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# The **POWER** Behind Safe & Healthy Work Practices

## MNA Position Statement on

## Treating an Initial Exposure to Blood and Body Fluids as a True Emergency

Developed by the Congress on Health and Safety, in June 2012

Clinical nurses have been concerned for many years over the inability of patients to give consent for the release of HIV testing in a post exposure injury that involves a nurse, and if consent is obtained it is delayed. Hospital laboratories have the capacity to screen for the HIV virus within hours of receiving the blood sample, but the informed consent must be signed by the source in order to release the results to the injured nurse.

The Occupational Safety and Health Administration (OSHA) developed a Blood Borne Standard regulating the management of a blood or body fluid exposure. This standard requires the injured nurse's exposure to blood must be treated as soon as possible thereafter, and the source of the blood if identified, must be tested for a number of infections including Hepatitis B, C and HIV. The HIV test may be completed with a verbal consent, but requires a written consent to release the results to the injured nurse.

The injured nurse is strongly encouraged to take antiviral medication within 24 hours of the exposure. This medication is given to interfere with the replication of the HIV virus but these drugs have a dangerous set of side effects and many of these nurses both men and women are in the childbearing age group.

The informed consent may not be obtained or is delayed for numerous reasons, some of which are: The patient has had anesthesia or pain medication and the understanding of informed consent must wait until the patient recovers; Patients may be incapacitated or unconscious or have Healthcare proxies or guardians that refuse consent to release the information. The patient may have been in for day surgery or in the Emergency Department and has left the facility. There is any number of reasons why there is a delay in obtaining informed consent, which delays obtaining results; therefore, the injured nurse must decide whether or not to treat with antiviral medications without medical evidence there is a problem.

*"Treating an Initial Exposure to Blood and Body Fluids" continued on back*

Have a Question Regarding Your Clinical Practice?



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*“Treating an Initial Exposure to Blood and Body Fluids” continued...*

When HIV was first discovered it was a very frightening death sentence and these laws were set up to protect patient families and partners. If information was released insurances both health and life insurance cancelled policies, people lost jobs etc.

Now HIV is a chronic condition that remains in need of confidentiality among insurance agencies but healthcare workers need to move the screening of source patients forward. It is apparent that treating the initial injury as a true emergency and waiving the informed consent for the initial injury only, will resolve the delay in obtaining results and once the results are determined it may prevent the nurse from having to take antiviral medication. Post injury testing also occurs in three and six months for the source and the informed consent for the release of this information can remain for non-urgent testing.

The Massachusetts Nurses Association has taken the lead in this much needed process improvement for our working nurses. A student at Tufts University preparing for a Masters in Public Health worked with us to help develop a survey which is on the MNA web site. The Congress on Health and Safety is working with the University of Lowell to review the data once completed.

It is time we remove the stigma of HIV in our society by treating this disease the same way we treat all other infections. Patients who know they have HIV will have their confidentiality maintained. Patients who don't know they are infected will get much needed antiviral medication and live a healthier life. The healthcare providers will have better options that they don't have now and the decision to take antiviral medication or not, will be as a result of medical evidence and not fear of HIV. ■

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