MRSA control guidelines

Sir,

Dr Wiggins' critique of the most recent revision of the methicillin-resistant *Staphylococcus aureus* (MRSA) control guidelines (Vol 61(1), 2000, p. 4) will strike a chord with many workers in microbiology and infection control, but may draw dissent from others.

Practising microbiologists will recognize that compliance with the guidelines depends entirely on local circumstances. Hospitals that rarely see MRSA are able to respond vigorously to single isolates. Where MRSA is common, and recent figures indicate that in London 45% of bacteraemic *S. aureus* is MRSA, clearly very little can be done. To be fair, the latest revision of the guidelines does recommend assessment of local practicalities of the different control measures.

The recommended control measures evolved from earlier 'common sense' practices used with apparent success to control outbreaks of infection in hospitals long before MRSA was an issue, and Dr Wiggins draws attention to the lack of evidence to support them. It is difficult in many cases to imagine how evidence could be obtained. However, although it seems obvious that, for example, an isolation room should reduce the spread of MRSA, ever-rising reports of the organism show that something we have been doing has been defective.

The danger of guidelines is that what started as well-intentioned helpful advice may come to be viewed as a standard of best practice, and may backfire when it comes to matters of litigation. For this reason, alternative points of view such as Dr Wiggins presents, need to be aired.

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Discrimination of staff grade doctors

Sir,

I must congratulate Baker et al (Vol 60(11), 1999, p. 824) on their survey of staff grade doctors. It is particularly reassuring that its conclusions are identical to those reached by the invisible, and therefore unpersuasive, 'research' that has gone on in my head using huge amounts of anecdotal data. The non-consultant career grade (NCCG) subcommittee of Central Consultants and Specialists Committee (CCSC) has been, and still is, attempting to address all the issues raised by their survey.

The staff grade TCS introduced in October 1997 are a visible example of our work. Unfortunately, the value of this work has been somewhat undermined by trust freedoms to make a mockery of national TCS and manpower planning, lack of consistency in the way optional points are awarded, and the failure of proper career advice and career progression opportunities to become a reality for most staff grades. We are now exploring the feasibility of a single NCCG (covering all the present associate specialists, staff and trust grades) with objective, valid and rigorously implemented competency based career progression, which properly rewards the pursuit of excellence through continuing medical education and continuing professional development which already characterizes most NCCGs.

Most doctors would now regretfully admit that institutional racism is alive and well in the medical profession of which the Colleges and British Medical Association (BMA) are integral parts. The BMA is strenuously attempting to ensure that its own house is in order while campaigning to promote equal opportunity in the profession. I am desperate to put an end to the discriminatory processes and institutions that continue to fill the staff grades with overseas graduates and ethnic minority UK graduates.

Finally I must congratulate the Royal College of Physicians on its creation of a vibrant and well-supported standing committee for NCCGs. The sooner this example is followed by all other colleges the better. Therein lies the potential to address many of the problems identified by Baker et al in ways which the BMA would never be able to do on its own.

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Suction failure or potential for disaster?

Sir,

During a routine check of the anaesthetic equipment a piece of the plastic cover was found inside the extension suction tube.

The suction obstruction test (kinking of the extension tube) showed a rise in negative pressure on the suction gauge (positive result). Once the kink was relieved the negative pressure fell, but suspiciously slowly. Also at the end of the Yankauer there was little of the 'hissing' effect.

The extension tube was then disconnected from the suction cylinder resulting in a loud 'hissing' effect and an immediate fall in negative pressure on the suction gauge. It was then clear that there must be an obstruction further down the system.

Disconnection of the Yankauer from the tube revealed a small piece of plastic sitting inside the distal end of the extension tube. This was not visible on external inspection.

How did the plastic get inside?

The answer is very simple; the new Yankauer was left in its plastic cover (to keep it clean) and then attached to the end of the extension tube (*Figure 1*). Therefore part of the plastic was caught in between the end of the Yankauer and extension tube, resulting in obstruction of the suction system (*Figures 2* and *3*). To avoid this potential for disaster we recommend the following steps:

1. Removal of the Yankauer from its plastic cover (as well as paper cover)
2. Connection of the Yankauer with the extension tube
3. Placing the Yankauer back into a cover to keep it clean until use.

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Association of Anaesthetists of Great Britain and Ireland (1994) *Anaesthetic-related Equipment. Purchase, Maintenance and Replacement.* Association of Anaesthetists of Great Britain and Ireland, London

Association of Anaesthetists of Great Britain and Ireland (1997) *Checklist for Anaesthetic Apparatus.* Association of Anaesthetists of Great Britain and Ireland, London

Cooper JB, Newbower RS, Kitz RJ (1984) An analysis of major errors and equipment failures in anaesthesia management: considerations for prevention and detection. *Anesthesiology* **60:** 34–42

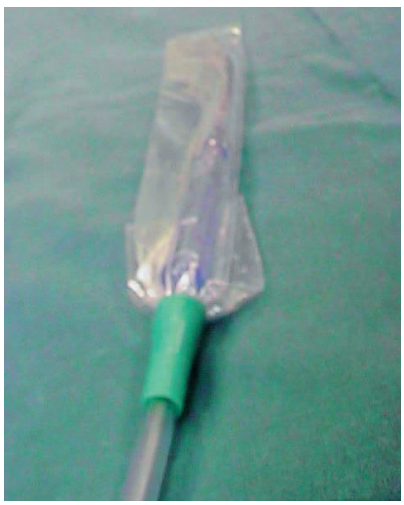

Figure 1. Yankauer attached to extension tube.

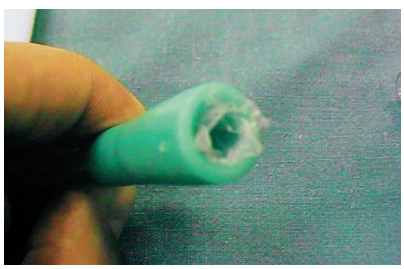

Figure 2. Part of plastic wrapper caught in extension tube.

Figure 3. Demonstration of plastic obstructing suction system.