

Our survey asked infection control practitioners if they had received, reviewed, or adopted specific recommendations from important guideline publications. Its purpose was to measure the extent of guideline receipt and adoption, not to evaluate published recommendations themselves. One of these publications' states that, as one of six components of Body Substance Isolation (BSI), "Gloves are worn for anticipated contact with all blood, secretions, mucous membranes, nonintact skin, and moist body substances for all patients. Handwashing is unnecessary in these circumstances unless the hands become visibly soiled due to punctures in the gloves. Gloves are changed before another patient is treated."

This departure from the usual emphasis on handwashing attracted an editorial response? "...we are not convinced that changing gloves between patients eliminated the need for handwashing." The phrasing of Lynch et al was used in our questionnaire but edited to more concise statements in publication. It is disturbing that a large proportion of respondents, even in hospitals claiming adoption of BSI, had not read the guideline.

Our support for concepts advocated in the letter by Lynch et al, as well as a hope that more rational substitution of hygiene for "isolation," would encourage improved understanding of infection control, precedes the acquired immunodeficiency syndrome (AIDS) and Universal Precautions.³ However, our recent survey, as well as further research now in progress, suggests that today's focus on protecting healthcare workers from AIDS has grossly overshadowed the goal of protecting patients from nosocomial infection. Gloving may be superior to no handwashing in protecting staff from AIDS (and, more frequently, herpetic whitlow and hepatitis B), but improper use of

gloves has already been implicated in spreading contamination and cross infection.^{4,5}

David Bimbaum, MPH;
Michael Schulzer, MD, PhD;
Richard G. Mathias, MD;
Michael Kelly, MD, PhD;
Anthony W. Chow, MD

The University of British Columbia,
 Vancouver, British Columbia

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Home Healthcare

To the Editor:

I read with great interest the article titled "Infection Control for Home Health" (1990;11(7):362-370). Having been an infection control practitioner for many years and a home health nurse even longer, I am always intrigued by the comments of writers of articles regarding home healthcare. This article certainly pointed out the multiple numbers of home care programs directly associated with hospitals since 1980. Home health is not new to nursing, as a perusal of the literature will prove. It is, however, new to hospital support.

Recognizing the need for updated information for the healthcare worker in the home, I

wrote, with Marya Grier, the pocket reference Nurse's *Guide to Infection Control Practice*, published in 1988. In this guide, we discussed the home care principles for handling infections and infectious material, waste, and environment for each system of the body. We have included a section on the discussion of blood and body fluid precautions for patients with the acquired immunodeficiency syndrome (AIDS).

I appreciate the references used in the Simmons et al article, but would have appreciated even more the current information from the guide I have previously described.

I also question statements not recommending disinfection using white vinegar, recommending that the tracheostomy cannula be rinsed in boiled water, and recommending that the suction catheter can be boiled if used longer than eight hours. As stated, there is little-to-no direct research measurement of the effect or non-effect of vinegar in cleaning respiratory equipment, particularly cannulas. There is a preponderance of anecdotal information, however, of no infections with the use of vinegar in cleaning cannulas. Using boiled water in certain geographical locations of the country will leave deposits of alkali and heavy minerals on the cannulas, if they are metal. Why boil water that is potable in the first place?

In addition, the use of a disposable catheters do not lend themselves to boiling. If the red Robinsons are used, I question the feasibility of boiling, because these catheters are loaded with fissures and cavities that can protect bacteria during boiling. These red rubber catheters also become sticky and deteriorate quickly if boiled. In my home healthcare practice, I teach and demonstrate the cleaning of the reusable catheter with soapy water:

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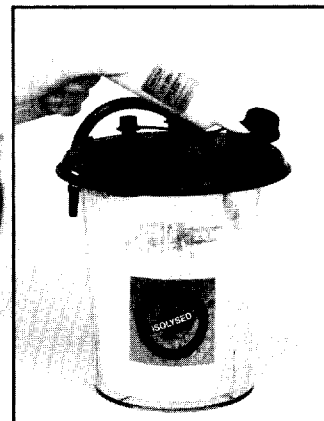
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running the water through the catheter; rinsing thoroughly with clear water; rinsing with saline; rinsing with household vinegar diluted 1:2; and storing in a presterilized clean jar. I do teach the method of making saline at home. The disposable catheter is used for 24 hours and cleaned as described after each use. Although anecdotal, the hospitalizations for pneumonia, respiratory infections, or tracheostomy problems have been nonexistent for five years. I know I should do a measured observation, but somehow there just isn't the time when you are caring for patients.

I really feel that the article was timely, realistic, and helpful for practitioners who want to incorporate some scientific measurements into their practices. There is no budget, there are poor facilities, there are cultural differences, there are no cleaning products at all, there are no modern toilets, there may not be any tables, chairs, or beds as we know them, and there may not be a home.

Jacquelyne E. Krikis, RN
Seal Beach, California

The authors were asked to respond to this letter.

MS Krikis raises several issues related to "Infection Control for Home Health" (1990;11(7):362-370). Vinegar is not recommended for disinfection because, as the article states, products containing vinegar do not contain a known, standard amount of acetic acid (the active antimicrobial ingredient of vinegar). Many publications in nursing journals recommend vinegar for home disinfection, but at varying dilutions. We know of no information showing that vinegar is active at the dilutions used in homes and that it is not contaminated with potentially pathogenic microorganisms. Further, the manufacturers of vinegar cannot recommend or defend its use as a disinfectant, since that would be against the law. Disinfectants promoted for use on medical devices require approval by the Environmental Protection Agency (EPA). We do not believe there is adequate evidence that patients using vinegar disinfection do not get infected. There are, however, many alternative methods of disinfection that have been well studied and are inexpensive. We hope that home health nurses accept the challenge implied in our article and study vinegar disinfection in a scientific manner.

Boiling water kills vegetative bacteria, like *Pseudomonas* and *Legionella* species, that frequently grow in potable water. One would not want to disinfect any device in boiling water unless it was thermostable. Red rubber catheters could be disinfected, if reused, by some of the alternative means of disinfection mentioned in our article.

Bryan Simmons, MD;
Martha Trusler, RN;
Jane Roccaforte, MD;
Phil Smith, MD;
Rebecca Scott, RN

The Methodist Hospital,
Memphis, Tennessee;
Bishop Clarkson Memorial Hospital,
Omaha, Nebraska;
St. Mary's Hospital, Knoxville,
Tennessee

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