

ANMF Submission to NMBA Consultation

# **DRAFT GUIDELINES FOR REGISTERED NURSES AND MIDWIVES AND NURSING AND MIDWIFERY STUDENTS IN RELATION TO BLOOD- BORNE VIRUSES**

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## INTRODUCTION

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The Australian Nursing and Midwifery Federation (ANMF) is Australia's largest national union and professional nursing and midwifery organisation. In collaboration with the ANMF's eight state and territory branches, we represent the professional, industrial and political interests of more than 275,000 nurses, midwives and carers across the country.

Our members work in the public and private health, aged care and disability sectors across a wide variety of urban, rural and remote locations. We work with them to improve their ability to deliver safe and best practice care in each and every one of these settings, fulfil their professional goals and achieve a healthy work/life balance.

Our strong and growing membership and integrated role as both a professional and industrial organisation provide us with a complete understanding of all aspects of the nursing and midwifery professions and see us uniquely placed to defend and advance our professions.

Through our work with members we aim to strengthen the contribution of nursing and midwifery to improving Australia's health and aged care systems, and the health of our national and global communities.



## General comments

The ANMF welcomes the opportunity to provide a response to the Nursing and Midwifery Board of Australia (NMBA) public consultation on draft guidelines for registered nurses and midwives and nursing and midwifery students in relation to blood-borne viruses (BBVs).

It is essential that nurses, midwives, employers, students and education providers clearly understand their responsibilities in this area and are provided access to concise, comprehensive and consistent guidance based on the best available evidence.

The ANMF supports the NMBA's Option 2, guidelines that align with the Australian Health Ministers Advisory Council (AHMAC) endorsed Communicable Diseases Network of Australia's (CDNA) *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*. We concur that the proposed NMBA guidelines should contain general guidance for all registered health practitioners and provide additional guidance for registered health practitioners who are treating a registered health practitioner or student living with a BBV. It is imperative that the guidance provided in both sets of national guidelines is clear, consistent and accurate.

The ANMF notes that the CDNA national guidelines refer health care workers and public health authorities to 'relevant specialist colleges' for additional education, advice and guidance on exposure prone procedures (EPPs) and testing. In the case of nursing and midwifery, this is not and has never been, the role of the colleges. As the largest professional and industrial organisation representing nurses and midwives in Australia, information and support as it relates to BBVs has been provided by the state and territory branches of the ANMF. This is an oversight in the CDNA guidelines which the ANMF raised with CDNA during consultation on the draft guidelines in 2016. The ANMF requests that the NMBA guidelines refer registered nurses and midwives and nursing and midwifery students to their professional and industrial organisation, the ANMF. In partnership with our colleagues at the Australian Society for HIV Medicine (ASHM), the Australian Sexual Health and HIV Nurses Association (ASHNA), the Australasian Hepatology Association (AHA), Hepatitis Australia, the Australasian College for Infection Prevention and Control (ACIPC), and the Australian Society for Infectious Diseases (ASID), the ANMF state and territory branch staff provide education, advice and guidance on EPPs and the appropriate testing frequency to our members.



## Questions for feedback

### **1. *Are the draft guidelines necessary?***

Health practitioners have a right to privacy about their health, including their BBV status. Health practitioners must also protect the health and safety of their patients, which includes taking reasonable measures to prevent transmission of BBVs from themselves to their patients. Adhering to these obligations assists in maintaining the public's trust in Australia's health care system.

Rates of BBV transmission from health care workers to patients is historically very low, and has fallen since the introduction in the 1990's of universal precautions. However, during EPPs, transmission of BBVs is possible. It is therefore our position that guidelines for practitioners whose work includes EPPs, their employers, and health care regulators is necessary.

Such guidelines must ensure that disclosure of BBV status is isolated to cases where there is a potential for transmission to a patient because of both viral load and the nature of health care procedures performed by the practitioner.

### **2. *Is the content of the draft guidelines helpful, clear and relevant?***

The draft guidelines are coherent, logical, and clear without being simplistic. Section 6, which describes the mandatory requirements for treating practitioners to report non-compliant behaviour of their patient, who is a registered health practitioner living with a BBV, is particularly straight-forward. We ask that this response be read in the context of our objection to the draft guideline outlined in question 3, below.

### **3. *Is there any content that needs to be changed, added or deleted in the draft guidelines?***

The ANMF has concerns with the guidelines applying to all students and registered health practitioners living with a BBV, regardless of whether or not they perform EPPs. Health practitioners who are living with a BBV, but are not performing EPPs, are not in a position where there is an increased risk of BBV transmission. Under the guidelines as written, a known student or registered health practitioner who is living with a BBV, who declines testing or follow-up in what their treating practitioner believes to be an unreasonable timeframe, may be subject to mandatory reporting, regardless of the actual risk posed to their patients. Health practitioners who do not perform EPPs and who comply with best practice infection control measures, do not pose a BBV transmission risk to their patients. They should therefore not be subject to additional oversight simply



because they are living with a BBV. This is consistent with section 8.4 and 8.5 of the draft guidelines, which restrict NMBA asking registrants about compliance with the CDNA guidelines to those practitioners who perform EPPs. It is also consistent with sections 6.5, 7.3, and 8.3 of the CDNA guidelines, which state that health care workers with BBVs who “do not perform EPPs may continue to provide clinical care to patients”.

**4. *Do you agree with the proposal that the Boards expect registered health practitioners and students to comply with CDNA guidelines? That includes testing requirements set in the CDNA guidelines.***

The ANMF has concerns about the costs of complying with testing, immunisation, and treatment of BBVs for our nurse, midwife, and student members who are not Australian citizens and living in jurisdictions where these costs are not covered by their insurance and/or the state or territory government. In many cases testing and immunisation is provided by employers at no cost to the individual, but this is not always the case and is not the case for students. The unsubsidised costs of these requirements are prohibitive, particularly for students, who are subject to restricted work capacity under the terms of their visas. While 6.4.1 of the CDNA guidelines recognises that the cost of non-PBS subsidised treatment is a consideration in cases like these, section 6.4.2 requires that the care of a health care worker living with HBV who is not on medication be overseen by a specialist, adding a further prohibitive expense to compliance.

**5. *Do you have any other comments on the draft guidelines?***

Aligning NMBA’s guideline with CDNA’s makes compliance more straightforward for both health practitioners living with a BBV- practitioners and the health care providers coordinating their care. The NMBA guidelines as drafted do not, however, wholly cohere with the CDNA guidelines, as discussed above in response to question 3.



## **CONCLUSION**

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The ANMF appreciates the opportunity to provide feedback through this submission to the public consultation on draft guidelines for registered nurses and midwives and nursing and midwifery students in relation to BBVs.

The proposed NMBA guidelines will be an important resource for nurses, midwives, students of nursing and midwifery, employers, education providers and public health authorities. It is essential the guidelines find the critical balance between protecting the public and protecting nurses, midwives and students. It is also essential that the two sets of guidelines are clear, consistent and accurate.

Once the proposed NMBA guidelines have been finalised, a clear and wide reaching communication strategy should be implemented to ensure nurses, midwives and students are aware of their regulatory obligations. The ANMF is well positioned to assist the NMBA with the dissemination of information to our nurse, midwife and student members in relation to these new guidelines.