

Mandatory Disease Testing Act 2021

Information for relevant medical practitioners

This factsheet has been prepared to inform relevant medical practitioners about the [Mandatory Disease Testing Act 2021 \(Act\)](#).

What is a mandatory testing order?

A mandatory testing order (MTO) requires a person (the third party) to provide a sample of blood to be tested for the following blood-borne viruses (BBV): HIV, Hepatitis B, and Hepatitis C.

A worker can only apply for a MTO if they have come into contact with the bodily fluid (blood, faeces, saliva, semen) of a third party who is at least 14 years old, and the contact occurred:

- while the worker was on duty, and
- due to deliberate action of the third party, and
- without the worker's consent.

'Senior officers' for workers under the Act will determine applications for MTOs. To be eligible to apply for an MTO a worker must consult with a 'relevant medical practitioner' (see below) as soon as possible (but no later than 24 hours after the contact) and up to 72 hours after the contact occurred if reasonable in the circumstances.

Who is a relevant medical practitioner?

Under the Act, a relevant medical practitioner means a medical practitioner with qualifications or experience with BBVs, such as an s100 qualified prescriber, sexual health or infectious diseases medical practitioner, or another medical practitioner if one with this experience is not available when the worker requires a consultation.

What must I inform the worker of under the Act?

During the consultation, the relevant medical practitioner must inform the worker about:

- their risk of contracting a BBV from the third party as a result of the contact
- appropriate actions to mitigate the risk of contracting a BBV from the third party as a result of the contact, and of transmitting a contracted BBV to another person
- the extent to which testing third party's blood for BBVs may assist in assessing the risk of contracting a BBV.

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The NSW Health Chief Health Officer's Guidelines (<https://www.health.nsw.gov.au/Infectious/Pages/MDT-guidelines.aspx>) (Guidelines) have been prepared to assist, among others, relevant medical practitioners who may consult with workers under the Act.

The Guidelines **recommend that medical practitioners provide the advice above in writing**. Workers applying for a MTO must consent to the senior officer discussing the worker's consultation with the relevant medical practitioner and obtaining the worker's medical records that relate to the contact if the application does not include a copy of the written advice.

What if I do not have experience in BBV management?

The Guidelines recommend that if a relevant medical practitioner does not have qualifications or experience in the diagnosis, management and treatment of BBVs, they should seek advice from an appropriately qualified practitioner. A directory of qualified s100 prescribers is maintained online (<https://www.ashm.org.au/prescriber-maps/>) by the Australasian Society for HIV, Viral Hepatitis and Sexual Health Medicine (ASHM).

The Guidelines also recommend that medical practitioners follow the advice in the Australian National guidelines for post-exposure prophylaxis after exposure to HIV (<http://www.pep.guidelines.org.au/>)

What else should I advise the worker of?

This fact sheet is not intended to limit advice and treatment that should be afforded by a medical practitioner to their patient depending on the patient's individual circumstances. In addition to the requirements of the Act, medical practitioners should follow relevant policies and procedures to ensure workers receive the appropriate treatment, support, and assistance following an exposure event.