



SDI Review Form 1.6

PART 1:

Journal Name:	British Journal of Applied Science & Technology
Manuscript Number:	MS: 2012/BJAST/2336
Title of the Manuscript:	AN INVESTIGATION OF X RAY EQUIPMENT AND ACCESSORIES AS POSSIBLE VECTORS OF NOSOCOMIAL INFECTION: A COMPARATIVE STUDY BETWEEN GOVERNMENT AND PRIVATE INSTITUTIONS IN ANAMBRA STATE, NIGERIA.

General guideline for Peer Review process is available in this link:

(<http://www.sciencedomain.org/page.php?id=sdi-general-editorial-policy#Peer-Review-Guideline>)

- This form has total 9 parts. Kindly note that you should use all the parts of this review form.



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PART 2: Review Comments

	Reviewer's comment	Author's comment (if agreed with reviewer, correct the manuscript and highlight that part in the manuscript. It is mandatory that authors should write his/her feedback here)
Compulsory REVISION comments	1 I think the aim of the study is not clear, accordingly to the field organisation of the nosocomial infection control. The text gives no data about disinfection policy (between patients or daily). The samples are organized before disinfection and it seems be normal to observe micro-organisms after a contact with a patient..... For no transmission between two patients in a technical sector, it seems be necessary to organize a systematic disinfection of the nearest dispositive, and to organize a periodic disinfection of other equipment. But this point neither is discussed in the text or take into account in method part. If all these points are not explored, this study could only be used in education of X ray workers (medical and others) in aim to introduce nosocomial infection control in the practices. 2 The discussion between public and private seems be without sense, in the absence of data on disinfection practices and number and type of received patients. 3 The origin of micro organisms is only discussed about staff practices (without data on local policy of hand disinfection as availability of hand rubs), but non	



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	accordingly to the received patients. A discussion about witch microorganism in each type of equipment could be useful. I'm not in accordance about recommendations and I suggest to the authors to go to the WHO site for more recent and efficient propositions : http://www.who.int/patientsafety/information_centre/documents/en/index.html For example, sodium hypochlorite is bad adapted to the X ray materials and it is not detergent, and bactericidal soaps are now replace by alcoholic hand rubs, more efficient, better tolerated, cheaper, and witch are used without water. The large using of gloves is too a false security means and it should be limited to the standard precautions.	
<u>Minor</u> REVISION comments	The tables should be modified : - It is no pertinent to give with and without growth, the second being the complement of the first to the total - In table 1 is could be more interesting to calculate the percentage of sample with growth in the total samples of each sector and not in the total of sample with growth -	
<u>Optional/General</u> comments	I think this work could be completed and rewritten in aim to achieve the objective of the authors. This objective is very important in the nosocomial infection control.	

Reviewer Details:

Name:	Raphaële GIRARD
Department, University & Country	Unité d'hygiène et Epidémiologie, Groupement Hospitalier SUD, Hospices Civils de Lyon, France