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Audiology, Scrubs, and Germaphobia: A Reminder Published: September 29, 2008

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Okay, well, I really am hesitant to write op-ed pieces. Yeah, I know.... The last one (Beck, 2008a) seemed to have gone over pretty well. I received about 15 or 20 e-mails from audiology colleagues across the globe. Most of them were from people I'd never met. The notes were kind and mostly said things like "Wow - that was really interesting... I never thought of that!" Those e-mails are always nice to receive. Then again, I received two or three e-mails from colleagues I do know. They mostly said "Doug, seriously, you're spending way too much time writing, you need a break." So, it's a bit un-nerving. But okay, I'll try again (I feel like Andy Rooney, "didya ever notice....")

As some of you know, I used to spend quite a bit of time in the operating room (OR). Fortunately, I was usually one of the vertical people. Nonetheless, it always bothered me to see people in scrubs *outside* the OR. For example, we've all witnessed professionals in the cafeteria wearing a lab coat over their scrubs, or at a Starbucks with or without a lab coat — and I swear this is true — I just saw someone on my flight (from DC to San Antonio) wearing scrubs under a high-fashion leather jacket. I suppose some people think scrubs look cool, and I guess we all want to look cool — but then I think... scrubs? Cool?

I think not. I think we may be witnessing some very smart people who somehow don't get basic germology (the study of germs) or think it doesn't apply to them.

How can someone (in particular, a licensed health-care professional) change out of their street clothes, put on clean scrubs to enter the OR (or clean room, or lab etc) and then wear the same scrubs out of the OR? Don't they get it? Is it somehow okay to wear scrubs with microscopic OR goo tagging along throughout the day ("Hey, thanks for wearing those OR clothes to the lunch room - sit here next to me"). Worse still — what about when these same licensed health-care professionals leave the cafeteria, go to the locker room, take off their lab coats and then go back into the OR. What are they thinking? Don't even try to tell me that's okay! I've seen it hundreds of times and I'll bet many of you have, too. Sometimes it's a surgeon, sometimes an audiologist, maybe a nurse, maybe a tech. I've seen them all do it, really. And truth be told, I did it, too, many years ago. But we're smarter now.

One-hundred thousand people die annually in the United States due to hospital-born and -bred infections (see Beck, 2008b). As audiologists, we're a fairly clean lot and I have no real audiology-specific statistics to suggest otherwise. Indeed, beyond basic universal precautions (see CDC, below), many of our students and professionals use treated wipes every day to clean hearing aids, ear molds, work surfaces, and more (see Beck, 2008c). Of course, wipes can be very effective when used properly (i.e., used only once) to help prevent the spread of MRSA (methicillin-resistant staphylococcus aureus) and other grossness. (MRSA is also referred to as "staph" and is arguably the single most common infection encountered in hospitals.) But we need to do more. We know that micro-organisms are very common on hearing aids. Sturgulewski et al (2006) determined that 82% of hearing aids studied were contaminated with at least one bacterium and these are easily transferred from hand-to-hand, person-to-person, and on and on.

And as if to prove we're smarter now, the *New York Times* just published an excellent article by Tara Parker-Pope. Aaaah. A glimmer of hope. Parker-Pope published "The Doctor's Hands Are Germ-Free. The Scrubs Too?" on September 22, 2008. She noted the following (I'll paraphrase): More people are paying attention to clothing in hospital settings due to drug resistant bacteria. More people are washing hands...but there's much more to keep clean! She noted there's little known (so far) about germs hitch-hiking on ties, long sleeves, SCRUBS and more. Parker-Pope referred to a 2004 study comparing ties worn by security guards to ties worn by 40 doctors and medical students. Half of the doctors' ties were reported to be a "reservoir for germs" that could lead to staph infection and/or pneumonia. The security guards had much less grossness on their ties (1 in 10). Parker-Pope reported a recent study from Connecticut that determined if you enter a room in which the patient has MRSA, the chance of finding it on your clothes later is 70 percent--even without physical contact! Lastly, in Denmark, where professionals focus more on hand-washing and changing clothes, fewer than 1 percent of staph infections involve resistant strains of bacteria. In some hospitals in the United States, it's 50 percent.



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Okay, maybe I've become a germaphobe. But I still think professionals (not just audiologists) can and should do better. I know how tough it is to wash before and after each patient, particularly if the sink is not in the same room as the patient. I know how hard it is to wear gloves every time you clean an ear, a hearing aid, or an earmold... but I think as licensed health-care professionals (not just audiologists), we can and should do better.

I am stepping off my soap-box now. Here come the e-mails....

For More Information, References and Recommendations: Beck, DL. (2008a): Science Beyond Sound (Entanglement)

Beck, DL (2008b): Medical and Surgical Errors and Cautions:2008

Beck, DL (2008c): On Wipes and Bacteria in Clinical Settings

CDC (Centers for Disease Control and Prevention): Universal Precautions for Prevention of Transmission of HIV and Other Bloodborne Infections www.cdc.gov/ncidod/dhqp/bp_universal_precautions.html

Parker-Poe, T. (2008): The Doctor's Hands Are Germ-Free. The Scrubs Too? www.nytimes.com/2008/09/23/health/23well.html?partner=rssnyt&emc=rss

Sturgulewski, SK, Bankaitis, AU., Klodd, AD and Haberkamp, T. (2006): What's STILL Growing on Your Patients' Hearing Aids? Hearing Journal. September, 2006, Vol 59, No 9. Pages 45-48.