ANMF (Vic Branch) Policy

EXPOSURE TO BLOOD-BORNE and BODY SUBSTANCES PATHOGENS

1 Introduction
The ANMF (Vic Branch) recognises that many nurses and midwives working in healthcare environments and other industries are exposed to blood-borne / body substances pathogens in the course of their duties, which may adversely affect their physical health and well-being. Occupational exposure to infectious agents, including blood and body substances may be through direct contact with an infectious patient, visitor or colleague; or indirectly from a contaminated surface or environment e.g. the air OR, as the result of a needlestick/sharps injury.

Needlestick/sharps injuries and other blood or body substance incidents are the main causes of occupational exposure for healthcare workers for Human immunodeficiency Virus, Hepatitis B and Hepatitis C.

A survey of occupational exposures in Australian nurses conducted by the ASCC in 2008 found that in the 12 months prior to the survey, 11.2% of nurses had sustained at least one needlestick or other sharps injury\(^1\), however due to underreporting, this figure could be higher.\(^2\)

Patients are also at risk of blood-borne pathogens being transmitted from infected nurses and midwives.

It is reported however, that in clinical situations not involving exposure prone procedures, the risk of transmission of blood-borne pathogens from healthcare workers to patients is very low and equivalent to social contact, when proper standard precautions are followed.\(^3\)

Risks of transmission from clinician-to-patient or from patient-to-clinician are dependent on a range of factors such as: the infectivity of the individual (e.g. the viral load and effect of viral treatments); the clinical context – consultation as opposed to an exposure prone procedure (refer to definition below); operator skill and level of experience and the clinical environment.\(^4\)

2 Objective
The ANMF (Vic Branch) objective is to support the minimisation and management of risks to nurses and midwives health and safety, from exposure to blood-borne and body substances pathogens, during the course of their work.

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\(^1\) Australian Guidelines for the Prevention and Control of Infection in Health Care – National Health and Medical Research Council 2010
\(^2\) Alliance for Sharps Safety and Needlestick Prevention in Healthcare – October 2010
\(^3\) Australian National Guidelines for the Management of Health Care Workers known to be infected with Viruses – Department of Health and Ageing – February 2012
\(^4\) Australian National Guidelines for the Management of Health Care Workers known to be infected with Blood-Borne Viruses – Department of Health and Ageing – February 2012
3 Scope
The policy applies to all nurses and midwives who are members of the Australian Nursing and Midwifery Federation (Victorian Branch) and who are working in health, visiting health services and other industry workplaces.

4 Definitions
Exposure Prone Procedures (EPP’s): Exposure prone procedures are invasive procedures where there is potential for direct contact between the skin, usually finger or thumb of the healthcare worker, and sharp surgical instruments, needles, or sharp tissues (e.g. fractured bones), spicules of bone or teeth in body cavities or in poorly visualised or confined body sites, including the mouth of the patient. During EPPs, there is an increased risk of transmitting blood-borne viruses between healthcare workers and patients.

Categories of EPP’s: The EPP performed by the healthcare worker can be categorised according to the level of risk of transmission, in increasing order of magnitude, as follows:

Category 1 - A procedure where the hands and fingertips of the healthcare worker are usually visible and outside the body most of the time and the possibility of injury to the worker’s gloved hands from sharp instruments and/or tissues is slight. This means that the risk of the healthcare worker bleeding into a patient’s open tissues should be remote, e.g. insertion of a chest drain.

Category 2 - A procedure where the fingertips may not be visible at all times but injury to the healthcare worker’s gloved hands from sharp instruments and/or tissues is unlikely. If injury occurs it is likely to be noticed and acted upon quickly to avoid the healthcare worker’s blood contaminating a patient’s open tissues, e.g. appendectomy.

Category 3 - A procedure where the fingertips are out of sight for a significant part of the procedure, or during certain critical stages and in which there is a distinct risk of injury to the healthcare worker’s gloved hands from sharp instruments and/or tissues. In such circumstances it is possible that exposure of the patient’s open tissues to the healthcare worker’s blood may go unnoticed or would not be noticed immediately, e.g. hysterectomy.

