

# CANAC Position Statement for the Support of Nurses Living with HIV

## Background

In recent years, we have seen an important rise in the number of studies that look at HIV transmission and factors that decrease transmission probability including HIV treatment and viral load suppression. In light of the current scientific evidence on HIV transmission<sup>1</sup> and the effectiveness of universal (standard) precautions<sup>2</sup>, restrictions on the clinical practice of nurses living with HIV and other health care providers are neither justified nor warranted<sup>3</sup>.

In 2010, the Society of Healthcare Epidemiology of America (SHEA) declared that there should be no restrictions on the practice of health care providers (HCP) provided that HCP are on treatment, have a viral load of less than 50 copies/ml, and follow-up regularly with their treating physician<sup>3</sup>. CANAC calls for the implementation of practice guidelines for nurses living with HIV in Canada that reflect current evidence.

## Statement

In order to implement practice guidelines for nurses living with HIV across specialties and practice settings that reflect current evidence, the following standards must be met:

### **CONFIDENTIALITY AND DISCLOSURE:**

Nurses living with HIV have the right to confidentiality and are not required to disclose their serological status to their regulatory body or employer. Mandatory disclosure should not be required for licensing purposes.

**TESTING:** HIV testing should not be required for educational or employment purposes nor should it be required for licensing purposes. HIV testing protocols for the general public should be followed.

**CLINICAL PRACTICE:** Nurses living with HIV practice without restrictions or special requirements. All nurses, whether they know their serological status or not, should be required to use standard (universal) precautions when providing care to clients. These precautions are sufficient to prevent occupational exposure to both clients and nurses.

**REGULATORY BODIES:** Regulatory bodies must develop policies that are informed by empirical evidence. These policies should serve to inform institutional policies across the health care system—with the broader objective of creating an environment that is supportive of nurses living with HIV and values what nurses living with HIV can contribute to the profession, to patient care, and to the health care sector in general.

## REFERENCES

1. Patel, P., Borkowf, C.B., Brooks, J.T., Lasry, A., Lansky, A. & Mermin, J. (2014). Estimating per-act HIV transmission risk: a systematic review. *AIDS*, 28(10), 1509-19.
2. Ward, P. & Hartle, A. (2014). UK healthcare workers infected with blood-borne viruses: guidance on risk, transmission, surveillance, and management. *Continuing Education in Anaesthesia, Critical Care & Pain*, 15(2), 103-10.
3. Henderson, D.K., Dembry, L., Fishman, N.O., Grady, C., Lundstrom, T., Palmore, T.N., Sepkowitz, K.A., Weber, D.J. (2010). SHEA Guideline for Management of Healthcare Workers Who Are Infected with Hepatitis B Virus, Hepatitis C Virus, and/or Human Immunodeficiency Virus. *Infection Control and Hospital Epidemiology*, 31(3), 203-232.