

Legal Trends in Infection Control

By Sabrina Rodak
June 15, 2011

In a presentation at the 9th Annual Orthopedic, Spine and Pain Management-Driven ASC Conference in Chicago on June 9, Dotty Bollinger, RN, JD, LHCRM, CASC, chief medical operations officer at Laser Spine Institute, discussed legal trends in infection control.

According to Ms. Bollinger, there are more than 20 pending legislative bills among the states in session affecting surgery centers' infection control practices. The bills include requirements such as having a certified infection control preventionist on staff, reporting the hand hygiene compliance rate to the public health department, making the information available to the public and obtaining patient consent to use recycled or reprocessed medical devices.

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In addition to new legislation, a legal trend in infection control is an increased focus on infection issues by the media and lawyers. Personal injury lawyers are educating each other about infection control legislation in blogs and other online forums. Ms. Bollinger said ambulatory surgery centers must know the legal requirements for infection control and use best practices to avoid potential litigation.

Ms. Bollinger described six important infection control practices, most of which she said have been known for 30 years: hand hygiene, safe injection practices, correct use of finger stick testing, cleaning equipment, reprocessing FDA-approved items and operating equipment according to the manufacturer's instructions. To improve hand hygiene among staff and physicians, Ms. Bollinger suggested meeting with staff to choose a product that they like and will use. ASCs can ensure safe injection practices by following the Centers for Disease Control and Prevention's slogan "One needle, one syringe, only one time." Ms. Bollinger said it is essential for ASC leaders to talk with staff and physicians about this requirement, especially because this practice may conflict with what older employees were originally taught.

Finger stick testing may cause infections if glucometers designed for single-use are used for multiple patients. Ms. Bollinger said ASCs can avoid infections from finger sticks by knowing which glucometer the center uses and the manufacturer's information. Improper cleaning of equipment is one error behind many of the high-profile infection control breaches, such as a Las Vegas case of improper endoscope cleaning. Ms. Bollinger said ASCs must have up-to-date policies for cleaning equipment and include equipment such as computer screens and keyboards.

Another common infection control mistake is reprocessing items the FDA has not approved for reprocessing, according to Ms. Bollinger. Knowing the FDA's regulations regarding reprocessing will help ASCs stay compliant in this area. Finally, centers must operate and clean equipment according to the manufacturer's instructions. Ms. Bollinger noted several other practices that may cause infections, such as bringing cell phones, backpacks or briefcases into the operating room and having artificial nails.

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