

Antineoplastic And Other Hazardous Drugs: New Guidance Document From CDC.

On June 27, 2012 the National Institute for Occupational Safety and Health of the US Centers for Disease Control and Prevention (CDC) announced the availability of an updated list of antineoplastic and other hazardous drugs which require special handling in healthcare settings to minimize the risk of occupational exposure.

According to the CDC, this new guidance document is only advisory and does not have the mandatory force and effect of law.

Since the most recent prior update in 2010 to the original 2004 guidelines, the CDC indicates it has reviewed some 70 new drugs approved by the FDA and has reviewed new special warnings issued by the FDA for 180 others.

We have the new guidelines on our website at <http://www.nursinglaw.com/NIOSH2012.pdf> The document is not copyrighted and readers can copy and distribute it.

FEDERAL REGISTER June 27, 2012
Page 38297

Blood Products: New Draft Guideline Re Donor Screening For Malaria.

On July 6, 2012 the US Food and Drug Administration announced the availability of a guidance document in draft form entitled "Guidance for Industry: Recommendations for Donor Questioning, Deferral, Reentry and Product Management to Reduce the Risk of Transfusion-Transmitted Malaria."

The new guidelines are only advisory and are intended to replace the guidelines published by the FDA in 1994 and 2000.

We have the new guidelines on our website at <http://www.nursinglaw.com/FDA070612.pdf> The document is not copyrighted and readers can copy and distribute it.

At this time the FDA is still accepting public comments on the proposed guidance document.

The document itself contains instructions for forwarding public comments to the FDA for its consideration.

FEDERAL REGISTER July 6, 2012
Pages 40068-40069

Emotional Distress: Family Member Cannot Sue Who Witnessed Problem During Procedure.

The patient asked that her sister be allowed to stay with her in the delivery room while she had her cesarean.

During the procedure the physician sliced into the baby's scalp and the sister observed a large flap of the baby's skin dangling from his skull while he bled profusely from the wound.

Afterward the sister sued the hospital and the physician for negligent infliction of emotional distress over what she saw happen to her nephew in the delivery room.

The California Court of Appeal ruled that the sister's case should be dismissed for lack of grounds to sue.

The Court noted that the mother and infant also have lawsuits against the hospital and physician which are still going ahead notwithstanding the Court's ruling on the sister's case.

The courts have to draw arbitrary lines somewhere as to who can and who cannot recover damages in court for negligent infliction of emotional distress over a physical injury to another person.

Otherwise the number of family members who might go to court seeking damages on the basis of a single incident could unreasonably enlarge the health-care provider's exposure.

CALIFORNIA COURT OF APPEAL
July 16, 2012

While acknowledging that many persons are affected when a particular person is injured by another's negligence, the courts have to set boundaries defining who can and who cannot sue.

An emotional reaction to a loved one's illness, injury or death is part of the human condition, the Court said.

Only immediate family members who reside in the same household with one another overcome the threshold for being able to sue for negligent infliction of emotional distress when they witness an injury to a family member.

The newborn nephew in this case did not reside in the same household with his aunt. The strength of the bond between the two sisters, which was apparently very deep in this case, is also not a relevant factor. ***McDaniel v. St. Francis Med. Ctr.***, 2012 WL 2878202 (Cal. App., July 16, 2012).