

Letters to the Editor

A Model for Developing Infection Control Policies/Procedures

To the Editor:

As a recently hired infection control nurse, I am planning to revise the Infection Control Policies/Procedures for our hospital. The existing ones seem to be presenting a problem with the JCAH.

I will certainly use the existing policies/procedures as a guideline, but I need some more explicit help, ie, specific isolation requirements and their provision for patients who require them, with specific reference made to patients in the recovery room, operating room, emergency department, labor/delivery and newborn nursery.

Can you help me in locating a model to use in developing policies/procedures specifically for our hospital (and meet the recommendations of the JCAH)? Our hospital has 113 beds.

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Sue Crow, RN, BSN, MSN, Associate Editor of Infection Control, was asked to respond to Ms. Broadwell's query.

It has been years since I was a beginning infection control nurse but I still remember feeling as you—where do I begin and how do I know that I have been correct and comprehensive when writing policies and procedures that

affect patient care? Today there is much more literature available to assist in developing policies and procedures. The new guidelines from the Centers for Disease Control published within the last year and published in recent editions of *Infection Control* are a valuable tool in writing policies and procedures. The latest guidelines on isolation precautions published in *Infection Control's* July/August 1983 supplement should also answer many of your questions. The book, *Hospital Infections* edited by Bennett and Brachman is also an excellent guide in the development of policies and procedures.

There are several manuals that can aid in writing infection control policies and procedures. One is *Infection Control Policies and Procedures*, published by McKay, P.O. Box 811, Metairie, LA 70004 (504-885-8891). Manuals such as these should be used strictly as intended: as models. Individual policies and procedures for each hospital must still be developed.

When developing policies and procedures you should observe the specific area, take note of the activities, and then write procedures geared to aseptic technique (ie, keeping the number of microorganisms in that area to a minimum number). Then review the above guidelines for completeness of your material.

The department that is primarily involved in the policy and procedure should be the instigator of the policy and procedure. Your responsibility should be that of a resource person. After the policy and procedure has been written, it should be approved by

the Infection Control Committee and carried out by the staff development program to ascertain that all personnel are familiar with the change. You choose whether it is necessary to be part of the inservice program. When isolation guidelines are being discussed and implemented the Infection Control Nurse should have a great deal of input because of his/her expertise.

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Transmission of Infection Via Laboratory Clothing

To the Editor:

In replying to a letter to the editor in Volume 4, Number 5 of *Infection Control*, Gröschel advocates infection control personnel supporting laboratory requests for surgical scrub dresses or suits. While this may be most appropriate in labs working with aerosol studies, animals, and high-risk agents (ie, USPHS Class 3-5) in conjunction with structural and procedural safeguards, it is doubtful that wearing scrub clothing under a lab coat will provide any real benefit for the average hospital lab to offset the cost and logistical problems involved.

Since the concern centers on whether dangerous organisms are being carried home, pertinent points are:

1) Class 1-2 organisms are, for the