

BLOOD-BORNE PATHOGENS: REGISTERED NURSES AND THEIR ETHICAL OBLIGATIONS

CNA POSITION

Nurses must work together at all levels to promote infection control practices that prevent the spread of blood-borne pathogens. We must provide early treatment and ethical, safe, high-quality supportive care to those who are exposed to blood-borne pathogens or become infected.

CNA endorses the necessity for rigorous adherence to infection control policies and procedures. Adherence to Health Canada's *Infection Control Guidelines: Routine Practices and Additional Precautions for Preventing the Transmission of Infection in Health Care*¹ is the appropriate and effective means to protect nurses, clients and others from the spread of blood-borne pathogens. Adherence to these precautions is ethically acceptable because it precludes the need to know the blood-borne pathogen status of clients or nurses and safeguards the rights of all individuals to privacy and confidentiality of information.

In caring for clients, whether or not their blood-borne pathogen status is known, the nurse is guided by the values of the *Code of Ethics for Registered Nurses*. The nurse has an ethical responsibility to provide care that includes bringing good to the client, minimizing harm and respecting the right of the client to accept or refuse treatment. The nurse also has an ethical responsibility to “respect the right of each client to informational privacy” and to disclose a person’s information “only as authorized by that person, unless there is a substantial risk of serious harm to the person or to other persons or a legal obligation to disclose.”²

Nurses have the professional responsibility to regularly update their knowledge of blood-borne pathogen practices. Nurses participate with experts and other health professionals to develop clear policies and procedures based on current evidence. Standards related to prevention of exposure and availability of immediate post-exposure protocols and support are of particular importance to the health and safety of nurses and must always be in place. Employers have a responsibility to implement such standards, including access to relevant educational resources, as part of a safe, quality practice environment.

A registered nurse infected with a blood-borne pathogen has the right to privacy and confidentiality of his or her personal health information and “the right to be treated as any other health-care worker who has a condition that could affect their nursing practice.”³ The CNA *Code of Ethics for Registered Nurses* stipulates that registered nurses “are answerable for their practice, and they must act in a manner consistent with their professional responsibilities

¹ *Routine practices and additional precautions* is the term used by the Laboratory Centre for Disease Control for those practices which prevent or minimize the transmission of infection in all health-care settings. (See Health Canada, 1999, p. 32)

² (CNA, 2002, p. 14)

³ (College and Association of Registered Nurses of Alberta, 2005, p. 2)



and standards of practice.”⁴ Nurses who may have been exposed to a blood-borne pathogen and are concerned about their ability to continue to practise – and the risk to their clients – should contact their primary care practitioner or an occupational health department for followup and advice. Regulatory bodies may also provide support and information. Some provincial/territorial governments have expert review panels to advise health-care professionals about how to manage their condition and prevent or reduce the risk of transmission of blood-borne pathogens.

BACKGROUND

Blood-borne pathogens are a major concern for health-care workers around the world in terms of protecting the health of clients and their own health and safety. Blood-borne pathogens include the hepatitis B and hepatitis C viruses, human immunodeficiency virus (HIV) and other emerging and re-emerging pathogens that may be carried in the blood or other high-risk body fluid such as semen or vaginal fluid. Of these, HIV and hepatitis C are of particular concern because no vaccines exist.

Nurses are often the first line of contact for people living with these conditions. The Canadian Needle Stick Surveillance Network reported that between 2000 and 2002 about 53 per cent of the 2,621 reported exposures to blood-borne pathogens occurred with nurses.⁵ Of those exposed, no health-care workers have seroconverted as a result of exposure. Nurses striving to achieve a balance between reducing occupational health risks and providing quality health care can be encouraged by the success of Health Canada’s routine practices and additional precautions, by the low risk of transmission, by improved post-exposure prophylaxis for some infections and by the constant advancements in treatments. In addition, The International Labour Organization (ILO) code of practice on HIV/AIDS in the workplace provides practical guidance to policy-makers, employers and workers’ organizations to formulate and implement appropriate workplace policies, programs and strategies.⁶

HIV/AIDS continues to be an epidemic of global proportions, and infection rates are on the rise in many parts of the world. In 2005, almost five million people became newly infected with HIV. In the same year, 3.1 million people died from AIDS and an estimated 40.3 million people around the world were living with HIV.⁷

Between November 1985 and December 31, 2004, a total of 19,828⁸ AIDS cases were reported to Health Canada. Currently, approximately 58,000 persons are living with HIV throughout the country, with about one quarter unaware of their status.⁹ Despite improved HIV prevention and drug therapy programs, Canada has seen a 20 per cent rise in the number of positive HIV test reports in the last five years. Changes to policies at Citizenship and Immigration Canada in 2002 in which routine HIV screening was added for all applicants who require an immigration medical examination can explain some of the increase in the number of positive HIV test reports in the last three years.¹⁰

⁴ (CNA, 2002, p. 16)

⁵ (Public Health Agency of Canada [PHAC], 2003)

⁶ (International Labour Organization, 2001)

⁷ (United Nations Programme on HIV/AIDS [UNAIDS] & World Health Organization [WHO], 2005)

⁸ (PHAC, 2005)

⁹ (PHAC, 2006)

¹⁰ (PHAC, 2005)

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The demographic groups at a higher risk for HIV comprise intravenous drug users, men who have sex with men, women (especially among 15-29 year age group), Aboriginal Peoples and people from countries where it is endemic. Recently, the heterosexual exposure category represents a growing number and proportion of positive HIV test reports.¹¹ The virus itself changes quickly, presenting challenges in detection, prevention and treatment. No cure or vaccine exists,¹² but post-exposure prophylaxis treatments are available.

Hepatitis B and C can have a devastating impact on the health of those they infect. Hepatitis B (HBV) is the most prevalent strain in the world and is more readily transmittable than HIV (30 per cent for HBV compared to 0.3 per cent for HIV¹³). Both are spread through sexual contact or infected bodily fluids. The vaccine for HBV should be used as a prophylaxis before exposure to infected body fluids and can be used after exposure if necessary.¹⁴

Although hepatitis C (HCV) has existed for a long time, it was only identified in 1989. Approximately 250,000 Canadians are infected with hepatitis C, only 30 per cent of whom know they are infected. Chronic hepatitis C involves risk of damage to the liver. At the present time, there is no vaccine or post-exposure prophylaxis. However, some new treatments are available.¹⁵

In rare circumstances, HIV, HBV or HCV infection can spread in health-care settings to patients/clients or health-care providers by contamination with an infected person's blood through needlesticks, following cuts from instruments and from contact with the eye, nose or mucous membrane.¹⁶ This risk is further reduced if the routine practices and additional precautions are followed. The chance of contracting hepatitis B through a needlestick is about 100 times greater than HIV/AIDS,¹⁷ and all health-care workers should be vaccinated against HBV.

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¹¹ (UNAIDS & WHO, 2005)

¹² (Health Canada, 2004b)

¹³ (Canadian Centre for Occupational Health and Safety [CCOHS], 2005)

¹⁴ (Health Canada, 2004a)

¹⁵ (PHAC, 2004)

¹⁶ (PHAC, 2003)

¹⁷ (CCOHS, 2005)

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Replaces:

Blood-Borne Pathogens (2000)

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