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**CHOICE
SUX**

Basic soap and hot water



Handwashing

Handwashing significantly reduces the number of potentially infectious microorganisms on the hands of service providers and reduces client sickness (morbidity) and death (mortality) caused by infections spread in the health care facility.

Hands should be washed when indicated.

Hands should be washed in all of the following situations:

- Immediately after arriving at work and before leaving work at the end of the day
- Before and after examining each client
- After touching any instrument or object that might be contaminated with blood or other body fluid, or after touching mucous membranes (e.g., eyes, nose, mouth)
- Before putting on gloves for clinical procedures
- After removing gloves
- After using the toilet or latrine

Hands should be washed with soap and running water.

Water and mechanical friction (scrubbing or rubbing) alone are not adequate for cleaning hands. Soap must be used in conjunction with water and rubbing to remove transient organisms and soil.

A surgical handscrub should be performed before all surgical procedures.

A surgical handscrub should be performed to prevent the rapid growth of microorganisms inside surgical gloves for a period of time and reduce the risk of infections to clients if gloves develop holes, tears, or nicks during the procedure.

A surgical handscrub should be performed as follows:

- Remove all jewelry.
- Clean fingernails with a stick or brush.
- Wash hands with an antiseptic soap for 3-5 minutes. Beginning at the fingertips, wash between the fingers and move toward the elbow.
- Rinse each arm separately, fingertips first, holding hands above the level of the elbows.
- Dry hands with a sterile towel or allow to air-dry.
- Hold hands above the level of the waist at all times.

If an antiseptic soap is not available or staff are allergic to the available antiseptic, staff should scrub as described above with plain soap and water and then apply 3-5 mL of alcohol or an alcohol handrub solution and rub hands together until they are dry. Ideally, surgical handscrub should be performed between each procedure.

However, to prevent skin irritation from too-frequent handscrubbing in high-volume settings, the surgical team can use 3-5 mL of an alcohol handrub solution between clients, rubbing the hands together until they are dry. Staff should scrub every hour or after every four clients (whichever comes first).

Engender Health User's Guide to the infection prevention assessment survey

No hot water

Florida's Health and Rehabilitative Services (HRS) 10/10/1989 inspection, uncovered that at the Miami International Aesthetic Abortion Center, Florida inspectors noted that there was no restroom at the facility. Patients and staff were forced to share a portable commode. Inspectors also noted that there was no hot water to ensure proper sterilization of the equipment and physicians or employees.

No surgical gloves, soap or hot water found

At the **Ladies First** abortion clinic in Florida, inspectors stated that there was **no hot water and the hot water taps had been broken for some time.**

According to an October 5, 1989 PR Newswire story (*Florida HRS closes Broward County abortion clinic, agency claims facility worse of recent closings*), there was **no soap at the clinic's three sinks and there wasn't a single sterile surgical glove in the place. Meanwhile they were doing abortions.**

Reports stated that a filthy mop that a veteran public health doctor said stunk of dried blood was stored with medical supplies.

Green mold, blood soaked table, and no soap inside

Florida's Blue Coral Medical (abortion) Center in Miami was inspected by the state.

Greg Coler, secretary of the State Department of Health said, **"the Blue Coral clinics, appears to be little more than a satellite operation. There was actually an abortion-suction device in this place that had green mold growing on it. When we got there, there wasn't any soap in the place, so our inspectors had to go next door to wash their hands."**

It also reported that the stirrups on one table was covered with blood and an oxygen mask still had lipstick on it from a patient who had needed it some time before.

In addition to inspectors finding that that there was no soap in the abortion facility, they also noted that **the facility staff could not find a single sanitary surgical glove, yet they were doing abortions.**

The clinic inspectors temporarily shut them down under an emergency order describing **"deplorable conditions," including a suction device with "green mold" growing in it; improperly discarded bloodstained sponges; generally poor infection control; about 70 different kinds of medication with expired dates; unsafely administered general anesthesia; stirrups covered with blood; and untrained workers monitoring women in recovery.**

Abortion clinic uses dishwasher to sterilize

On June 16, 2005, the Kansas City Pitch Weekly did an in depth article on the horrific conditions at one Kansas abortion clinic.

The article, uniquely entitled, *Mm, Mm Good, Startling allegations against an*

abortion doctor have been the centerpiece of two years of legislative warfare in Kansas, described photos taken at an abortion clinic owned by abortionist Krishna Rajanna in this way, "One photo showed that a bathroom used by patients and staff doubled as an instrument-sterilization room. The toilet had a brown stain smeared across the seat, and Styrofoam soda cups were stacked next to and on top of it. A pile of clutter and a broom sat next to the toilet, and a bottle of Always Save bleach sat on a dingy, peeling linoleum floor near full, open trash bags"

The Pitch indicated that Rajanna's medical equipment was cleaned with Clorox and water then put in a "dishwasher".

Inspector calls abortion clinic the most appalling

The Boston Globe (Board suspends Malden doctor mistakes cited in abortion: 5/8/2003) and the Boston Herald, (State board: Abortion case 'appalling': 5/9/2003) reported that Malden police shut down the one-room office of Massachusetts abortionist Jian Yu which the medical board said had no running water or sterilization equipment.

Yu had voluntarily stopped practicing in March because of the investigation.

The Boston Globe reported that state medical board suspended Yu's license after he endangered the life of a 21-year-old woman by twice botching an abortion.

Achen Audesse, executive director of the state Board of Registration in Medicine said Yu had met all the requirements for obtaining a license in Massachusetts. **"He was certified by the international certification organization, had gone to an acceptable medical school, had all the required training and English skills and had passed his national boards,"** she said.

In any case, Audesse said, no procedure of any kind should have been performed **"in an office without running water, appropriate sterilization equipment, emergency equipment or a plan for an emergency response in case of complications."**

Audesse called the standards evidenced in Yu's office **"the most appalling I've ever heard of in my time here."**

She said the patient was **"particularly vulnerable. She didn't speak much English and wasn't familiar with the U.S. health-care system."**

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