medical By-Laws. These policies include reference to Open Disclosure, Essential Elements for Recognising and Responding to Clinical Deterioration, Reportable Observations, Escalation of Care, Transfer, Time Out, Falls Prevention and Clinical Handover.



- Access to a clinician either on site or in close proximity i.e., VMO, Anaesthetist with ALS skills must be nearby at all times whilst inpatients at EDPC.
- All patients are for resuscitation unless specifically documented by the referring healthcare provider.
- Wound Management unrelated to oral surgery is outside the expertise of the EDPC service and care provision. Patients requiring specific treatments are to be referred to the relevant healthcare provider.
 - All clinicians are to adopt policies and protocols relating to standard infection control precautions, aseptic non-touch technique, safe handling, and disposal of sharps, to prevent occupational exposure to blood and blood substances, ensure environmental cleaning and disinfection, anti-microbial prescribing, using single-use devices, processing of reusable medical equipment
- Management authorises and supports the Antimicrobial Stewardship Program (AMS) which is incorporated in the Terms of Reference and aligned to the MAC and endorsed by the CEO.
- All staff and VMO's are responsible for reporting Healthcare Acquired Infections (HAI) to the DON or (AMS) team.
- The AMS team advocates all antibiotics should be prescribed as per the *Therapeutic Guidelines- Antibiotics*
- All VMO's have access to the current *Therapeutic Guidelines- Antibiotic* whilst providing care at the EDPC.
- The AMS team advocates where indicated antimicrobial choice should be made with the support of a medical microbiologist or infection prevention consultant.
- The AMS team will review antimicrobial prescribing from time to time and report results to the CEO
- Medication orders are to be clearly written.
- Error prone abbreviations are not to be used. Staff are to clarify medication orders in the event of ambiguity. VMOs' are to familiarise themselves with ACSQHC National Medication Chart for Day Surgery. Medication management is overseen by the Medical Director.

The CEO ensures all medical personnel who work at EDPC and who provide patient care are AHPRA registered practitioners and competent on the basis of appropriate education, training, skills, and experience and ensures the range of services provided are appropriate for the facility and its available resources. A register of all credentialed VMO's is maintained by the DON and reviewed periodically by the MAC.

References:

Referee Check

Application for Specialist Credentialling and Scope of Clinical Practice

Application for Urgent Credentialling and Scope of Clinical Practice

Governing Body Policy

<https://www.bettersafecare.vic.gov.au/sites/default/files/2020-05/Credentialing%20and%20scope%20of%20clinical%20practice%20final.pdf>

100 points-verification



<http://www.safetyandquality.gov.au/our-work/open-disclosure/the-open-disclosure-framework/>
<http://www.safetyandquality.gov.au/our-work/medication-safety/medication-chart/day-surgery-national-inpatient-medication-charts/>

Australian national guidelines for the management of healthcare workers living with blood borne viruses and healthcare workers who perform exposure prone procedures at risk of exposure to blood borne viruses (the Guideline)".

<https://www1.health.gov.au/internet/main/publishing.nsf/Content/cda-cdna-bloodborne.htm>
<https://www.safetyandquality.gov.au/sites/default/files/migrated/National-Safety-and-Quality-Health-Service-Standards-second-edition.pdf>

<https://ccyp.vic.gov.au/news/new-child-safe-standards-start-in-victoria-on-1-july-2022-to-better-protect-children/>