

Infection Control In Healthcare Settings: New Draft Guideline Available From CDC.

On June 14, 2004 the US Centers for Disease Control and Prevention published a new "Draft Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare 2004."

Draft Guideline Not Mandatory At This Time

The CDC has expressly stated that use of the Draft Guideline is not mandatory at this time.

The CDC will accept public comments on the new Draft Guideline until August 13, 2004, consider the public comments and then promulgate a finalized mandatory Guideline at a future date, observing the process any Federal agency must follow for issuing new regulations.

Hospitals, Long-Term Care, Home Care

The new Guideline will apply to hospitals, with special emphasis on ICU's, burn units and pediatric-care settings.

The new Guideline will also apply to non-acute care settings like long-term care facilities, ambulatory care settings, home care and other contexts.

Emerging Pathogens

The new Guideline deals with emerging pathogens of special concern to health-care settings, e.g., multidrug-resistant organisms, agents of bioterrorism, prions, SARS, monkeypox and avian influenza A.

Access to New Draft Guideline

The new Draft Guideline can be obtained on the Internet or by mail from:

Resource Center

Attn: ISO Guide

Division of Healthcare Quality Promotion

Centers for Disease Control

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The US Centers for Disease Control and Prevention has published a new "Draft Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings 2004."

When finalized, the new Guideline will replace the CDC's 1996 "Guideline for Isolation Precautions in Hospitals."

The CDC has stated that this new Guideline is intended at this time for public comment only.

Healthcare personnel should not modify practices or policies based on the CDC's preliminary recommendations contained in the new Draft Guideline, according to the CDC.

The new Draft Guideline is available on the CDC's website at <http://www.cdc.gov/ncidod/hip/isoguide.htm>.

We have placed the 198 page Draft Guideline on our website at <http://www.nursinglaw.com/infection.pdf>.

The Draft Guideline is not copyrighted and permission is not required to download, print and distribute it.

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Nurse As Expert Witness: Court Sees No Need For Specialist.

Several hours after the patient had given birth a nurse attempted to assist her to the shower. The patient fell and was injured getting out of bed.

The patient's lawsuit against the nurse and the hospital alleged nursing negligence in that the nurse failed to assess the patient as to whether her epidural anesthetic had worn off to the point she could safely stand and walk.

The lower court ruled in favor of the nurse and the hospital on the grounds that the patient's nursing expert was not an expert in the specialized area of labor and delivery nursing.

As a general rule, without an expert witness whom the court can properly recognize as an expert, a healthcare malpractice case must be dismissed.

Post-surgical patient assessment and care is not a specialized area of nursing practice.

To qualify as an expert witness a nurse is not necessarily required to specialize in the same field as the defendant in the case.

COURT OF APPEALS OF MICHIGAN

UNPUBLISHED OPINION

June 10, 2004

The Court of Appeals of Michigan overruled the lower court in an unpublished opinion. Unlike physicians, nurses are not to be discounted as expert witnesses just because they lack clinical specialization.

The Court of Appeals in any event did not see this as a labor and delivery nursing case. The case involved more generic issues of caring for a post-surgery patient, a competency that is expected of nurses in general. ***Roach v. Hakim***, 2004 WL 1292049 (Mich. App., June 10, 2004).