

Policy on HIV/AIDS and Other Blood Borne Pathogens

Re-endorsed at Annual Conference 2017

The NSW Nurses and Midwives' Association recognises that:

- Nurses, midwives and other health care workers are at risk from Hepatitis B (HBV), Hepatitis C (HCV), Human Immunodeficiency Virus (HIV) and other blood borne infections in the workplace.
- Nurses, midwives and other health care workers have developed HIV infection following workplace exposures, and that despite the availability and provision of combination antiretroviral therapy new infections still occur. Additionally, a number of serious and potentially life-threatening adverse events have been reported due to administration of HIV antiretroviral prophylaxis.
- The optimal approach to minimising occupational transmission of blood borne diseases is a proactive one that focuses on prevention of transmission.
- Use of safer equipment and compliance with standard and transmission-based precautions and safe sharps and waste handling practices provides the most effective means of reducing the risk of transmission of blood borne infections.
- Negative HBV, HCV and HIV antibody results may not mean the person tested is not infectious. Reliance on test results may lead to a false sense of security and inadequate infection control precautions.
- No assumptions can be made about the infectious status of any person.
- Unwarranted testing for blood borne infections is expensive in terms of financial and human resources and may divert resources from more effective use.
- Knowledge of infection status does not prevent accidental occupational exposure.
- Testing may lead to discrimination against those who test positive.
- All persons have the right to receive health care regardless of health status or perceived health status.
- All nurses, midwives and other health care providers have the right to equitable employment conditions regardless of health status or perceived health status.

The NSW Nurses and Midwives' Association adopts the policy that:

1. Infection control policies and protocols will consider HBV, HCV, HIV and other blood borne diseases.
2. All health facilities must purchase and make available safe equipment and adopt and enforce, through the provision of appropriate education, policies and resources, safe handling of blood and body substances practices, through the application of standard and transmission-based precautions. Standard and transmission-based precautions constitute best practice in infection control.



3. Employers will actively involve nurses and midwives in the development of infection control policies and effective mechanisms to ensure policy implementation.
4. Employers will provide the necessary resources to enable staff to implement legislation, policies and procedures for effective infection control. Cost cutting measures which inhibit or prevent the use of standard precautions will not be accepted. Nurses and midwives will refer problems with policy implementation to the employer.
5. Health care practices will be based on scientific knowledge about disease transmission and levels of risk.
6. Nurses and midwives have a duty of care toward persons with blood borne infections. Knowledge of a person's HIV, HBV or HCV status should not adversely influence the quality of care delivered.
7. Reluctance to provide care to persons with blood borne infections after the nurse or midwife has had appropriate education and/or counselling is not justified.
8. Nurses and midwives in providing care, will promote an environment in which the values, customs and spiritual beliefs of the individual are respected.
9. Nurses and midwives will hold in confidence personal information and use judgement in sharing that information.
10. Nurses and midwives will support the right of the individual to make an informed choice about HIV testing. Mandatory testing of persons requiring care or of nurses and midwives providing care is opposed.
11. Nurses and midwives will refuse to assist with HIV testing in the instance of such testing being knowingly conducted without the informed consent of the person, or by testing being established as a condition for health care delivery.
12. Employers will provide information and education on HIV/AIDS and other blood borne infections which will include:
 - 12.1 the rights of persons who test positive to blood borne infections;
 - 12.2 the rights and responsibilities of health care professionals;
 - 12.3 technical/clinical aspects of the disease process;
 - 12.4 identification of occupation hazards;
 - 12.5 risk assessment of occupational exposures;
 - 12.6 psychosocial, legal and ethical aspects of HIV/AIDS and other blood borne infections from a service user and service provider perspective;
 - 12.7 precautions to minimise the risk of exposure;
 - 12.8 current management of exposures to blood borne viruses;
 - 12.9 maintenance of current knowledge base.

13. Nurses and midwives will not be discriminated against on the grounds of:
 - 13.1 participating in or being perceived to participate in personal risk behaviours; or
 - 13.2 having a positive antibody or antigen test for HIV, HBV or HCV.
14. Each workplace must have documented policies in regard to occupational exposure to blood or body substances, which provide for:
 - 14.1 a skilled person to perform an immediate risk assessment and recommend risk control strategies;
 - 14.2 risk assessment to encompass the risk of the exposure versus the potential risks and benefits of post-exposure prophylaxis;
 - 14.3 relief from duty for the staff member concerned;
 - 14.4 timely access to appropriate medication for prophylactic treatment;
 - 14.5 baseline testing and follow up for the staff member, with the right to refuse such testing;
 - 14.6 health care provider of choice for the staff member;
 - 14.7 a mechanism to evaluate the exposure incident in order to prevent recurrence;
 - 14.8 preservation of the rights of all those involved in the exposure incident; and
 - 14.9 pre and post test counselling by accredited or adequately skilled staff as medical management and regular monitoring by an experienced HIV clinician for the nurse electing to take antiretroviral prophylaxis;
 - 14.10 medical management and regular monitoring by an experienced HIV clinician for the nurse or midwife electing to take antiretroviral prophylaxis;
 - 14.11 access to supportive counselling for the exposed worker.
15. When a nurse or midwife agrees to testing following occupational exposure there must be the assurance that:
 - 15.1 the health record of the employee shall be confidential with access restricted to staff directly involved in care;
 - 15.2 notification of status will be given in person to the nurse and the employer will not be notified without the written consent of the nurse or midwife.
16. Nurses and midwives who are HIV antibody positive have the right to continue in their employment if their health status permits this. There is no legal responsibility for a nurse or midwife to disclose their HIV status to an employer.
17. HIV/AIDS, HCV and HBV are industrial diseases for nurses, midwives and other health care workers. This has the effect, in terms of burden of proof, that the employer must bring evidence that HIV was not contracted during employment.

18. Nurses and midwives suffering adverse events following administration of post-exposure prophylaxis, who subsequently require time off work are covered under SafeWork NSW.

References

1. NSW Health Infection Control Policy PD2007_036, 2007
2. NSW Health Hand Hygiene Policy PD2010_058, 2010
3. Clark BM, Shearwood W, Mallal, S. (2003). HIV Seroconversion following occupational exposure to blood despite the use of appropriate post-exposure prophylaxis (PEP). Abstract. Australasian Society of HIV Medicine Annual Conference Cairns 2003.
4. Feldt T, Oette M, Goebels K, Wenning M, Kroidl A, and Haussinger D. (2004). Haemodynamic crisis and reversible multiorgan failure caused by HIV post-exposure prophylaxis after needle stick injury in a health care worker. *HIV Medicine*, 5, 125-127.
5. Boswell D, Haverkos H, Kukich S, Struble K, Jolson H, (2001). Serious adverse events attributed to Neviraphine regimens for postexposure prophylaxis after HIV exposures – worldwide 1997-2000. *MMWR Weekly*, 49(51);1153-6.

