

to-human spread. In our outbreak, all five infants were premature (gestational age, 24-28 weeks), had low birth weight, and experienced multiple medical problems requiring indwelling catheters, parenteral nutrition, phototherapy, antibiotics, and, in three cases, steroids. These demographic characteristics are similar to those of six neonates with *M canis* skin infection described in a previous report¹⁰ in which the source was also a nurse with skin lesions. In both of these outbreaks, *M canis* was transmitted from person to person, which is unusual. However, all of the affected babies were premature. The skin in premature infants is a defective barrier,¹¹ which could explain why these low-birth-weight neonates were infected with *M canis* carried by a nurse.

Taking the nurse off duty was the most important factor in controlling this outbreak. Other infection control measures included Contact Precautions to interfere with transmission from lesions, educating the staff about modes of transmission, and encouraging hand washing before and after patient contact. Adequate hand washing is considered the single most important means of preventing transmission of infection.¹² It is also important to clean reusable equipment. Single-use disposable items should be discarded after use and not cleaned for reuse. Investigating staffing patterns in the unit to identify the person carrying *M canis* was unsuccessful in this episode, because many staff cross-cover each other, which is not documented in patients' charts.

Possibly, this outbreak could have been prevented if the initial dermatologist and occupational health physicians taking care of the index case had discussed communicability with this nurse, reported her to infection control, taken her off duty until her lesions healed, and had her return for follow-up care to document resolution of the lesions before allowing her to return to work.

In successfully managing this outbreak, infection control personnel, the physician dermatologist, and the veterinary dermatologist collaborated. The veterinary dermatologist confirmed that the cat was the source of *M canis*.

Successful treatment of the nurse would not have been possible without adequate therapy for her cat. The infection control precautions had to be monitored closely until it was clear that the nurse and her cat were no longer carrying *M canis*, and consequently she would not transmit this fungus to susceptible neonates.

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OSHA Partners With JCAHO to Promote Voluntary Protection Program

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OSHA and JCAHO recently signed an agreement to encourage healthcare institutions to participate in OSHA's Voluntary Protection Program (VPP).

Few healthcare facilities have taken advantage of the VPP, which recognizes

excellence in occupational safety and health programming and exempts facilities from OSHA inspections. OSHA and JCAHO signed a 3-year partnership in 1996 to develop educational materials and promote worker safety and health. In addition, the partnership helps healthcare facilities understand how OSHA and JCAHO standards overlap. JCAHO provides specific examples in the accreditation manuals for

complying with OSHA standards that also satisfy JCAHO. This partnership has been extended in the updated agreement.

FROM: OSHA. *Revised Voluntary Protection Program (VPP) Policies and Procedures Manual*. www.OSHA.gov.

JCAHO. Press release: OSHA and Joint Commission Continue Partnership to Promote Health and Safety for Health Care Workers. www.jcaho.org.