

BLOOD BORNE VIRUSES

Purpose

The purpose of this standard is to set out the College's requirements for midwives to protect their clients from midwife-to-client transmission of a blood borne virus during the provision of care.

Definitions

Blood borne virus means hepatitis B virus (HBV), hepatitis C virus (HCV) or human immunodeficiency virus (HIV).

Exposure-prone procedure means an invasive procedure where there is a higher-than-average risk that injury to the midwife may result in the exposure of the client's open tissues to the blood of the midwife. These procedures include those where the midwife's hands (gloved or not gloved) may come in contact with sharp instruments, needle tips or sharp tissues inside a client's open body cavity, wound or confined anatomical space where the hands or fingertips may not be completely visible at all times. Exposure-prone procedures in the midwifery scope of practice include infiltration of the perineum with local anaesthetic, episiotomy, repair of an episiotomy or perineal/vagina tear and application of fetal scalp electrodes.¹

Treating Physician means a physician with expertise in blood borne viruses who is managing the care related to the blood borne virus of the seropositive midwife in accordance with national guidelines.

Standard

Midwives must take all reasonable steps to protect the health and safety of their clients which includes preventing the transmission of blood borne viruses from themselves to their clients.

Midwives must comply with institutional, provincial and national recommendations regarding preventing the transmission of blood borne viruses to their clients.

¹ Australian National Guidelines for the Management of Healthcare Workers Living with Blood Borne Viruses and Healthcare Workers who Perform Exposure Procedures at risk of exposure to blood borne viruses
<https://www1.health.gov.au/internet/main/publishing.nsf/Content/cda-cdna-bloodborne.htm>

Midwives who perform exposure-prone procedures must know their blood borne virus status and:

- be tested for HIV and HCV at least once every three years and
- be tested for HBV every year unless immunity to HBV, through vaccination or resolved infection, has been demonstrated.

Midwives who are exposed to risks for acquiring a blood borne virus in non-occupational settings should be aware of testing frequencies based on those risks and should follow any relevant guidelines recommending testing that may be sooner than those in this standard.

Midwives must report at annual renewal that they are complying with this standard.

Midwives who are seropositive for HIV, HBC or HBV

When initially diagnosed with a blood borne virus, midwives must cease performing exposure-prone procedures immediately and seek appropriate medical care under the guidance of a treating physician.

Midwives living with a blood borne virus who perform exposure prone procedures can continue to practice if they comply with the PHAC *Guideline on the Prevention of Transmission of Bloodborne Viruses from Infected Healthcare Workers in Healthcare Settings*² guidelines, and the recommendations of their treating physician related to testing frequencies and acceptable viral loads for the provision of care.

Midwives must adhere to relevant public health authorities and guidelines about reporting accidentally exposing a client to their blood.

References (legislative and other)

Public Health Agency of Canada. *Guideline on the Prevention of Transmission of Bloodborne Viruses from Infected Healthcare Workers in Healthcare Settings*. 2019.

Approved by
Approval Date:
Implementation Date:
Last reviewed and revised:

² Public Health Agency of Canada. *Guideline on the Prevention of Transmission of Bloodborne Viruses from Infected Healthcare Workers in Healthcare Settings*. 2019.