

ASSOCIATION OF NURSES IN AIDS CARE

POSITION STATEMENT

HIV Risk Assessment and Risk Reduction Education

Adapted from a resolution passed by general membership, November 13, 1992

Adopted by ANAC Board of Directors, August 1, 1998

Reviewed and Revised by the ANAC Board August 14, 1999;

November 1, 2000; September 2002; February 2009

Position:

It is the position of the Association of Nurses in AIDS Care that:

- *routine HIV risk assessment be incorporated into all nursing assessments regardless of any perceived risk on the part of the nurse, and that*
- *plans of nursing care include HIV prevention and risk/harm reduction education and interventions as appropriate.*
- *Nurses acquire updated training in evidence based prevention strategies to best assist their patients in developing a tailored risk/harm reduction plan.*

Statement of Concern:

- It has been estimated that there are 33 million people living with HIV and 2.7 million new infections globally (UNAIDS 2008). More shocking, however, is that many of these newly acquired infections could have been prevented with currently available, proven effective methods. Risk assessment and appropriate risk/harm reduction education are important tactics that can help stem the tide of HIV and other sexually transmitted infections. Unfortunately, there is evidence that physicians do not routinely use these measures (Haley, Maheux, Rivard, & Gervais, 2002; Montano, Kasprzyk, Phillips, & Armstrong Battelle, 2002). There still remain significant barriers to discussing sexual issues and patients feel their providers are reluctant, disinterested or unskilled. (Parish and Clayton, 2007). Nurses, counselors and other clinical staff may also often be ill-prepared to talk openly and comfortably regarding the sexual health of their clients.

Background

HIV risk assessment facilitates discussion of risk reduction behaviors to reduce HIV transmission and provides the opportunity for timely HIV antibody counseling and testing. Unfortunately, HIV risk assessment may only be performed when it is perceived that the client is at high risk for HIV infection. This can lead to dangerous omissions in care because Healthcare Provider's (HCP) perceptions of risk are often inaccurate. Persons not perceived to be at high risk might not be appropriately assessed for risk and may, therefore, not receive crucial HIV risk reduction education.

It is not unusual for nurses to perform needed health care activities when other HCP's do not have the time, skill, or desire. Nurses, in fact, are well positioned to intervene with risk assessment and risk reduction counseling. They have assessment, communication, and

teaching skills. And, because of typical work assignments, nurses also have more opportunities to incorporate these activities into routine patient care in all care settings.

Human behavior is, by nature, a dynamic process. The presence of behaviors that decrease the risk of exposure to HIV at one point in time provides no guarantee that risky behaviors do not occur. Because of this, HIV risk assessment and risk reduction education should also be dynamic, continuous, and meet the unique needs of the client. Current advances in treatment and monitoring of HIV disease may lead some HCP to falsely believe that there is less chance of acquiring HIV. However, the Centers for Disease Control and Prevention estimate that 55,000-58,500 new cases occur in the United States every year CDC (2008). Of those 25% are undiagnosed or unaware of their HIV status. (Glynn and Rhodes (2005) These new infections, coupled with a population of people living longer with HIV, increases the prevalence of HIV in the population, potentially increasing HIV transmission. Integrating HIV risk assessment into all nursing assessments is appropriate (Jones, 2001).

References

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