Infection control in NSW

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this battle pervade modern infection control practice and it is often only the well-publicised issues and more sensational stories about infection control that raise its profile.

In 1984 the Federal Government, through the Research and Development Grants Program (RADGA), provided $24,000 for setting up the first national survey of nosocomial infections. The association was a key participant in the study, which involved collecting data on 28,643 patients in 269 hospitals in July 1984. The survey provided benchmark nosocomial infection rates and has provided association members with useful comparative data for their institutions.

Gentamycin resistance was a problem in those days. For the first time, outbreaks of infection with gram-negative rods were noted. Disinfectants were also found to have become unsafe and growing bacteria. These findings had to be shared, yet there was a view that one should be loyal to one's workplace and not talk about any outbreaks.

The recognition of bloodborne diseases in the 1980s and 1990s has heralded a huge increase in the role and focus of infection control practice. Universal precautions, infection control committees, NSW Health policy and guidelines have become commonplace in today's health care setting. Despite the growth in information and resources relating to nosocomial infection, the problem of hospital-acquired infection persists and, in view of this, NSW Health is funding a Health Outcomes Project dealing with infection control. The project team is based at Prince of Wales Hospital.

This brief history indicates that, while the field is constantly growing and changing direction, basic skills are still required to function effectively. This is best summarised by the comment that involvement in infection controls needs "... a good knowledge of hygiene and the exercise of a lot of common sense and diplomacy in dealing with co-workers ...".

In considering infection control today it should be remembered that the advanced position in NSW began with the efforts of a few dedicated nurses who fought for recognition.

EDITORIAL COMMENT

This is the first of an occasional series of articles on infection control issues. Contributions giving other perspectives on the history, development and practice of infection control in NSW are invited.

PUBLIC HEALTH EDITORIAL STAFF

The Bulletin's editorial advisory panel is as follows:

Dr George Rubin, Chief Health Officer, Public Health Division, NSW Health Department; Professor Stephen Leeder, Director, Department of Community Medicine, Westmead Hospital; Professor Geoffrey Berry, Head, Department of Public Health, University of Sydney; Dr Christine Bennett, General Manager, Royal Hospital for Women; Dr Jane Hall, Director, Centre for Health Economics Research and Evaluation; and Ms Lyn Stoker, Manager, Health Promotion Unit.

The editor is Dr Michael Frommer, Acting Director, Outcomes, Research and Development, NSW Health Department.

The Bulletin aims to provide its readers with population health data and information to motivate effective public health action. Articles, news and comments should be 1,000 words or less in length and include a summary of the key points to be made in the first paragraph. Please submit items in hard copy and on diskette, preferably using WordPerfect 5.1, to the editor, Public Health Bulletin, Locked Mail Bag 961, North Sydney 2059. Facsimile (02) 391 9232.

Please contact your local Public Health Unit to obtain copies of the NSW Public Health Bulletin.

NEWS AND COMMENT

MENTAL HEALTH POSTER

In 1993 the Mental Health Branch produced a Directory of Mental Health Services in NSW to provide information on services. The directory was intended mainly for use by Health Department employees and non-government organisations.

It was found that for some individuals and groups such as general practitioners, police, probation and parole officers and some government departments a directory of all NSW services was not needed. The Mental Health Branch produced a simplified poster-format listing of local mental health services for each NSW Area and District. The poster shows:

- addresses and contact telephone numbers for Area chief executive officers, directors of psychiatry and Area coordinators, psychiatric hospitals, general hospital inpatient units, crisis/extended hours service, community mental health centres, child and adolescent inpatient services, rehabilitation/living skills services and authorised private hospitals;
- addresses and contact telephone numbers of non-government organisations providing mental health services; and
- multicultural services in each Area.

Contact the Mental Health Branch on (02) 391 9307 for posters.

LEAD IN PETROL

In response to Dr Donald Scott-Orr's letter published in the April 1994 *Public Health Bulletin*, we would like to make clear that the benzene content of leaded petrol is essentially the same as that of unleaded petrol in Australia, in contrast to the situation in Europe. Therefore the conversion of the pre-1986 leaded fleet to regular unleaded petrol (ULP) is not expected to have an effect on benzene emissions, despite the absence of catalytic converters in pre-1986 vehicles.

The use of premium unleaded petrol (PULP) is not encouraged on a wide scale as the use of PULP in non-catalyst vehicles would increase ambient benzene levels because of its greater benzene content. Sales of PULP are around 1.1 per cent of total petrol sales, and encouragement of its use has been recommended mainly in a small number of imported luxury vehicles. PULP costs significantly more than ULP (up to 10 cents/litre more) which precludes its use by the general market.

The Commonwealth Environment Protection Agency is using capital raised from the recently imposed excise differential on leaded fuel to fund studies to determine the best avenue to achieve further reduction of lead in leaded petrol, taking into account octane rating and additives to petrol. The Government is committed to making a decision on whether lead in leaded petrol in NSW will be reduced to 0.2 grams/litre at the end of 1994. This decision is mainly dependent on the capacity of the leaded fleet to operate satisfactorily on reduced-octane fuel.

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