



<b>HEALTH PROFESSIONS LICENSING AUTHORITY</b>	
<b>TITLE: Position Statement – Nurses and Midwives infected with blood borne viruses</b>	
<b>EFFECTIVE DATE:</b> May 2004	<b>REVIEW DATE:</b> April 2007
<b>NEXT SCHEDULED REVIEW:</b> April 2009	
<b>BOARD:</b> Nursing and Midwifery Board of the Northern Territory	

### **1. Objective**

The *Health Practitioners Act 2004* is the legislation that regulates the practise of nursing and midwifery in the Northern Territory. This Position Statement has been developed to ensure that the Nursing and Midwifery Board of the Northern Territory is satisfied that:

- The nurse/midwife has sufficient competence and capacity to practise prior to being issued with a practising certificate. The nurse/midwife is required pursuant to Section 22 (c) of the Act to make a declaration, which will satisfy the Board that, they have “sufficient physical and mental capacity to practise”.
- Nurse/midwives practise in a way that maintains and enhances public health and safety by ensuring that the risk of the spread of infectious diseases is prevented or minimised.

### **2. Introduction**

Transmission of blood borne viruses from nurses and midwives to patients in the health care setting is extremely rare. However, all reasonable measures must be taken to ensure that patients are protected from the risk of acquiring life-threatening infections as a consequence of their treatment, and that nurses and midwives have a safe working environment.

### **3. Purpose**

The following Position Statement has therefore been produced to assist the nurse/midwife and others in managing the risk of transmission of a blood borne virus from a nurse/midwife to patients or others.

### **4. Principles**

The Position Statement takes account of the following:

- The Board is responsible for providing safe and competent nursing and midwifery practice in the Northern Territory.
- Successful infection control involves a two-tiered approach of ‘standard’ and ‘additional’ precautions that provide a high-level of protection to patients, health care workers and other people in health care establishments.
- Individual nurses and midwives owe a duty of care to their patients;
- All employees have a legal obligation under the *Work Health Act 1986 (NT)* to contribute to the maintenance of workplace health and safety, and not to place others at risk;
- All employers have a responsibility to have appropriate policies in place to respond to occupational exposure;

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- Anti-discrimination legislation prohibits discrimination on the grounds of impairment, which includes the presence of a blood borne virus;
  - Nurses/midwives who become infected with blood borne viruses are entitled to the same level of confidentiality and support as is provided to other patients. Only in the most exceptional circumstances, when a patient's health or safety must be protected, would a nurse/midwives infection status be disclosed to others without the nurses/midwives consent; and
  - Future developments in treatment of blood borne viruses may occur that will have an impact on the relevance of this position statement. The statement will therefore be regularly reviewed.

## **5. Definitions**

### **5.1 Blood Borne Virus**

For the purposes of this Position Statement the term blood borne virus includes Human Immunodeficiency Virus (HIV), Hepatitis B virus (HBV) Hepatitis C virus (HCV) and HTLV I Human T-cell Lymphotropic Virus

### **5.2 Invasive procedure**

Include any situation where the hands of a health care worker enter the tissue, body cavity or organs of a patient, or surgically repairs traumatic injury to a patient.

### **5.3 Exposure prone procedure**

Encompass invasive procedures where there is 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 of a patient. An exposure-prone procedure is one in which there is potentially a high risk of transmitting a blood borne disease between an HCW and a patient during a medical or dental procedure.

Procedures where the hands and fingertips of the nurse/midwife are visible and outside the patient's body at all times and internal examinations / procedures that do not require the use of sharp instruments are not considered exposure prone. Therefore they are unlikely to pose a risk of transmission of HIV, HBV or HCV from an infected nurse/midwife to a patient. Exposure prone procedures have been associated with transmission of blood borne viruses from infected health care workers to patients despite the health care worker's adherence to standard infection control procedures.

### **5.4 RNA**

A polymeric constituent of all living cells and many viruses.

### **5.5 PCR**

A sensitive technique for detecting viral RNA – HCV PCR is a marker of viral replication and infectivity if positive.

### **5.6 HBeAG positive**

Hepatitis B e antigen – marker of high level of infectiousness.

### **5.7 HBV DNA**

Hepatitis B virus genetic material – marker of high level of infectiousness

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## **5.8 HTLV I**

Human T-cell Lymphotropic Virus is associated with at least 2 kinds of disease manifestation: adult T-cell leukaemia and tropical spastic paraparesis.

## **5.9 Standard Precautions**

Standard precautions are work practices required for the basic level of infection control and are recommended for the treatment and care of all patients. Standard Precautions are designed to reduce the risk of transmission of microorganisms from both recognised and unrecognised sources of infection to a susceptible host.

Standard Precautions include:

- Handwashing,
- Use of personal protective equipment (PPE),
- Aseptic practices,
- Appropriate reprocessing of instruments and equipment following use,
- Safe handling and disposal of potentially infectious material and
- Environmental controls.

