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INFECTION CONTROL

LETTERS TO THE EDITOR

Clarification of Guideline Recommendations

To the Editor:

It has come to our attention that there may be some misinterpretation of material contained in the *CDC Guidelines for the Prevention and Control of Nosocomial Infections.* The purpose of these general guidelines, published by the Hospital Infections Program, Center for Infectious Diseases, Centers for Disease Control, is to provide a central reference containing recommendations for preventing and controlling nosocomial infections. These recommendations are not intended to endorse any particular commercial product or to exclude use of other commercial products containing generic ingredients not mentioned in the guidelines. There are ingredients in products now available in the US which were not in existence when the guidelines were written.

Because of continuing developments in the infection control field, hospitals using the *CDC Guidelines* as a reference should not exclude consideration of a specific generic antiseptic, disinfectant, or other product simply because it is not mentioned in the guidelines. Hospital committees or personnel responsible for selecting products containing generic antimicrobial ingredients should also be guided by recent information in the scientific literature, data presented at scientific and infection control symposia or meetings, information available from the FDA or EPA on the indications for use and adequacy of such ingredients or products, documented information provided to them by manufacturers, and other factors deemed important when deciding on the choice of products.

James M. Hughes, MD
Director, Hospital Infections Program
Center for Infectious Diseases
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Atlanta, Georgia

Self-sealing Sterilization Pouches

To the Editor:

A letter to the editor published in Volume 4(1) of *Infection Control* asks about self-sealing sterilization pouches. In reply, Dr. Mallison notes that the seal ". . . appears quite effective . . ."

The Association of Operating Room Nurses' Recommended Practices for Inhospital Packaging Materials specifies that "Materials used for inhospital wrapping and packaging should provide a seal of proven integrity."

Unless one can see the seal, it is difficult to ascertain the integrity of that seal before use. Pouches with a fold-over tab and press-on seal may obscure the corners under that tab. A very small length of delamination introduced along the side will not be resealed because the tab only contacts the end of the pouch. Therefore, I would be reluctant to use pouches that may be damaged during production and cannot be inspected in a meaningful way. Heat-sealed pouches do not have this inherent weakness.

The 2mm delamination flaw indicated on the unsealed pouch enclosed was also induced in the sealed pouch; in an evaluation here, this type of defect was not detected when sterilized pouches were inspected.

David Birnbaum, MPH
Hospital Epidemiologist
Victoria General Hospital
Victoria, British Columbia, Canada

George F. Mallison, MPH, PE, Consultant in Environmental and Infection Control, was invited to respond to Dr. Birnbaum's letter.

Without a study (eg, "Safe Storage Times for Sterile Packs," *Hospitals* 1974; 48:77-80) on the sterile storage time of the product in question when

PROTECTIVE CARE

These measures are to be used for the patient's protection:

1. Private room.
2. Strict handwashing before patient care.
3. Care by employees free of infection.
4. Door closed at all times.
5. Stethoscopes and other shared equipment wiped off with alcohol before use.
6. Double prepping of all needlestick and finger stick sites.
7. Limited visitors: only two at a time, free of infections please wash hands after entering the room.

Housekeeping:

1. Do not enter if you are sick. Call your supervisor.
2. Wear a yellow, disposable gown.
3. Wash hands and wear gloves.
4. Use freshly mixed cleaning solution, clean cloths and a fresh mop.
5. Wipe all surfaces, including:
   Side rails
   Telephone
   Nurse-call bell
   Bedside table
   Television
   Sink
6. Dispose of solution when you clean the toilet.
7. Mop the floor after removing all trash.

THANK YOU.

Figure.

sealed properly, I should think that there is no way to answer with certainty the question posed by Mr. Birnbaum.

My personal view, unsupported by a study, remains (*Infection Control* 1983; 4(1):9), that a three-month storage time would be entirely safe—assuming the package is not wet, damaged, or dropped on the floor.

George F. Mallison, MPH, PE
Consultant, Environmental and Infection Control
Glen Rock, New Jersey

Software for Infection Control Data Gathering

To the Editor:

Is there any software for Apple II Plus or TRS-80 Model 1 for infection control data gathering? I am aware of services that will compile this information using cards.

M.H. Moraleda, MD
Chairperson
Infection Control Committee
Veterans Administration Medical Center
Battle Creek, Michigan

Donald L. Kaiser, DrPH, Associate Professor of Medicine, was invited to respond to Dr. Moraleda's query.

I am not aware of any software specifically for infection control data which will run on microcomputers of the size you mention (TRS-80, Apple II Plus). Our reporting systems require substantially larger machines (DEC PDP 11/24, 11/44, 11/70; DEC VAX 11/730, 11/750, 11/780). However, there are several excellent general-purpose data base software packages (dBase II is a particularly flexible system) with which someone with moderate computer skills could construct a data system for infection control monitoring. The system would be limited by the available disk storage on the machine being used (though large-capacity hard disks are getting cheaper all the time), and would run relatively slowly (probably not an important problem).

I would advise an interested user to contact a software vendor and investigate, but take along someone who understands computers *and* your own needs to make sure that the system will suit your purposes.

Donald L. Kaiser, DrPH
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Director, Clinical Computing Laboratory
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"Reasonableness" in Kidney Transplant Precautions

To the Editor:

We are involved in kidney transplants at our medical center and have really struggled to retain "reasonableness" in precautions with these patients. We have succeeded a bit in just getting the staff down to wearing only masks. What we would prefer is our Protective Care (Figure) which emphasizes handwashing.

I would appreciate your opinion on what is reasonable with transplant recipients.

Sara L. Krantz, RN, BSN
Hospital Epidemiologist
Pitt County Memorial Hospital
Greenville, North Carolina

Sue Crow, RN, BSN, MSN, Associate Editor of Infection Control, *was invited to respond to Ms. Krantz' letter.*

Attempting reasonability in patient care procedures is somewhat perplexing in today's hospital. The initial response to any problematic patient care activity is "show me a study that proves. . ." If research has been done in this area, data are reviewed, validity determined, and appropriate action taken. Unfortunately, very little research has been done in the infection control area. We cannot erroneously assume that since a particular area has not been studied there is not a problem in that area. The question then is how are decisions made without empirical data? Relying on time-proved principles of nursing may be the answer. Some people prefer to call this theoretical rationale—I call it common sense.

Recognizing this state of the art, let us review your guidelines for a com-

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