DNA: Deoxyribonucleic Acid
PPE: Personal Protective Equipment
RNA: Ribonucleic Acid

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5 Australian Guidelines for the Prevention and Control of Infection in Health Care – National Health and Medical Research Council 2010
6 Australian Guidelines for the Prevention and Control of Infection in Health Care – National Health and Medical Research Council 2010
5 Policy

5.1 Under the Victorian Occupational Health and Safety Act 2004, all employees have a right to perform their work in an environment that is safe and without risks to health, from exposure to blood-borne viruses.

5.2 All nurses and midwives should have access to regular free confidential testing and appropriate treatment for blood-borne viruses. (Aust national guidelines for the management of health care workers known to be infected with bbv’s) – 2012.

5.3 All nurses and midwives who perform EPP’s should be encouraged to undergo free regular testing for blood-borne viruses.

5.4 All nurses and midwives should be offered free vaccination against blood-borne pathogens where vaccines have been developed.

5.5 Where a nurse or midwife has been potentially exposed to a blood-borne pathogen, they should be offered counselling, testing and where appropriate, anti-viral medications to lower the risk of sero conversion.

5.6 Where a nurse or midwife has potentially been exposed to a BBV, they should not perform EPP’s until testing has ruled out infection.

5.7 A nurse or midwife who is antibody positive for the Human Immunodeficiency Virus must not perform EPP’s.

5.8 A nurse or midwife infected with a blood-borne virus has a professional obligation to seek advice regarding their personal care and work practices.

5.9 A nurse or midwife infected with a blood-borne virus should remain under regular medical supervision.

5.10 A nurse or midwife must not perform EPP’s whilst they are Hepatitis C RNA positive, but may be permitted to perform EPP’s after successful treatment or following spontaneous clearing of the Hepatitis C RNA.

5.11 A nurse or midwife must not perform EPP’s whilst they are Hepatitis B DNA positive, but may be permitted to perform EPP’s after successful treatment or following spontaneous clearing of the Hepatitis B DNA.

6 Employers

6.1 The ANMF (Vic Branch) requests that employers have an effective infection control strategy and provide a safe working environment that minimizes the risk of a sharps injury or exposure to body fluids, secretions and excretions and prevents the transmission of infections from person to person. In addition to the use of PPE, engineering devices such as retractable needle syringes, vacuum ampoules for taking blood, needleless intravenous systems and ampule breakers along with designated sharps disposal containers made from puncture resistant material should be used, so as to minimise risk of sharps injuries.7

6.2 The ANMF (Vic Branch) acknowledges that while the protection of the public’s health is paramount, employers of nurses and midwives must also consider, and comply with, relevant anti-discrimination, privacy, industrial relations and equal employment opportunity legislation when dealing with nurses and midwives who have been exposed to blood-borne viruses or have been diagnosed with a blood-borne virus.

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7 Health and Safety Representatives (HSRs)
The ANMF (Vic Branch) supports involvement of HSRs in prevention of exposure to blood-borne viruses through:

a) Representation and consultation and with employers
b) Health and Safety Committee (HSC) formulation, review and dissemination of plans for prevention of exposure to blood-borne pathogens
c) Workplace OHS issue resolution
d) Provisional Improvement Notices (PINs) or requests for WorkSafe Inspectors to attend the workplaces if the employers have not acted to resolve blood-borne pathogen exposure issues

8 Consultation & Representation
8.1 The participation of and consultation with staff and their representatives, including the ANMF (Vic Branch) and Health & Safety Representatives (HSRs), is critical to the effective implementation of relevant and sustainable policies and procedures and risk control strategies for preventing and managing the risks associated with exposure to blood-borne pathogens.
8.2 Appropriate consultative and representative structures (including HSRs and OHS Committees) are necessary so as to encourage staff to report injuries/illness and unresolved issues related to exposure from blood-borne pathogens whilst at work to both management and / or HSRs.

9 References
This Policy should be read in conjunction with the following ANMF (Vic Branch) Policies relating to Occupational Health and Safety:

• ANMF's (Vic Branch) Occupational Health and Safety Policy
• ANMF’s position statement on immunisation (yet to be developed)

10 Relevant Legislation

For further information, please contact the Occupational Health and Safety Unit of the ANMF (Vic Branch) Office, Telephone (03) 9275 9333.