## **6. Position Statement**

### **6.1 Immunisation**

The Nursing and Midwifery Board of the Northern Territory recommends that:

- All nurses/midwives involved in patient contact or contact with patient blood or body fluids should be immunised against HBV:
- Post immunisation serological testing should occur to confirm response;
- those who do not respond to the immunisation and those who are immunosuppressed should seek medical advice about appropriate management, including actions to be taken after occupational exposure.

### **6.2 Responsibilities of ascertaining HIV/HBV/HCV status**

**It is the responsibility of individual nurses/midwives to be aware of their infection status for HIV, HBV and HCV.**

Nurses and midwives 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. In particular, nurses and midwives who perform exposure-prone procedures should be encouraged to have voluntary testing if they are:

- Untested and presently performing exposure-prone procedures;
- About to begin performing exposure-prone procedures;
- Involved in a significant occupational exposure to blood or body substances;
- Involved in a significant non occupational exposure to blood or body substances (including needle sharing or unprotected sexual intercourse with an individual infected with HIV or HBV, or with a person at increased risk of HIV); or
- Untested for 12 months.

## **HTLV I**

Antibody serology should be included as part of the above testing for Nurses/Midwives following significant occupational or non-occupational exposure with people from areas with a higher incidence of HTLV I ie. Katherine and areas extending south to Alice Springs. Nurses/Midwives regularly undertaking exposure

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prone procedures with a group at high risk of HTLV I should also include this in their yearly routine testing.

A significant exposure includes needle stick injuries with deep penetration through skin or mucous membrane and/or injection of blood and/or penetration with large-bore hollow needles. Other exposure, such as superficial needle stick injuries, mucosal exposure and contamination of non-intact skin, should be assessed by a clinician to determine if the exposure is considered significant.

If there is any uncertainty about the level of risk involved, the matter should be referred and assessed by a specialist in the field of infectious diseases.

***Nurse/midwives who fail to be aware of their infection status may be guilty of professional misconduct.***

### **6.3 Responsibilities of HIV/HBV/HCV/HTLV I infected nurses/midwives**

#### **6.3.1 Nurses/Midwives must not perform exposure-prone procedures if they are:**

- HIV antibody positive;
- HTLV I antibody positive;
- HCV antibody positive and HCV RNA positive (by PCR or similar test); or
- Hepatitis B 'e' antigen (HBeAg) positive and/or HBV DNA positive at high titres.

Nurses/midwives who test positive for HBV surface antigen (HBsAg) should seek medical advice from a specialist in the field of infectious diseases before they perform exposure prone procedures.

***Nurses who do not immediately cease to perform these procedures may be guilty of professional misconduct.***

#### **6.3.2 Risk assessment/management and role of the board**

Nurses/midwives who carry a blood borne virus have a professional and ethical responsibility to review the way they practice to ensure that they minimise the likelihood of transmission of infection to their patients.

They should:

- Obtain and follow the advice of their treating specialist physician;
- Know their infectious status;
- Follow the treatment recommended by the medical practitioner; and
- Modify their involvement in direct patient care to eliminate exposure-prone procedures if they meet the criteria outlined in 6.3.1.

The risk of transmission can be almost completely eliminated by the infected nurse not undertaking exposure prone procedures and the use of 'standard precautions'. Nurses/midwives are not required by the Nursing and Midwifery Board to inform their employer or the Board of their HIV, HTLV I, HBV or HCV status. However, it is desirable for them to do so in order that appropriate support may be put in place to enable them to continue working without being asked to engage in exposure prone procedures. If they have been performing exposure prone procedures, informing employers can allow appropriate action to be taken to ensure that patient safety is maximised.

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The Nursing and Midwifery Board has a responsibility to protect the public from the following risks:

- The risk of transmission of the virus to others; and
- The risk that the virus will impair the professional performance of the nurse/midwife

#### **6.4. Patient Disclosure**

The Board does not recommend that infected nurses/midwives inform patients of their HIV/HTLV I/HBV/HCV status. The reasons for this are:

- Patients are best protected by consistent use of infection control practices, primarily 'standard precautions';
- Patients are not bound by any confidentiality requirements; and
- Informing patients may send inappropriate messages regarding the level of risk of such transmission.

#### **6.5 Responsibilities of all nurses/midwives**

All nurses/midwives must adhere to standard infection control procedures. There is no requirement for notification to the Board by any party, of the infection status of a nurse/midwife, unless there are concerns that an individual is not complying with this position statement, or if there are complications that may be affecting professional practice.

***However, nurse/midwives who fail to notify the Board of a colleague infected with a blood borne virus who is continuing to undertake exposure prone procedures or in whom there are complications affecting performance, may be guilty of professional misconduct.***

#### **6.6 Nursing and Midwifery students**

Students who identify themselves to the Nursing and Midwifery Board or their education provider as being infected with blood borne viruses will not be treated differently from their peers in applying for registration / enrolment. Students who meet the criteria listed 6.3.1 should not be performing exposure prone procedures so they will not be expected to be competent in performing these procedures.

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**References:**

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