

COMMUNICABLE DISEASES: PREVENTING PRACTITIONER-TO-PATIENT TRANSMISSION

Effective on October 9, 2014

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

This practice standard is intended to guide practitioners in making informed decisions about preventing, detecting and controlling the spread of infectious agents in general, and blood-borne pathogens in particular, from practitioners to patients.

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 practitioners to protect patients from infection is essential for practitioners to carry out these principles.

Following the principles outlined below will help to:

- a. Protect patients from communicable diseases transmitted by practitioners;
- b. Prevent discrimination against individuals with a communicable disease; and
- c. Protect the privacy of both practitioners and patients.

PRINCIPLES

1. Practitioners have a professional, ethical and legal duty to provide their patients with safe care, including protecting them from the risk of infection.
2. Practitioners should be aware of the risks and dangers of transmitting infections to patients.
3. Practitioners should follow “Routine Practices” and “Additional Precautions” set out in the College’s Safety Program Handbook for infection control for all patients at all times.
4. Practitioners who have a communicable disease themselves should consider methods and risks of transmission, and should take steps to prevent passing the infection to patients. These steps include consulting an expert in infectious diseases when appropriate.



5. If a practitioner has good reason to believe that another practitioner with an infection is practising unsafely and is endangering patients, the practitioner has a responsibility to take action, up to and including reporting that practitioner to the College.
6. Practitioners should ensure that patients who have been exposed to the risk of a potentially serious infection are informed of the exposure as soon as possible. The source of infection should be kept confidential, but the patient should be provided with relevant information about the risks and follow-up options.
7. Practitioners who test positive for a blood-borne pathogen must consult an expert in infectious diseases and follow advice related to any restrictions on their practice.
8. Practitioners who expose a patient, in any way, to their blood are ethically obligated to be tested for blood-borne pathogens.

APPLYING THE PRINCIPLES TO PRACTICE

Practitioners should follow the steps below to avoid transmitting communicable diseases to a patient:

1. Understand how the principles underlying “Routine Practices” and “Additional Precautions” set out in the College’s Safety Program Handbook apply in your practice to any infection you have, from a cold to HBV.
2. If you have cold symptoms, but you feel capable of working, manage your symptoms so you do not pass the infection to your patients or colleagues. If your patients are particularly vulnerable, consider referring the patient to another practitioner.
3. If you have influenza symptoms, such as fever, chills and achiness, stay home. You are unlikely to work effectively and you are likely contagious.
4. Be vigilant about hand washing after contact with a patient or potentially contaminated articles and before contact with another patient. Hand washing or using a hand antiseptic is the single most effective way to protect patients from infection.
5. If you have an infection that could put patients at risk, seek confidential advice from an infectious disease expert about treatment options and about disclosing information to colleagues, employers and/or educators.
6. If you have risk factors or suspect that you have a blood-borne pathogen, seek testing and advice from a knowledgeable health care practitioner.
7. If you have a chronic infection that affects your ability to practise safely, consult with the College.
8. Be aware of human rights issues when individuals under your supervision disclose their infection status to you. Establish a process that respects the dignity and the privacy of individuals which provides a safe and reasonable solution. Consult a human rights lawyer if necessary.



9. Keep your own immunizations up to date to protect yourself, your colleagues and your patients from vaccine-preventable diseases, including influenza.
10. Keep up to date on the risks of exposure, transmission and treatment of blood-borne pathogens and other infections.
11. Establish and implement comprehensive infection control programs and safe practice environments for your clinics.

FOR MORE INFORMATION

CTCMA's Safety Program Handbook is available online at <http://www.ctcma.bc.ca/index.php?id=11>

Other Resources

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

Health Canada. (1998). *Proceedings of the consensus conference on infected health care workers: Risk for transmission of bloodborne 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) – www.qp.gov.bc.ca/statreg/stat/H/96210_01.htm

