often defective than latex gloves and contribute to the pollution of the environment. Polyvinylchloride, when incinerated, produces toxic products in the air and hydrochloric acid. In 1986, we used 2.1 million disposable PVC gloves in our hospital. We have now switched to latex gloves, thus reducing the PVC waste by 18.4 tons per year!

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Cooperation Needed in New Era of Infection Control

To the Editor:

A time of transition is upon us. The Joint Commission on Accreditation of Healthcare Organizations is telling us it is time again to take a look at infection control standards and examine the validity, practicality, and impact on our patient outcomes. I believe we need to welcome their scrutinizing eye and that we must actively participate in the development of our own standards. As practitioners we know only too well the system of infection control in our hospitals and the myriad of associated problems.

I also believe we can utilize this opportunity to incorporate new standards that we will deem appropriate in light of the multitude of changes in infection control practice due to the AIDS epidemic, the impact of universal precautions, and the cost containment impetus. I would like to see hospital management systems recognize the absolute need for communication with infection control program directors as consultants within the management and physician framework. Our time needs to be used judiciously. We need to have realistic goals and expected outcomes when we design our programs, especially when evaluating systems for surveillance monitoring, data collection, and analysis of nosocomial infections.

Recent cooperative efforts were requested of our surgical staff in an attempt to resurrect a surgical wound surveillance reporting system. The resultant communication, unfortunately, demonstrates the not too unusual response on the part of a surgeon:

> I would certainly cooperate with a survey such as this, but I find most objectionable a "nurse" would contact another nurse for ongoing information about patient follow-up. Obviously, the nurse epidemiologist can monitor bacteriology specimens without permission or cooperation from anyone. This attempt at surreptitious surveillance should be presented and discussed in some manner with the department of Surgery or with the individual surgeons whose nurses are being contacted. Our nurse will not be able to cooperate with this plan.

The problem identified by the surgeon was the result of a request by a nurse epidemiologist of a surgical' nurse clinician for follow-up of her discharged surgical patients given the short lengths of stay we now experience for most class I procedures.

We need to welcome our physicians and management staff to the new era of infection control with support from the Centers for Disease Control, The Society of Hospital Epidemiologists of America, and our professional organization, the Association of Practitioners in Infection Control.

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Brief items of interest for the SHEA Newsletter may be sent to Robert A. Weinstein, MD, SHEA Newsletter Editor, Division of Infectious Diseases, Michael Reese Hospital, Lake Shore Drive at 31st St., Chicago, IL 60616. Copy must be typed, double-spaced, and may not exceed five pages.

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