

be on our toes to separate "clean" patient care from "dirty" patient care to prevent cross-contamination. We do not have medical students, interns or residents. We do not have a doctor in the hospital 24 hours a day.

I am interested in your feedback on this problem. I intend to submit it to our Infection Control Committee (the physician in question is not on the committee) for consideration, as we will have to prepare a written policy with procedures for placement of a patient in isolation.

Your assistance is greatly appreciated.

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*This letter was referred to William E. Scheckler, M.D., and Kathy J. Wydra, R.N., B.S.N., who wrote the following replies:*

Although the tradition in most hospitals includes the concept that the physician orders all things relating to the patient, including whether or not isolation is necessary, it is now clear that the hospital has legal and moral responsibilities to the patient as well. The purpose of an isolation policy is

to protect other patients, staff and visitors from the transmission of known or suspected infectious illnesses. In my opinion, it is perfectly proper for a hospital to have an isolation policy that permits the Infection Control Nurse, the Chairman of the Infection Committee or the Hospital Epidemiologist, or the attending physician to place a patient with a suspected or proven infection in the appropriate type of isolation. The responsibility of the physician is to indicate on the chart the diagnosis of the infectious illness, or the suspected diagnosis. Based on this information, it is the responsibility of the hospital to be sure that this infection is not spread to other patients or personnel in the hospital. Since the hospital has this responsibility, it follows that the hospital also has a right to see to it that a reasonable isolation policy is implemented. Use of the category "protective isolation" is probably best left up to the attending physician's discretion. The Public Health Service publication "Isolation Techniques for Use in Hospitals" would be an appropriate isolation policy for the hospital to implement.

*William E. Scheckler, M.D.  
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Your administration must not only delegate to you the responsibility of developing a viable infection control program, but must also support the decisions you make relative to that program. The Infection Control Committee should be an administrative committee charged with the task of developing, implementing and enforcing the policies it creates. The committee should carefully write isolation policies directed at each clinical disease state requiring isolation and disseminate those policies among the nursing and physician staff. Isolation policies should be regarded as hospital policies and so enforced. Be sure that your policies are well founded and that your facility can "live" with them before finalizing them and you'll find they will be easier to defend.

Members of the professional staff who cannot adhere to the policies should be asked to attend the Infection Control Committee meeting to present rational, well-documented evidence for noncompliance. A staff member who ignores policies must accept the liability for those actions; however, that does not mean the rest of the staff should defy the rules.

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