

August 30, 1993

Melba Rhodes, RN, BSN  
Infection Control Coordinator  
Louisiana Health Care Authority  
Huey P. Long Medical Center  
P.O. Box 5352  
Pineville, LA 71361-5352

Dear Ms. Rhodes:

Your request for an interpretation of the LAC 46:XLVII.4001-4007 was referred to the Nursing Practice Committee for their study and formulation of a recommendation to the Board of Nursing. At the August 27, 1993 meeting of the Board, the Committee presented a twofold recommendation to the Board, including an opinion statement and a more detailed Interpretive Statement Regarding LAC 46:XLVII.4001-4007.

After due deliberation, the Board adopted the following opinion:

In reference to Agenda Item #4.6, the Board of Nursing has jurisdiction only over the practice of a registered nurse. Therefore, the rules address the responsibility of the individual nurse.

A copy of the Interpretive Statement Regarding LAC 46:XLVII.4001-4007 is also enclosed for your reference.

Sincerely,

Barbara L. Morvant, MN, RN

Enclosure

BLM:sll

npop93.15

INTERPRETIVE STATEMENT REGARDING  
LAC 46:XLVII.4001-4007

Act 1009 of the 1991 Louisiana Legislature contains two mandates for the Board of Nursing and certain other health regulatory boards. The mandates are as follows:

”Each board licensing health care providers shall establish by rule practice requirements based on applicable guidelines from the Federal Centers for Disease Control which will protect the public from the transmission of the hepatitis B virus or human immunodeficiency virus in the practice of a profession regulated by the appropriate board.”

and

”The boards shall by rule, based on applicable guidelines from the Federal Centers for Disease Control, establish requirements and procedures for a licensee and a licensure applicant to report his status as a carrier of the hepatitis B virus or human immunodeficiency virus to the board and shall enforce such requirements and procedures.”

The Board of Nursing (Board) has adopted LAC 46:XLVII.4001-4007 to fulfill the above-cited legislative mandate. In accord with Act 1009, the rules contain two mandates for registered nurses: 1) the guidelines from the Federal Centers for Disease Control regarding the prevention of transmission of HIV and HBV infections from health care providers to patients; and 2) self-reporting of HIV or HBV seropositivity by registered nurses who perform or participate in exposure-prone invasive procedures.

Since the Board’s jurisdiction is limited to the regulation of the education, licensure, and practice of registered nurses, hospitals and other health care agencies are not addressed in the Board’s administrative rules. The rules mandate the individual registered nurse or registered nurse applicant who performs or participates in exposure-prone invasive procedures and who has been diagnosed as HBV seropositive and/or HIV seropositive to file a confidential report informing the Board of such diagnosis. The employing agency has no obligation to report to the Board information obtained through needlestick or other screening procedures.

The rules define the term ”exposure-prone invasive procedure”; however, employing agencies may want to identify specific procedures performed within the agency as exposure-prone procedures. Exposure-prone invasive procedures will vary for different health care providers in different types of health service agencies.

The rules do not address mandatory testing for HIV/HBV. Health care service agencies have the responsibility to establish policies to implement all rules and regulations for such agencies, including those primarily designed to protect the patients/clients as well as those primarily addressing employee protection.

Responsibility for the cost of HIV/HBV testing should also be established by agency policy and may vary from one agency to another. As with other legally sensitive policies, health service agencies may want to seek legal counsel prior to adopting any policy regarding HIV/HBV employee testing.