

OSHA closes complaint against UPMC over cleaning chemical, but expert says more testing may be needed

An OSHA complaint was filed on behalf of 200 workers who said they've experienced negative health side effects when using OxyCide. (Workers have also claimed that the chemical irritated some hospital patients.) But in April, OSHA closed its investigation into UPMC's use of the cleaning solution without issuing any violations.



As part of the investigation, OSHA reviewed the Safety Data Sheet for the cleaning chemical Oxy[C]ide and determined the appropriate sampling protocol would be to sample for [h]ydrogen [p]eroxide and [a]cetic [a]cid, which have established OSHA exposure limits. OSHA does not have a standard for peracetic acid, therefore it does not have a sampling method."

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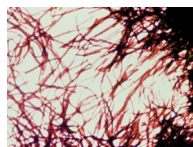
The Economics of Hand Hygiene Compliance Monitoring

This report examines the costs associated with HAIs and explores the benefits of healthcare worker hand hygiene compliance monitoring.

Only one-third of U.S. hospitals are in full compliance with key guidelines to prevent HAIs, and only 40 percent of healthcare providers follow basic hand hygiene measures. In fact, some 70 percent of infections are preventable, resulting in a potential savings of between \$25 billion to \$31.5 billion for inpatient services. One intervention that can help address HAIs and their costs is hand hygiene, and ensuring compliance among all healthcare professionals, as part of a multi-modal approach to infection prevention and control.

Contact your MedAssure Representative for a copy of the report.

Preventing Hospital-Acquired Clostridium difficile Infections



The past 20 years have seen a dramatic change in the epidemiology of *Clostridium difficile* infections (CDI) in the United States and on a global basis. The frequency of infections has dramatically increased— from 2000 to 2009 the number of US hospitalized patients with any CDI discharge diagnosis more than doubled, from approximately 139,000 to 336,600 and the number with a primary CDI diagnosis more than tripled, from 33,000 to 111,000.

Guidelines for controlling CDI prevalence in acute care settings were issued early in the epidemic and have been updated over the years. Although every acute care hospital in the United States has adopted and initiated some components of these recommendations, it is clear that the CDI epidemic continues unabated and that it has been refractory to the control efforts that have been put in place to date. This review revisits potential CDI control interventions for acute care hospitals, including the existing evidence for their effectiveness. It focuses on primary CDI prevention activities.

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