



# Physiotherapists Infected with Transmissible Major Viral Infections (TMVI) Policy

**Approved by Board:** July 2014

**To be reviewed:** July 2017

**Responsibility:** Board

**Policy Number:** BdPol07

## **DEFINITIONS:**

### **Physiotherapy Board:**

The title “the Physiotherapy Board” is applicable to and used by both the Board, i.e. the seven appointed Members, and also the organisation as a whole.

### **Board:**

Throughout this document the words “the Board” refer to the appointed Board. Where the organisation as a whole is intended, the term used is “the Physiotherapy Board”.

## 1. Purpose

Under the Health Practitioners Competence Assurance Act (HPCAA) the primary responsibility of the Physiotherapy Board of New Zealand is to protect the health and safety of the public of New Zealand.

It is the policy of the Physiotherapy Board to ensure a balance between safeguarding the public and safeguarding the rights of infected physiotherapists with Transmissible Major Viral Illnesses (TMVI).

The purpose of this policy is to clarify the definitions of TMVI and describe the risk management pathway for infected physiotherapists.

## 2. Scope

This policy is about the risk management for physiotherapists who are infected with TMVI and may have the potential to infect others.

It is acknowledged that the risk for infected physiotherapists to infect others is extremely low as they are unlikely to perform exposure prone procedures (EPP)\*. If the physiotherapist does perform exposure prone procedures, it is important to ensure they are safe to practice.

## 3. Definitions

### *Transmissible major viral infections (TMVI)*

TMVI include Hepatitis B (HBV), Hepatitis C (HCV) and Human *Immunodeficiency virus (HIV)*.

### *\*Exposure prone procedures (EPP)*

EPPs are those invasive procedures where there is a risk that injury to the worker may result in exposure of the patient's open tissues to the blood of the worker. These include procedures where the worker's gloved hands may be in contact with sharp instruments, needle tips or sharp tissues (e.g. spicules of bone or teeth) inside a patient's open body cavity, wound or confined anatomical space where the hands or fingertips may not be completely visible at all times. Such procedures occur mainly in surgery, obstetrics and gynaecology, dentistry and some aspects of midwifery. Most physiotherapy treatments do not involve EPPs; rare exceptions may include, for example, inadvertent acupuncture needle stick of the physiotherapist when holding the patient's tissue, whereby the physiotherapist's blood on the needle may be drawn back through the patient's tissue when withdrawing the needle.

## 4. Principles

### *Risk Mitigation – protecting the public*

The risk of transmission of TMVI from infected physiotherapists to any patient is extremely low.

*The Tripartite Working Group (in England) report estimated the risk of HIV transmission to any patient having the most invasive type of EPP from any health care worker (HCW), to be between one in 33,000 and one in 833,000.*

(The Expert Advisory Group on HIV and AIDS, The Advisory Group on Hepatitis, & The UK Advisory Panel for Healthcare Workers Infected with Bloodborne Viruses, 2011)

*The risk of HIV transmission from an HIV infected HCW during an EPP can be reduced even further by combination antiretroviral therapy (cART), if the HCW's viral load is suppressed to a very low or undetectable level.*

(Public Health England, 2014)

*Transmission of hepatitis B and C from health care workers to patients remains rare in developed medical care systems but may be more common in systems that are still developing.*

(Abigail L. Carlson & Trish M. Perl, 2010)

## 5. Responsibility of the Physiotherapist

Any physiotherapist **who may have been exposed** to HBV, HCV and HIV through personal risk behaviour, exposure to blood products or occupational accidents should seek testing in order to know their own serological status.

**All physiotherapists** should be encouraged to be vaccinated against HBV and HCV where appropriate (i.e. if not immune and not infected), and retested to confirm immunity following vaccination.

Any physiotherapists **who perform exposure-prone procedures\*** should be tested to determine whether they:

- (a) have HBV infection, or
- (b) are susceptible to HBV infection, or
- (c) are already immune to HBV infection.

**All physiotherapists** should comply with infection control standards of their employer at all times.

Evidence of unwillingness to comply with infection control standards or functional

impairment which interferes with professional performance brought to the attention of the Physiotherapy Board, will be dealt with under clauses 47 and 48 of the Health Practitioner Competence Assurance Act 2003.

## 6. Physiotherapists who may be infected with HBV, HCV or HIV

Physiotherapists who know, or believe, themselves to be infected must declare their status to the Physiotherapy Board; seek appropriate counsel regarding their continued practice of physiotherapy and act upon that advice in order to protect patients from exposure to infection.

## 7. Requirements for *Registration and limitations on practice*

Physiotherapists do not usually perform exposure prone procedures. Even if they do, only in rare instances will limitations be placed on their registration as a result of having a TMVI.

*HBV, HCV or HIV infection alone does not justify refusing registration of a health care worker, limiting their scope of practice or limiting professional duties. Limitations, if any, should be determined on a case-by-case basis after consideration of:*

- (a) the virus the person is infected with;*
- (b) the concentration of that virus in the person's blood;*
- (c) the ability of anti-viral treatment to be able to control the person's viral load below levels of recognised risk of transmission in a clinical setting;*
- (d) the nature of the procedures the person performs; and*
- (e) other factors that may influence transmission risk, including inability or unwillingness to comply with infection control standards or functional impairment which interferes with professional performance.*

(HRANZ, 2005)

A physiotherapist, who has been advised that he or she should not perform exposure-prone procedures, may perform such procedures in a life threatening emergency where there is no other alternative practitioner or other adequately trained person available to carry out the procedure.

The Physiotherapy Board will maintain a list of health care workers who are qualified and are prepared to act as consultants to advise others in their profession as to how they may need to limit their practice when infected with HBV, HCV, or HIV.

## 8. *Notifying the Board*

All Physiotherapists must notify the Board of any health issue that is likely to impact on their practice – notification must occur at the time of the physiotherapist becoming aware of their health issue and must also provide this information as a declaration on their Annual Practising Certificate application each year.

The Health Committee of the Board will determine, with expert advice as required, what level of monitoring is required for physiotherapists with TMVI's.

In the unlikely situation of a physiotherapist requiring a limitation on their scope of practice (to limit exposure prone procedures, or in some cases of HIV if cognitive deficit or distal sensory polyneuropathy may impair performance), consultation with medical expertise will occur prior to any limitation of scope of practice.

## 9. *Notifying patients of infected Physiotherapist*

A Physiotherapist infected with HBV, HCV, or HIV is not required to inform patients that he or she is infected. Requiring Physiotherapists to inform patients may serve as a deterrent to their seeking voluntary testing and medical evaluation. A Physiotherapist, like any other person, has a right to privacy and confidentiality where there is no risk to the public.

## 10. *References*

Carlson, A. L., & Perl, T. M. (2010). Health Care Workers as Source of Hepatitis B and C Virus Transmission. *Clinics in Liver Disease*, 14(1), 153-168. doi: <http://dx.doi.org/10.1016/j.cld.2009.11.003>

The Management of HIV infected Healthcare Workers who perform exposure prone procedures: updated guidance, January 2014 (2014).

HRANZ. (2005). HRANZ Joint Guidelines for registered health care workers on transmissible major viral infections. 2014, from <http://www.mcnz.org.nz/assets/News-and-Publications/Statements/TMVI-HRANZ-guidelines.pdf>

The Expert Advisory Group on HIV and AIDS, The Advisory Group on Hepatitis, & Viruses, T. U. A. P. f. H. W. I. w. B. (2011). Management of HIV-infected Healthcare Workers. The Report of the Tripartite Working Group.