

Medical News

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Hospital May Lose Federal Funding for Discriminating Against HIV-Positive Healthcare Worker

A New York state case marks the first time that the Department of Health and Human Services (HHS) has ordered termination of a hospital's federal funds, some 40% of this hospital's revenue, for a civil rights violation since the implementation of Medicare's hospital prospective payment system. This hospital was found to have violated the Federal Rehabilitation Act by discriminating against an HIV-infected pharmacist who was prohibited from preparing intravenous medications for hospital patients, even though he was offered the same rate of pay and advancement opportunities available with other pharmacy jobs. The hospital is actively working to prevent funding termination by reaching an agreement for employment with the pharmacist and demonstrating that this type of discrimination has ended.

HHS has also notified a Kansas City, Missouri, hospital that it violated the Rehabilitation Act by transferring an HIV-infected nurse from an intensive care unit to a secretarial position. HHS contended that the hospital's restrictions did not conform to the CDC's July 12, 1991, guidelines on exposure-prone invasive procedures because the nurse follows universal precautions and does not perform invasive procedures during intensive care duties. In January 1993 the hospital reinstated the nurse to his former duties.

HHS has also indicated that about six cases involving HIV discrimination are pending before its Civil Rights Reviewing Authority and that about 15-20 legal actions are being pursued by individuals through the courts. Decisions of both the Civil Rights Authority and the courts will send a strong message about discrimination against an HIV-infected healthcare worker and will continue to affect how hospitals determine their fitness for duty.

Joint Commission Announces that Infection Control Will Be a Separate Chapter in the 1994 Accreditation Manual

Infection control practitioners will be glad to learn that a separate chapter on the surveillance, prevention, and control of infection will be included in *the 1994 Accreditation Manual for Hospitals*. This was announced by the Joint Commission announced in the November/December issue of *Perspectives*. The infection control chapter will appear in the manual section titled "Organizational Functions." Other chapters planned for this section include standards addressing leadership, information management, human resources management, environmental management, and performance and improvement.

The original plan for the infection control standards to be included in the "Environmental Management" chapter was widely opposed because surveillance, prevention, and control activities involve critical hospitalwide activities that go beyond the functions of environmental management.

New TB Control Recommendations Call for Four-Drug Regime and HIV Testing of TB patients

Tuberculosis control recommendations were issued in December 1992 jointly by the American Thoracic Society, the U.S. Centers for Disease Control and Prevention, the American Academy of Pediatrics, and the Infectious Disease Society of America. These recommendations are among the first to call for a four-drug treatment regime for the initial treatment of TB patients. The regime includes an initial course of daily isoniazid (INH), rifampin (RIF), and pyrazinamide (PZA) for 2 months, followed by a continuation phase of INH and RIF for 4 months. Ethambutol (EMB) or streptomycin (SM) is recommended for the initial