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INFECTION CONTROL

LETTERS TO THE EDITOR

To the Editor:

The new and forthcoming *Guidelines for the Prevention and Control of Nosocomial Infections* by CDC raises a legal issue which should be clarified. In his introduction to the Guidelines, Dr. Haley indicates that the Guidelines "are not intended to have the force of law or regulation." The editorial by Dr. McGowan, however, observes that the Guidelines may nevertheless constitute a "national standard" with which hospitals may feel obliged to comply.

As an attorney specializing in the litigation of cases involving medical and hospital negligence, I can confirm Dr. McGowan's belief. Despite the intention of CDC, I have no doubt that the Guidelines would be used at trial in order to establish the applicable standard of care. It is difficult to believe that a jury would not find a departure from these Guidelines (except for Category II recommendations) to be a departure from reasonable care.

By way of analogy, courts have held that failure to comply with JCAH standards is evidence of nonconformity with a national standard of care. Given the great weight of authority which went into the compiling and outside review of these guidelines, it seems clear that they will receive a similar imprimatur.

Presumably the Guidelines are being issued with the hope that hospitals will follow them. Although CDC does not intend to and cannot give them the force of law, they will nevertheless have the same ultimate effect.

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This letter was referred to Dr. Robert Haley, who wrote the following reply:

The intent of the CDC Guidelines for the Prevention and Control of Noscomial Infections was stated clearly in the Introduction [Infect Control 1981: 2(2):123-4] and we see no need for further elaboration in response to Mr. Mackauf's comments.

Robert W. Haley, M.D.
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To the Editor:

I am the Infection Control Nurse in a 70 bed rural hospital. Our physicians are all general practitioners except for two board [certified] surgeons. We have an average of 300 babies born each year.

In our obstetrical department we are presently using Betadine solution for perineal care and before performing any vaginal examinations. Some of the nurses have complained that because of the color, it is difficult to differentiate between the Betadine and meconium stool. Would you please tell me what is being used in the other areas of the country? Has this problem been reported by other nurses? Is there some other solution being used? Could you suggest an alternative?

I would appreciate any advice or suggestions that you might offer, and I do thank you sincerely for your help.

Novice G. Richards, R.N., I.C.N.
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This letter was referred to William Ledger, who wrote the following reply.

This is an interesting question, and it does pose a dilemma. How do you use an effective antibacterial solution whose color may diminish the ability to recognize a clinical problem? We do use an iodine solution in the care of patients in labor. I believe it is the most effective antibacterial solution available, and this is the reason for our selecting it. Although it may be more difficult to recognize meconium, this has not been a problem for us. Another potential difficulty is the absorption of iodine through the vagina, with elevated levels reported in both the mother and the fetus. I would be very concerned if this continued throughout pregnancy, but I don't know of any bad effects from this short-term utilization.

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