

Standards



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Registered Nurses with a Blood-Borne Virus Infection

**Standard for Reporting and Guidance for
Prevention of Transmission of Infection**

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Approved by the College and Association of Registered Nurses of Alberta (CARNA) Provincial Council, September 2008.

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Introduction

The purpose of this document is to identify the College and Association of Registered Nurses of Alberta (CARNA) standard for reporting a positive test for the blood-borne virus infections hepatitis B virus (HBV), hepatitis C virus (HCV) or human immunodeficiency virus (HIV) and to provide guidance on appropriate measures for preventing the transmission of infection.

Registered nurses and other health-care workers who have tested positive for a blood-borne virus infection are concerned with the provision of safe care to their clients¹. Disease transmission from health-care workers during exposure-prone procedures (EPPs) has been documented, but it is very rare (Moloughney, 2001) (Alberta Expert Review Panel). While the performance of EPPs by health-care workers places clients at greater risk for acquiring blood-borne virus infections, it is recognized that most registered nurses are not involved in exposure prone procedures.

Familiarity with the following definition is essential to the understanding and correct interpretation of this document:

Exposure-prone procedures “are procedures during which transmission of HBV (hepatitis B virus), HCV (hepatitis C virus) or HIV (human immunodeficiency virus) from a health-care worker (HCW) to patients is most likely to occur and includes the following:

- a. 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 HCW’s fingers and a needle or other sharp instrument or object in a blind or highly confined anatomic site, (e.g., during major abdominal, cardiothoracic, vaginal and/or orthopedic operations), or
- b. repair of major traumatic injuries, or major cutting or removal of any oral or perioral tissue, including tooth structures, during which there is a potential for the patient’s open tissues to be exposed to the blood of an injured HCW.” (Health Canada, Laboratory Centre for Disease Control, 1998, p.5)

¹ The term ‘client’ can refer to patients, residents, families, groups, communities and populations.

Exposure-prone procedures encompass invasive procedures where there is potential for direct contact between the skin (usually finger or thumb) of the health-care worker and sharp surgical instruments, needles or sharp tissues (spicules of bone or teeth) in body cavities or in poorly visualized or confined body sites. Procedures where the hands and fingertips of the nurse are visible and outside the patient's body at all times and internal examinations/procedures that do not require the use of sharp instruments are not considered exposure prone. (*Nursing and Midwifery Board of the Northern Territory, 2004.*)

Standard for Reporting a Blood-Borne Virus Infection to CARNA

Standard

All registered nurses who have tested positive for the blood-borne virus infections HBV, HCV or HIV must notify the Registrar, regardless of whether or not their practice involves exposure-prone procedures. Those nurses who confirm with CARNA that their practice does not involve exposure prone procedures and who later change their practice to involve exposure prone procedures must contact CARNA for further advice and direction before engaging in exposure prone procedures.

Under the *Registered Nurses Profession Regulation (2005)*, members of CARNA are required to provide evidence of fitness to practice [Section 12 and Section 21(1)(c).] CARNA members who have tested positive for the blood-borne virus infections HBV, HCV and HIV must notify the Registrar. Notification to the Registrar enables CARNA to:

- provide recommendations for practice
- support the CARNA member
- ensure public safety

CARNA members who report to CARNA that they have tested positive for a blood-borne virus infection will be referred to the Medical Officer of Health (MOH) in the area where they work. Based upon the member's clinical findings regarding infectivity, and upon the types of activities performed in the member's practice, the MOH will make a decision regarding referral to the member to the Alberta Expert Review Panel for Blood-Borne Infections in Health Care Workers.

The Alberta Expert Review Panel was established in 1999 by Alberta Health and Wellness to review the circumstances of all health-care workers with blood-borne infections and make recommendations concerning continued or modified professional practice. Both regulated professionals, such as physicians, dentists, dental hygienists, paramedics and registered nurses, as well as unregulated workers, such as health-care aides, can be referred to the Alberta Expert Review Panel. Review Panel members are selected for their expertise and represent their designated disciplines. Members include an infectious disease specialist, a medical officer of health, an infection control officer, a public health nurse, an occupational health nurse and a public representative.

Information provided to CARNA is considered confidential and will be protected as required under the *Personal Information Protection Act* (PIPA), *Freedom of Information Protection of Privacy Act* (FOIP) and the *Health Information Act* (HIA).

