



BC COLLEGE OF NURSES & MIDWIVES

As of Sept. 1, 2020, the British Columbia College of Nursing Professionals (BCCNP) and the College of Midwives of British Columbia (CMBC) amalgamated to create a new regulatory body: **British Columbia College of Nurses & Midwives (BCCNM)**.

The document you are about to access reflects our most current information about this topic, but you'll notice the content refers to the previous regulatory college that published this document prior to Sept. 1, 2020.

We appreciate your patience while we work towards updating all of our documents to reflect our new name and brand.

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POLICY ON REGISTRANTS INFECTED WITH BLOOD-BORNE PATHOGENS

DEFINITIONS

Blood-borne pathogen: Blood-borne pathogen (BBP) refers to hepatitis B virus (HBV), hepatitis C virus (HCV) and/or human immunodeficiency virus (HIV).

Exposure-prone procedure: The Centers for Disease Control and Prevention¹ (CDC) defines an exposure prone procedure (EPP) as an invasive procedure where there is a higher than average risk that injury to the health care provider may result in exposure of the health care provider's blood or body fluids to the client's open tissues. In order for transmission of a blood-borne pathogen from provider to client to take place during an exposure-prone procedure, three conditions are necessary:

1. The health care provider must be sufficiently viremic.
2. The health care provider must sustain an injury or have a condition that allows for exposure.
3. The health care provider's blood or infectious body fluid must come in contact with a patient's wound, traumatized tissue, mucous membranes or similar ports of entry.

Specific examples of EPPs as relate to midwifery care include:

1. Digital palpation of a needle tip in a body cavity (a hollow space within the body or one of its organs) or the simultaneous presence of the health care provider's fingers and a needle or other sharp instruments or object in a blind or highly confined anatomic site, e.g. during major abdominal, cardiothoracic, vaginal and/or orthopedic operations (e.g. surgical first assist during cesarean section delivery).
2. Repair of major traumatic injuries with hand-guided sharps, during which there is a potential for the client's open tissues to be exposed to the blood of the injured health care provider (e.g. repairs following 2nd, 3rd and 4th degree perineal lacerations and/or episiotomies).

Note: Spontaneous vaginal delivery, amniotomy using a plastic device, attachment of fetal scalp electrodes, infiltration of local anesthetic and the use of scissors to cut an episiotomy are not considered EPPs².

BACKGROUND

All Registrants will perform EPPs at some point during the delivery of midwifery care. Registrants have an ethical obligation to know their serologic status with regards to commonly known BBPs and clients have a reasonable expectation that they will not knowingly be exposed to blood-borne pathogens during the delivery of midwifery care.

Current literature suggests that the risk of transmission of BBPs from health care providers to clients is low. Registrants who are infected with a BBP and are under routine medical care, or

¹ www.cdc.gov

² <https://www.nhmrc.gov.au/book/australian-guidelines-prevention-and-control-infection-healthcare-2010/b5-3-exposure-prone-proc>

who are infected but have undetectable or a low-level viral load, pose a negligible risk to the public. Registrants who are infected with controlled viremia are safe to perform exposure-prone procedures.

STANDARDS

1. Registrants must maintain their own wellness, which includes knowing their own serological and infectious status and being appropriately immunized and/or receiving treatment.
2. Registrants who are infected with HBV, HCV and/or HIV **must** notify the Registrar of the College of Midwives of BC (CMBC).
3. Registrants must only perform or assist in performing EPPs when their health and viral loads make it safe.
4. Registrants must follow the *Guideline for Protection from and for Responding to Blood and Body Fluid Exposure* and the post-exposure protocol from the BC Centre of Disease Control.
5. Periodic testing of the Registrant is required for both the Registrant's health and to prevent exposing clients to infection.
6. Registrants must be immunized against HBV, unless a contraindication exists.
7. Following any direct exposure to blood or human tissue (e.g. needle stick injury), Registrants must determine their serologic status to determine if others may have been infected with one or more BBPs, and to ensure proper treatment.
8. Registrants also have an ethical, professional and legal responsibility to adhere to hospital or health authority protocols following body fluid exposure. Any client or other person who may have been exposed to the Registrant's body fluids through the provision of midwifery care must be informed of the transmission risks and offered appropriate testing and follow-up medical care, while maintaining the confidentiality of the individual who may have been the source of transmission.
9. If a client is exposed to a Registrant's bodily fluids, the client's voluntary consent (oral or written) must be obtained prior to confirming the client's serological and infectious status via testing.

REPORTING INFECTIOUS STATUS

Registrants who are infected with HBV, HCV and/or HIV **must** notify the CMBC Registrar in strict confidence, as soon as possible after learning of their positive serological and infectious status. Registrants must also report to the Registrar any other Registrant who is known to be practicing in contravention to this policy.

HEALTH MONITORING

When a Registrant reports to the Registrar that they have been infected with a BBP, CMBC will determine whether the Registrant will compromise client safety by continuing to perform EPPs. To make this determination, CMBC will consult an expert committee and seek advice from the Registrant's treating physician. For privacy protection, the Registrant's information will be anonymized prior to the expert committee's review.

Registrants who are infected with a BBP and who want to continue to perform EPPs must consent to engage in health monitoring by CMBC. This may include consent to be under the care of an approved treating physician and monitoring of their viral loads, as recommended by the expert committee and their approved treating physician.

Registrants who test positive for HBV, HCV and/or HIV must seek advice on how to reduce the risk of transmission in their midwifery practice and must take appropriate measures to prevent transmission.

Routine Practices and Precautions

All Registrants must adhere to routine practices regarding protection from a range of infectious agents, including BBPs. Routine practices apply to all clients and at all times. Key practices are:

- performing a risk assessment at the time of client contact
- hand hygiene
- use of barriers (e.g. gloves, mask, eye protection, face shield and/or gowns) as per the risk assessment
- safe handling of sharps
- cleaning and disinfection of equipment and environmental surfaces between uses
- referral to CMBC's *Guideline for Protection From and For Responding to Blood and Body Fluid Exposure*

REFERENCES

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