

Nursing when you have a blood borne virus

One issue that nurses face every day is the problem of infection control. How can they avoid infection transfer from patient-to-patient or between patient and carer.

What sometimes gets over-looked in this consideration is what happens if it is the nurse who is infected with a blood borne virus. In this case, what are the steps needed to make sure that patients and other health care workers are safe from infection? This situation can give rise to uncertainty and confusion on the part of the employing organisation and the individuals involved. A complicating factor is that the issue of blood borne virus transmission often quickly attracts the attention of the media.

Standard infection control procedures

Fortunately, research that looks at the transmission of hepatitis C, hepatitis B, and Human Immunodeficiency Virus (HIV) is quite clear in showing that the application of *standard infection control procedures* is all that is required to keep the workplace safe.

In most circumstances there are no reasons, nor any other special precaution that nurses who have a blood borne virus need to adhere to while working. *Standard infection control procedures* - under which *all* blood and body fluids are treated as infectious - is the best protection for everyone involved.

Exposure Prone Procedures (EPP)

The only exception is for nurses who are actively involved in Exposure Prone Procedures (EPP). EPP are defined as procedures where there is the potential for direct contact between the skin of the health care worker and sharp surgical instruments, needles or sharp tissues (spicules of bone or teeth) in a patient's body cavity or in poorly visible or confined body sites.

Only a small number of nurses would be involved in this specialised type of cavity examination or closely involved in surgical procedures.

There is, therefore, no need to test all healthcare workers for the presence of blood borne virus unless they are likely to perform EPP. Widespread testing for blood borne virus can lead to fear, confusion and misunderstanding for patients and nurses. It also contravenes the privacy and confidentiality of the health worker.

Treat all body fluids and blood as infectious

The best way to minimise the spread of blood borne viruses is to treat all body fluids and blood as infectious and to adhere to standard infection control guidelines. Of course, of the three blood borne virus mentioned above, an effective vaccine is available only for the hepatitis B virus and if health care workers are vaccinated, then this interrupts any potential transmission of hepatitis B from patient to healthcare worker or healthcare worker to patient.

Pre-employment medical tests are not there to exclude people but to assess one's overall fitness to perform the job. Both the Health Records and Equal Opportunity Acts protect people from discrimination by defining what should be disclosed and how it should, or should not, be used.

Should a nurse feel that they have been discriminated against, or have received less than optimal treatment, they should contact their state branch of the Australian Nursing Federation or state HIV or hepatitis C organisation for advice and support.

Useful contacts

Hepatitis Victoria

Hepatitis Infoline 1800 703 003

Email: info@hepvic.org.au

Web: www.hepvic.org.au

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This infosheet is intended as a general guide only. It is not intended to replace legal or medical advice.

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