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**INFECTION
CONTROL**[®]

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THE LAST THING YOUR HOSPITAL NEEDS

The threat of nosocomial infection

Between 4% and 8% of all hospitalized patients develop an infection at some time during their stay,¹ and such infections usually add to the length and cost of hospitalization.

Protecting patients and staff from nosocomial infection is becoming more difficult due to changing patterns of bacterial infection and the emergence of resistant bacteria, most notably methicillin-resistant *Staphylococcus aureus*.^{2,3}

The key to management

Pathogenic bacteria are easily transmitted by the hands of physicians, nurses, technicians, and other hospital personnel.⁴

Both the Center for Disease Control and the American Hospital Association consider handwashing the single most important procedure in preventing nosocomial infection and recommend handwashing after every patient contact.⁴ An increase in nosocomial infection that is transmitted by serial direct contact indicates suboptimal handwashing practices and antiseptic technique.⁵



A program for prevention

Because proper hand-washing techniques are so important in the prevention of nosocomial infection, Winthrop has developed a comprehensive program of educational materials for every member of the hospital staff. The in-service program includes two films on handwashing, a slide/tape presentation, hand-washing instruction wall charts, and dispenser maintenance instructions.

If you would like more information, please write to Professional Services Department, Winthrop Laboratories,

90 Park Avenue, New York, NY 10016,
or contact your Winthrop representative.

References: 1. Infection control for the obstetric patient and the newborn infant. *NAACOG Tech Bull* 1981; March. 2. Kraybill EN: Needs of the term infant, in Avery GB (ed): *Neonatology*, ed 2. Philadelphia, Lippincott, 1981, p 226. 3. Haley RW, Hightower AV, Khabbaz RF, et al: The emergence of methicillin-resistant *Staphylococcus aureus* infections in United States hospitals: Possible role of the house staff-patient transfer circuit. *Ann Intern Med* 1982; 97:297-308. 4. Albert RK, Condie F: Hand-washing patterns in medical intensive-care units. *N Engl J Med* 1981; 24:1465-1466. 5. Wenzel RP: The emergence of methicillin-resistant *Staphylococcus aureus*. *Ann Intern Med* 1982; 97:440-442.

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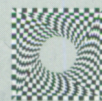
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INTRODUCES...**



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REFERENCES: 1. La Rocca PT, La Rocca MAK: An evaluation of the antimicrobial effect of a hand sponge-brush impregnated with 4% chlorhexidine gluconate (Hibiclens). *Developments in Industrial Microbiology*. A publication of the Society for Industrial Microbiology. 1982; 23: 543-546. 2. Peterson AF, Rosenberg A, Alatory SD: Comparative evaluation of surgical scrub preparations. *Surg Gynecol Obstet* 1978; 146: 63-65. 3. Lowbury EJJ, Lilly HA: The effect of blood on disinfection of surgeons' hands. *Br J Surg* 1974; 61: 19-21.

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