



Blood Borne Pathogens

POSITION STATEMENT

The Mississippi Board of nursing is a consumer protection agency with the authority to regulate the practice of nursing provided for by Mississippi Code of 1972, Annotated, Title 73, Chapter 15.

A position statement is a scope of practice determination made by the Board, as to whether performance of an action by a licensed nurse is within acceptable standards. Position statements are administrative and educational tools that can be used to assist providers, licensed nurses, and other interested parties in scope of practice determinations. Position statements of the Mississippi Board of Nursing are formulated in response to the Board's legally mandated charge to protect the public through safe nursing practice.

DESCRIPTION

In 1991, the United States Congress, via the Dole Amendment to the Postal Budget Act, mandated that all states develop regulations "equivalent to" the Centers of Disease Control and Prevention guidelines regarding health-care personnel and blood-borne pathogens. The Mississippi State Department of Health is coordinating efforts of health professional regulatory boards in Mississippi to meet the federal mandate.

PUBLIC PROTECTION

The Mississippi Board of Nursing has the authority and the responsibility (Mississippi Code of 1972 Annotated, Chapter 15) to regulate the practice of nursing to protect the health of the public. The Board has regulations currently in place to:

1. Recognize the Centers of Disease Control and Prevention Guidelines as the accepted standard of nursing practice and to require all nurses to practice accordingly;
2. Appoint an expert panel to consider specific public safety issues related to practice by a nurse infected by HIV, HBV, or HCV and to maintain confidentiality records of the nurse's status and panel recommendations;
3. Discipline the license of the nurse who fails to practice according to recognized standards or who practices in a manner that is inconsistent with the health and safety of patients; and
4. Require any nurse who has knowledge of illegal and/or incompetent practice of a Registered Nurse or a Licensed Practical Nurse to report the information to the Board of Nursing for investigation and possible discipline.

STANDARD OF PRACTICE

The Mississippi Board of Nursing defines standard of care as practice guidelines, criteria, parameters, or other recommendations related to nursing practice that serve as a measure or model to which the practice of nursing should conform. Such standards are issued by professional organizations or other recognized authorities and agencies.

CENTERS FOR DISEASE CONTROL AND PREVENTION GUIDELINES

Generally accepted standards and recommendations have been developed by the Centers for Disease Control and Prevention (CDC) for the prevention of transmission of the human immunodeficiency virus (HIV), hepatitis B virus (HBV), and hepatitis C virus (HCV) in healthcare settings. These recommendations emphasize adherence to standard precautions that require that blood and other specified body fluids of all patients be handled as if they contain blood-borne pathogens.

The CDC guidelines and recommendations are based on the following considerations:

1. Infected nurses who adhere to standard precautions and who do not perform invasive procedures pose no risk for transmitting HIV, HBV, or HCV to patients;
2. Infected nurses who adhere to standard precautions and who perform certain exposure-prone procedures pose a small risk for transmitting HIV and HCV to patients; and
3. HIV is transmitted less readily than HBV and HCV.

In accordance with CDC guidelines, the following standards are to be followed to minimize the risk of transmission of blood-borne infections, such as HIV, HBV, or HCV:

1. In the provision of nursing care, all nurses should:
 - A. Adhere to standard precautions, including the appropriate use of hand washing, protective barriers and care in the use and disposal of needles and other sharp instruments;
 - B. Refrain from all direct patient care and from handling patient-care equipment and devices used in performing invasive procedures if the nurse has exudative lesions or weeping dermatitis;
 - C. Comply with current guidelines for disinfection and sterilization of reusable devices used in invasive procedures; and
 - D. Know his/her HIV antibody status and HCV status if performing exposure-prone procedures in the provision of care. Nurses who perform exposure-prone procedures and who do not have serologic evidence of immunity to HBV from vaccination or from previous infections should know their HbeAG status.

2. Currently available data provide no basis for recommendations to restrict the practice of nurses infected with HIV, HBV, or HCV who perform invasive procedures not identified as exposure-prone, provided the infected nurse complies with standard precautions and current recommendations for sterilization/disinfection;
3. Nurses who are infected with HIV, HBV (and are HbeAG positive) or HCV should not perform exposure-prone procedures unless they have sought council from an expert review panel and have been advised under what circumstances, if any, they may continue to perform these procedures. The Board of Nursing may request to convene an expert review panel. The Board may appoint a panel to include experts who represent a balanced prospective. Such experts might include all of the following: (a) the nurse's personal physician(s); (b) an infectious disease specialist with expertise in the epidemiology of HIV, HBV, and HCV transmission; (c) a health professional with expertise in the procedures performed by the nurse; and (d) state and local public health official(s). If the nurse's practice is institutionally based, the expert review panel might also include a member of the institution's infection control committee, preferable a hospital epidemiologist; and
4. CDC guidelines define exposure-prone procedures as follows:
"Characteristics of exposure-prone procedures include digital palpation of a needle tip in a body cavity or the simultaneous presence of the health care worker's fingers and a needle or other sharp instrument or object in a poorly visualized or highly confined anatomic site. Performance of exposure-prone procedure represents a recognized risk of percutaneous injury to the health care worker, and - if such injury occurs - the health care worker's blood is likely to contact the patient's body cavity, subcutaneous tissues, and/or mucus membranes."

CONFIDENTIALITY

In the event an expert panel is convened, confidentiality is assured by the Mississippi Code, Chapter 381 (1992) which authorizes licensure boards to maintain confidential records regarding viral carrier status, practice monitoring/compliance and related meetings held by the Boards.

SOURCES :

1. U.S. Department of Health and Human Services Centers for Disease Control
2. Morbidity and Mortality Weekly Report, July 12, 1991/Vol. 40/No. RR-8: Recommendations for Preventing Transmission of Human Immunodeficiency Virus and Hepatitis B Virus to Patients During Exposure-Prone Invasive Procedures
3. Morbidity and Mortality Weekly Report, October 16, 1998/47 (RR19); 1-39: Recommendations for Prevention and Control of Hepatitis C Virus (HCV) Infection and HCV-Related Chronic Disease.

Although the determination of medical procedures and the patient's medical status is a medical decision, the Registered Nurse or Licensed Practical Nurse has the right and the obligation to question orders and decisions which are contrary to acceptable standards and to refuse to participate in procedures which may result in harm to the patient.

HISTORY:

Original: 08/1992;

Revised 03/1999, 04/06/2000

