

CDC: New Draft Guideline For Prevention Of Intravascular Catheter-Related Infections.

On September 7, 2001 the Centers for Disease Control and Prevention (CDC) issued a proposed new Guideline for Prevention of Intravascular Catheter-Related Infections.

It is intended to replace the guideline the CDC published in 1996.

Not Mandatory At This Time

The CDC is following the general procedure for any US Federal agency seeking to adopt new regulations. Before mandatory new regulations can go into effect the agency must first publish the new regulations as a proposal and ask for public comments. The CDC will accept public comments until October 22, 2001.

After that date the CDC will review the public comments it receives, decide whether to modify its recommendations and set a date for mandatory implementation of new regulations.

How To Get a Copy

The document is far too lengthy and complex for the space we have available.

The document is available for download in its entirety on the CDC's Internet website at <http://www.cdc.gov/ncidod/hip/ivguide.htm> and it requires the user's computer to have Adobe Acrobat reader software.

According to the CDC the document can also be obtained through the mail by writing to Resource Center, Attention: IV Guide, Division of Healthcare Quality Promotion, CDC, Mailstop E-68, 1600 Clifton Rd., NE, Atlanta, GA 30333.

The CDC's fax number for ordering the draft Guideline is (404) 498-1244 and the e mail address is ivrequests@cdc.gov.

A copy sent in the mail can also be ordered online by clicking through a link contained on the http address indicated above.

FEDERAL REGISTER, September 7, 2001
Page 46801.

Psych Nursing: Disability Discrimination Suit Thrown Out, Nurse Unable To Defend Self Or Restrain Patients.

Nurses on a psychiatric unit have to have a certain level of physical fitness. They have to be able to move quickly and use their physical strength to protect themselves and others when patients act out aggressively. That is an essential function of a psych nurse's position.

The nurse refused, based on his medical restrictions, to have an annual fitness assessment or to take annual training in restraint techniques.

The nurse had injured his back and neck working in the ICU. After a medical leave he returned to work on the psych unit.

His physician imposed restrictions against heavy lifting and rapid or vigorous bending or twisting movements.

The psych unit nurse manager noticed he was very stiff and slow, tried to avoid certain movements and appeared to be in pain.

There were serious concerns that the nurse's physical limitations placed patients, other nurses and the nurse himself at risk.

CALIFORNIA COURT OF APPEAL, 2001.

A nurse sustained partially-disabling back, shoulder and neck injuries while caring for a patient on the ICU.

As an accommodation to his disability the hospital let him return to work on the psychiatric unit. On the psych unit he was twice assaulted by patients and took time off for shoulder and neck injuries.

When he returned from this his second extended leave his physician imposed restrictions against heavy lifting and rapid vigorous movements. He was also taking Vicodin, Xanax and Duragesic.

Soon he was taken off the psych unit. He sued because he did not work and had no income for seventeen months while a suitable position was found for him.

Essential Functions of the Job

The California Court of Appeal ruled that the ability to intervene physically with patients is an essential function of a nurse's job working with dangerous involuntarily committed psychiatric patients.

The nurse's supervisors also noticed he had lost the mental sharpness he once had. The meds he was taking were seen as an additional risk factor.

An employer does not have to keep a nurse on the job and attempt to reach reasonable accommodation if the nurse is unable to perform an essential function of the nurse's position.

After-Acquired Evidence

In general, when an employee is dismissed for alleged misconduct a court will judge the employer's decision based on the information the employer relied upon at the time, not on the basis of additional evidence of misconduct discovered later.

That is not true when an employee is let go for medical reasons. The hospital had the right to have the nurse seen by a physician and could use the physician's findings to support the judgment already made by the nursing supervisors. ***Finegan v. Count of Los Angeles***, 109 Cal. Rptr. 2d 762 (Cal. App., 2001).