Recommendations for continued or modified professional practice for those members engaged in EPPs will be provided to CARNA from the MOH and CARNA will work with the member in implementing the recommendations. Expert Review Panel recommendations are intended to support the CARNA member in their practice.

Principles

The following principles² provide guidance for registered nurses with a blood-borne virus infection and their employers.

1. All registered nurses involved in exposure prone procedures who have reason to believe that they are or could be infected with a blood-borne virus infection must take appropriate measures to protect clients from risk of transmission.
2. Because of the low overall risk of transmission, registered nurses infected with a blood-borne virus infection should not be required to routinely inform their clients of their status. If a client is exposed to an infected registered nurse's blood, the client, the client's attending physician and the supervisor of the client area should be informed in a timely manner. The client should then be counseled regarding both the risk of subsequent infection and the advisability of testing and prophylaxis. Every attempt should be made to protect the identity and confidentiality of the

² Principles adapted from interim draft document *Guidance: Health Care Workers with Blood-Borne Virus Infections in Alberta* (Alberta Health and Wellness, 2008).

registered nurse in such exposures. Occupational health may be of assistance in these circumstances.

3. General measures to prevent transmission of infection, including Health Canada's Routine Practices (Health Canada, 1999; Health Canada, 2002) should be reviewed and applied by all registered nurses, including those with blood-borne virus infections.
4. Mandatory screening for blood-borne virus infections in all registered nurses is not advocated.
5. A registered nurse who has any reason to believe that they may have been exposed to or may be infected with a blood-borne virus must promptly seek advice from Public Health regarding appropriate testing and follow that advice. Failure to do so may breach their duty of care to clients.
6. Registered nurses with a blood-borne virus infection must not rely on their own assessment of the risk they pose to clients.
7. Registered nurses who are infected with a blood-borne virus infection should promptly seek specialist medical advice.
8. Registered nurses with a blood-borne virus infection must not be subject to discrimination simply on the basis of their known or supposed serological status.
9. Unless a medical contraindication exists, all registered nurses who work or plan to work in settings where clients could be exposed to a registered nurse's body fluids have a moral duty to be immunized against HBV. In addition, all registered nurses should know their post-immunization status.
10. Registered nurses who are involved (either as a source or recipient) in a potential blood or body fluid exposure should be aware of the need to report such exposures. Protocols should be in place to deal promptly and confidentially with such exposures from the client and the registered nurse's perspective.

Prevention of Transmission of Infection

Registered nurses are at risk of exposure to blood/body fluids that may be infected with blood-borne virus infections. Routine practices of infection control and protection are essential if registered nurses and other health-care providers are to prevent the transmission of a blood-borne virus infection (Diaz-Mitoma, Paton, & Giulivi, 2001). In

Canada, the term “routine practices” is used rather than “universal precautions” or “standard precautions.”

Prevention of transmission of blood-borne pathogens includes the following measures:

- consistent use of “routine practices”
- appropriate handling of “sharps” such as needles, scalpel blades and other sharp instruments or devices (Alberta Human Resources and Employment, 2004)
- immunization with hepatitis B vaccine (Department of Health & Human Service Centers for Disease Control and Prevention, 2003)
- education with respect to infection control and occupational risk of blood-borne pathogen transmission (Society for Healthcare Epidemiology of America, 1997)
- an institutional climate of safe practice with support from management and key clinical leaders (McKoy, Beekmann, Ferguson, Vaughn, Torner, Woolson, & Doebbeling, 2001)

Recent research indicates that health-care workers do not always implement routine practices, relying instead on their own subjective assessment of patients’ blood-borne viral status (Cutter & Jordan, 2004; Gammon & Gould, 2005; Lymer, Richt & Isaksson, 2003; Osbourne, 2003).

If a registered nurse is exposed to a blood-borne pathogen, they should have access to a comprehensive post-exposure program to ensure they receive accurate information, guidance and support.

The Canadian Committee on Antibiotic Resistance (CCAR) document *Infection Prevention and Control Best Practices for Long Term Care, Home and Community Care including Health Care Offices and Ambulatory Clinics* (June 2007) provides information on:

- infection prevention measures
- routine and best practices
- hand hygiene
- laundry
- supplies
- use of gowns, aprons, gloves, eye protection and lab coats

- audit tools
- core competencies for health care providers

This document can be accessed at the College of Physicians and Surgeons of Alberta website www.cpsa.ca.

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