responsible for providing perianal care and removing soiled linens, which in the absence of frequent changing of soiled gloves could lead to contamination of BP cuffs.

We believe that HCWs are more likely to immediately wash their soiled ungloved hands prior to touching other surfaces than to remove their soiled gloves, as supported by our observation of HCWs' frequent delay in removal of gloves potentially contaminated with stool. Other outbreaks of nosocomial infections have been attributed to such delays in changing of gloves in the era of Universal Precautions.[4]

We cannot exclude the possibility of indirect contamination of BP cuffs from other environmental surfaces. Although lack of evidence for widespread contamination of such surfaces based on our cultures does not support this possibility, this finding may be related to higher likelihood of routine cleaning of these surfaces than BP cuffs. The spread of *C difficile* to upper arms—and therefore to BP cuffs—by the patient's own soiled hands, particularly during states of impaired sensorium, also is a possibility. Contamination of BP cuffs with *C difficile,* coupled with lack of regular cleaning, probably contributed to their culture positivity at the time of the study.

Contamination of commodes with *C difficile* was not surprising and has been reported previously.[1,2] Of note, the portable nature of the bedside commodes may contribute to their persistent contamination by allowing them to escape routine cleaning when they are not part of the permanent fixtures of the room.

Since our investigation, procedures have been developed to ensure frequent disinfection of BP cuffs and bedside commodes at our medical center. More importantly, prompt removal of contaminated gloves prior to touching clean environmental surfaces has been stressed. Following implementation of these measures, the rate of nosocomial CDAD returned to its pre-outbreak baseline.

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TB Guideline Slides Available

by Gina Pugliese, RN, MS
Medical News Editor

The CDC has developed a set of 124 slides to accompany the "Guidelines for Preventing the Transmission of *Mycobacterium tuberculosis* in Healthcare Facilities" that were published (*MMWR* 1994;43(R-13). The new slide set contains an outline of key contents of the guidelines, several step-by-step- algorithms explaining how to conduct a risk assessment and how to perform two-step skin testing, and other illustrations that help clarify and explain the important TB infection control concepts. This set is designed for health departments, hospital infection control staff, and anyone responsible for training persons involved in developing, implementing, or evaluating tuberculosis control programs in healthcare facilities.

The slide set will be available in March 1996 for purchase through the National Technical Information Service (NTIS) at a cost of $50 per set plus shipping and handling. To order, request product number AVA19824S00 from NTIS, 5285 Port Royal Rd, Springfield, VA 22161; telephone (703) 487-4650.

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