



Regulatory Advisory

As a service to members, these advisories are distributed when there is a significant regulatory development that affects your job and your facility. ASHE strives to provide you with accurate and clearly defined information on the latest health care code compliance issues.

Use of Electronic-Eye Faucets in Health Care Facilities

Recent news stories about the potential for a higher occurrence of *Legionella* spp. in electronic-eye faucets may be raising some concern among the infection preventionists and other clinical staff in your health care organization. The information being publicized came from a limited investigation of water faucets conducted by the Johns Hopkins Hospital and presented at the 2011 Annual Scientific Meeting of the Society for Healthcare Epidemiology of America (SHEA) in Dallas on April 2, 2011. An abstract of the study results, titled *Electronic-Eye Faucets: Help or Hindrance to Infection Control and Prevention*, is included below.

ASHE is working with the Association for Professionals in Infection Control and Epidemiology (APIC) and the Facility Guidelines Institute (FGI) to review this issue and provide additional perspectives on the claims made in the John Hopkins abstract. We anticipate a jointly published article will be ready for release within the next week to assist health care organizations in making decisions about the water faucet technology they use.

Recommendation: In light of the passion our health care staffs have for protecting our patient populations from infection, there may be an unstructured and immediate reaction to this news recommending removal of electronic-eye faucets from health care facilities. However, it is noteworthy that the study found no actual infections or disease transmissions—the information about *Legionella* came simply from culturing of the faucets. For this reason, we are recommending that ASHE/AHA members await more information on the Johns Hopkins investigation and move cautiously if requested to remove electronic-eye faucets in a “panic” reaction.

Use of the infection control risk assessment (ICRA) process to evaluate the need for removal would be a good first step in providing a structured response to this issue. For example, prior to removal or exchange of a sink or faucet (manual or electronic), the ICRA should assess whether there is reasonable evidence of infections that may be associated with its use. It is our opinion that more harm than good could come from making wholesale changes to faucets until more is known about the science of the Johns Hopkins investigation, the abstract and its evidence have been peer reviewed, and the experts have had a chance to develop a well-thought-out course of action that responds to the facts.

Upcoming review by APIC and ASHE: Please watch for an article to be jointly published by ASHE and APIC providing perspectives on the publicized Johns Hopkins Hospital study.

For your information, the news release from Johns Hopkins Medicine on this subject, which has been adapted and widely disseminated by others, can be found at this Web address:

http://www.hopkinsmedicine.org/news/media/releases/latest_hands_free_electronic_water_faucets_found_to_be_hindrance_not_help_in_hospital_infection_control.