

# BLOOD BORNE VIRUSES

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## 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 (EPP)** 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 (e.g., bone spur) 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.<sup>1</sup>

**Treating primary care provider** means a physician or nurse practitioner 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

1. 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.

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<sup>1</sup> Communicable Diseases Network Australia. Australian National Guidelines for the Management of Healthcare Workers Living with Blood Borne Viruses and Healthcare Workers who Perform Exposure Prone Procedures at Risk of Exposure to Blood Borne Viruses. Canberra: Australian Department of Health; 2018

2. Midwives must comply with institutional, provincial, and national recommendations regarding preventing the transmission of blood borne viruses to their clients<sup>2</sup>

#### Midwives who perform exposure prone procedures

3. 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
4. Midwives who perform exposure prone procedures must be tested for HBV every year if immunity has not been demonstrated. Midwives with demonstrated immunity to HBV through vaccination or resolved infection, do not require HBV testing unless certain health conditions exist<sup>3</sup>
5. 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 must follow any relevant guidelines recommending testing that may be sooner than those in this standard
6. Midwives must adhere to relevant public health authorities and guidelines regarding reporting accidentally exposing a client to their blood
7. Midwives must be tested for blood borne viruses following an exposure to a client's blood or body fluid or a client's exposure to the midwives' blood
8. Midwives must report annually, in a form that is acceptable to the Registrar, that they are complying with this standard.

#### Midwives who are seropositive for HIV, HCV or HBV

9. When initially diagnosed with a blood borne virus, midwives must cease performing EPPs immediately and seek appropriate medical care under the guidance of a treating primary care provider
10. Midwives living with a blood borne virus who perform EPPs can continue to practise if they comply with the PHAC Guideline on the Prevention of Transmission of Bloodborne Viruses from Infected Healthcare Workers in Healthcare Settings guidelines, and the recommendations of their treating

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

<sup>3</sup> Individuals requiring regular HBV testing are those who are immunocompromised, because of waning immunity, and individuals with chronic renal disease or on dialysis. Frequency of testing should be based on the recommendations of their primary care provider and the PHAC guidelines.

primary care provider related to testing frequencies and acceptable viral loads for the provision of care.

## References (legislative and other)

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

Approved by Council

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