



## ANMF (Vic Branch) Policy

### Exposure to blood-borne and body substances pathogens

#### 1. Introduction

The Australian Nursing and Midwifery Federation (Victorian Branch) (ANMF (Vic Branch)) recognises that some nurses and midwives working in healthcare environments and other industries may be exposed to blood-borne / body substances pathogens during the course of their work, creating a risk to their health and safety.

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 eg 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<sup>1</sup>, however due to underreporting, this figure could be higher.<sup>2</sup>

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.<sup>3</sup>

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 (eg 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.<sup>4</sup>

#### 2. Objective

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

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<sup>1</sup> Australian Guidelines for the Prevention and Control of Infection in Health Care – National Health and Medical Research Council 2010

<sup>2</sup> Alliance for Sharps Safety and Needlestick Prevention in Healthcare – October 2010

<sup>3</sup> Australian National Guidelines for the Management of Health Care Workers known to be infected with Viruses – Department of Health and Ageing – February 2012

<sup>4</sup> 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

This policy applies to all ANMF (Vic Branch) members and all nurses and midwives eligible for ANMF (Vic Branch) membership who are working in Victorian healthcare environments and other industries.

### 4. Definitions

Exposure Prone Procedures (EPPs): 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 (eg 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.<sup>5</sup>

Categories of EPPs: 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, eg 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, eg 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, eg hysterectomy.<sup>6</sup>

DNA: Deoxyribonucleic Acid

PPE: Personal Protective Equipment

RNA: Ribonucleic Acid

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<sup>5</sup> Australian Guidelines for the Prevention and Control of Infection in Health Care – National Health and Medical Research Council 2010

<sup>6</sup> 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 bbvs) – 2012.
- 5.3 All nurses and midwives who perform EPPs 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 seroconversion.
- 5.6 Where a nurse or midwife has potentially been exposed to a BBV, they should not perform EPPs until testing has ruled out infection.
- 5.7 A nurse or midwife who is antibody positive for the Human Immunodeficiency Virus must not perform EPPs.
- 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 EPPs 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 EPPs whilst they are Hepatitis B DNA positive, but may be permitted to perform EPPs after successful treatment or following spontaneous clearing of the Hepatitis B DNA.

## 6. Key elements

### 6.1 Employers

- 6.1.1 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.<sup>7</sup>
- 6.1.2 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, OHS 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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<sup>7</sup> WorkSafe Vic. Healthcare – Preventing needlestick injuries – (2009)

## 6.2 Health and Safety Representatives (HSRs)

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

- 6.2.1 Encourage staff to report all incidents of exposure to blood borne pathogens
- 6.2.2 Representation and consultation and with employers
- 6.2.3 Health and Safety Committee (HSC) formulation, review and dissemination of plans for prevention of exposure to blood-borne pathogens
- 6.2.4 Workplace OHS issue resolution
- 6.2.5 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

## 6.3 Consultation

- 6.3.1 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
- 6.3.2 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

## 6.4 ANMF (Vic Branch) Members

The ANMF (Vic Branch) supports involvement of members in the prevention of work-related fatigue through:

- 6.4.1 Reporting fatigue issues to management and HSRs
- 6.4.2 Consultation through HSRs on work-related fatigue control measures

## 7. Relevant legislation

- Occupational Health and Safety Act 2004
- Occupational Health and Safety Regulations 2007

## 8. Relevant guidance

- ANMF's (Vic Branch) Occupational Health and Safety Policy
- ANMF's (Federal Office) position statement on immunisation
- Australian National Guidelines for the Management of Health Care Workers known to be infected with Blood Borne Pathogens 2010