

PRACTICE STANDARD FOR BCCNM NURSE PRACTITIONERS AND REGISTERED NURSES

Communicable diseases: preventing nurse-to- client transmission

Practice Standards set out requirements related to specific aspects of nurses¹ practice. They link with other standards, policies and bylaws of the British Columbia College of Nurses and Midwives and all legislation relevant to nursing practice.

A communicable disease is caused by an infectious agent that is spread from person to person, either directly or indirectly. In their practice, nurses may accidentally or inadvertently transmit a communicable disease to clients.

This practice standard is intended to guide nurses in making informed decisions about preventing, detecting and controlling the spread of infectious agents in general, and blood-borne pathogens in particular, from nurses to clients. A blood-borne pathogen is a microorganism, such as Hepatitis B (HBV), Hepatitis C (HCV) or Human Immunodeficiency Virus (HIV), that can be transmitted from one person to another through contact with blood or, in some situations, other body fluids.

A quality practice environment that includes the resources necessary for nurses to protect clients from infection is essential for nurses to carry out these principles.

Following the principles outlined below will help to:

- protect clients from communicable diseases transmitted by nurses;
- prevent discrimination against individuals with a communicable disease; and
- protect the privacy of both nurses and clients.

¹ "Nurse" refers to the following BCCNM nursing registrants: registered nurses, nurse practitioners, licensed graduate nurses and student nurses.

Principles

1. Nurses have a professional, ethical and legal duty to provide their clients with safe care, including protecting them from the risk of infection.
2. Nurses are aware of the risks and dangers of transmitting infections to clients.
3. Nurses follow “routine practices and additional precautions”² for infection control for all clients at all times.
4. Nurses who have a communicable disease themselves consider methods and risks of transmission, and they take steps to prevent passing the infection to clients. These steps include consulting an expert in infectious diseases when appropriate.
5. If a nurse has good reason to believe that a colleague with an infection is practising unsafely and is endangering clients, the nurse has a responsibility to take action, up to and including reporting the colleague to management and/or the colleague’s regulatory body.
6. Nurses ensure that clients who have been exposed to a health care worker with a potentially serious infection are informed of the exposure as soon as possible. The source of infection is kept confidential, but the client is provided with relevant laboratory results and counselled about risks and follow-up options.
7. Nurses who are involved in exposure-prone procedures³ must know whether they have a blood-borne pathogen themselves so they can take appropriate measures to protect patients from any risk of transmission.
8. Nurses who test positive for a blood-borne pathogen must consult an expert in infectious diseases and follow advice related to any restrictions on their nursing practice.
9. Nurses who are involved in exposure-prone procedures and who test positive for a blood-borne pathogen must modify their practice appropriately, which may include withdrawing from the procedure.
10. Nurses who expose a client, in any way, to their blood are ethically obligated to be tested for blood-borne pathogens.

2 “Routine practices and additional precautions” describe practices that reduce exposure to or minimize transmission of potentially pathogenic organisms in the health care setting. They were formerly called standard or universal precautions. Health Canada. (1999). *Canada communicable disease report. Infection control guidelines: Routine practices and additional precautions for preventing the transmission of infection in health care*, Vol. 25S4. Ottawa: Author.

3 Exposure-prone procedures are invasive procedures during which transmission of HBV, HCV or HIV 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
- c. 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).

Applying the principles to practice

To avoid transmitting communicable diseases to a client, follow these steps:

- Understand how the principles underlying “routine practices and standard precautions” apply in your practice to any infection you have, from a cold to HBV.
- If you have cold symptoms, but you feel capable of working, manage your symptoms so you do not pass the infection to your clients or colleagues. If your clients are particularly vulnerable, discuss a temporary reassignment with your manager.
- If you have influenza symptoms, such as fever, chills and achiness, stay home. You are unlikely to work effectively and you are likely contagious.
- Be vigilant about hand washing after contact with a client or potentially contaminated articles and before contact with another client. Hand washing or using a hand antiseptic is the single most effective way to protect clients from infection.
- If you have an infection that could put clients at risk, seek confidential advice from an infectious disease expert about treatment options and about disclosing information to colleagues, employers and/or educators.
- If you have risk factors or suspect that you have a blood-borne pathogen, or if you carry out exposure-prone procedures, seek testing and advice from a knowledgeable health care practitioner.
- If you have a chronic infection that affects your ability to practise safely, work with your manager to arrange appropriate re-training opportunities and/or alternative placements.
- As a manager, be aware of human rights issues when staff are seeking re-training opportunities and/or alternative placements. Work with your employer to establish a process that respects the dignity and the privacy of individuals, and that provides a safe and reasonable solution.
- Keep your own immunizations up to date to protect yourself, your colleagues and your clients from vaccine-preventable diseases, including influenza.
- Keep up to date on the risks of exposure, transmission and treatment of blood-borne pathogens and other infections.
- Work with your employer to establish and implement comprehensive infection control programs and safe practice environments.

For more information

BCCNM's [Standards of Practice](#) (Professional Standards, Practice Standards, Scope of Practice Standards) assist you in understanding important issues to consider in discussions about nursing practice.

For more information on this or any other practice issue, contact BCCNM's Practice Support by email at practice@bccnm.ca or call 604.736.7331 (ext. 332) or 1.800.565.6505.

BCCNM resources, including those listed below, are available online at www.bccnm.ca

[Duty to Report](#) Practice Standard (pub. 436)

[Professional Standards for Registered Nurses and Nurse Practitioners](#) (pub. 128)

Other resources

British Columbia Centre for Disease Control. (2005). *Guideline: Communicable disease control blood and body fluid exposure management*. Vancouver: Author.

Canadian Nurses Association. (2008). *Code of ethics for registered nurses*. Ottawa: Author. Available online: www.cna-aiic.ca

Health Canada. (1998). *Proceedings of the consensus conference on infected health care workers: Risk for transmission of blood-borne pathogens*. Ottawa: Author.

Health Canada. (1999). *Canada communicable disease report. Infection control guidelines: Routine practices and additional precautions for preventing the transmission of infection in health care, Vol. 25S4*. Ottawa: Author.

Human Rights Code. (RSBC 1996 Chapter 210) – <https://www.canlii.org/en/bc/laws/stat/rsbc-1996-c-210/latest/rsbc-1996-c-210.html>

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