

INFECTION
CONTROL**Sterilant Controversy**

Some 6,000 hospitals use the sterilant ethylene oxide (EtO) for medical devices which would be damaged by steam sterilization. The current exposure limits on EtO have been set at 50 parts per million (ppm) as an eight-hour average. While no uniform, reliable monitoring equipment exists, making it difficult to accurately measure low level exposures, most hospitals are well below the 50 ppm standard. However, the US Department of Labor's Occupational Safety and Health Administration (OSHA) recently proposed a drastic reduction in the exposure limit to one ppm.

A number of problems exist for hospital compliance with the proposed new standard, not the least of which is the lack of accurate monitoring equipment. In addition, alternative sterilizing substances themselves pose substantial risks for hospital employees. Should hospitals be forced to restrict or eliminate EtO use, some surgical procedures (such as cardiac bypass and transplants) might need to be eliminated because of the potential increase in the incidence of infection.

Hospitals recognized the potential dangers of EtO a number of years ago. In 1978, the AHA began an extensive training effort for hospital workers and has published an in-depth training manual on the subject.

The situation will be debated in public hearings and the American Hospital Association has offered assistance and information to OSHA.

Recession Eases Nursing Shortage

For some nursing administrators, the "cloud" of the recession has had a silver lining. In many parts of the country the nursing shortage has eased and in some places, it has disappeared completely, largely as a result of the recession.

At the height of the shortage, during 1979 and 1980, the American Hospital Association estimated that as many as 100,000 nursing positions were vacant. With the drop in occupancy rates that hospitals are experiencing this year, there are fewer vacancies for nurses. In addition, turnover among nurses has declined considerably, possibly because more and more hospitals are offering day care services to working mothers. According to the National Commission on Nursing, Chicago, nursing shortages still exist for some hospitals—particularly those in rural communities and inner cities—and in certain disciplines, such as critical care nursing. There is also the possibility that the shortage will recur once the economy picks up and hospital utilization begins to increase. For the moment, at least, many nurse recruiters are keeping their eyes on the future.

INFECTION
CONTROL
PRACTITIONERS

ARE CORDIALLY

Invited

TO TAKE THE
EXAMINATION
FOR CERTIFICATION**WHO**

Any individual associated with the practice of hospital infection control may be eligible to take the certification examination.

WHAT

In brief, the certification process is designed to provide and to measure a standard of knowledge desirable for individuals practicing infection control, and to encourage professional growth and individual study.

WHERE

The examination will be offered in 33 cities within the United States and Canada.

WHEN

The examination will be given November 19, 1983. Completed applications must be received by October 1, 1983.

FOR MORE DETAILED INFORMATION WRITE TO:

CBIC TESTING OFFICE
11TH FLOOR
304 EAST 45TH STREET
NEW YORK, NY 10017

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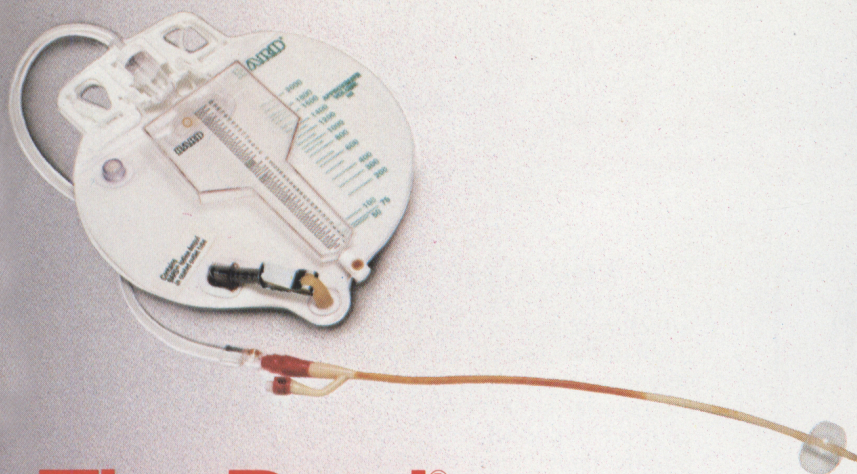
Certification Board of Infection Control

A Nosocomial UTI Can Mean the Difference Between Life and Death.

“We conclude that the acquisition of urinary-tract infection during indwelling bladder catheterization is associated with nearly a threefold increase in mortality among hospitalized patients...”¹

(From a study involving 1,458 patients conducted at a major university.)

1. Platt R, Polk BF, Murdock B, Rosner B: Mortality associated with nosocomial urinary-tract infection. *N Engl J Med* 1982; 307:637-642.



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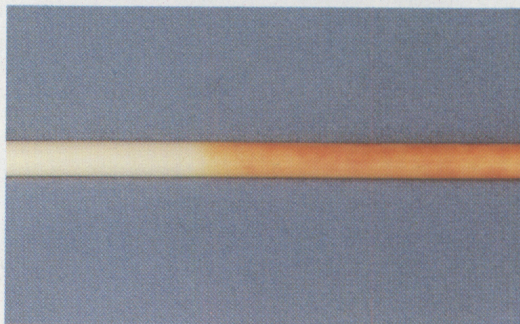
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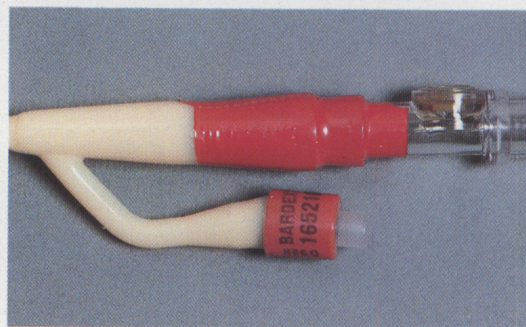
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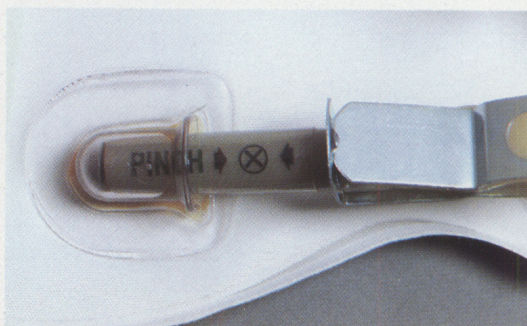
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Unique, inert hydrophilic coating provides an absorptive surface that holds the antimicrobial solution, creating an effective barrier against bacterial invasion.



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