

SHEA News

THE SOCIETY FOR HOSPITAL EPIDEMIOLOGY OF AMERICA

PRESIDENT	John P. Burke, MD/Salt Lake City, Utah	TREASURER	Elias Abrutyn/Philadelphia, Pennsylvania
PRESIDENT-ELECT	Donald E. Craven, MD/Boston, Massachusetts	COUNCILOR	David K. Henderson, MD/Bethesda, Maryland
VICE PRESIDENT	Peter A. Gross, MD/Hackensack, New Jersey	COUNCILOR	Loreen A. Herwaldt, MD/Iowa City, Iowa
PAST PRESIDENT	C. Glen Mayhall, MD/Memphis, Tennessee	COUNCILOR	Ludwig Lettau, MD/Greenville, South Carolina
SECRETARY	William J. Mar-tone, MD/Atlanta, Georgia	COUNCILOR	Michael L. Tapper, MD/New York, New York

Waste Position Paper

Dr. William Rutala, our liaison with the US Environmental Protection Agency (EPA), reports that the EPA currently is evaluating the data accrued from the Medical Waste Tracking Act program and will be issuing a final report by mid-1992.

The SHEA position paper on medical waste is presented in this issue of the journal; an executive summary will be distributed to all SHEA members in our quarterly Newsletter

Immunization Recommendations

The Centers for Disease Controls Advisory Committee on Immunization Practices recently has considered several issues of importance to infection control. First, a recommendation for universal hepatitis B immunization of neonates is almost ready; immunization of adolescents at increased risk for hepatitis B also will be advised. Second, the spectre of nosocomial multi-drug resistant tuberculosis has rekindled interest in BCG vaccine, although a recommendation for more frequent use is unlikely. Finally, availability of varicella vaccine (e.g., for susceptible hospital personnel) remains uncertain.

OSHA's Final Bloodborne Pathogen Standard

The Occupational Safety and Health Administration (OSHA) has issued its final Bloodborne Pathogen Standard (see December 5, 1991, *Federal Register*). To facilitate the implementation of the standard, OSHA will be issuing a series of fact sheets highlighting individual requirements of the standards, a booklet outlining the provisions of the standard, and specialized booklets for acute-care facilities, dental offices, emergency responders, and long-term care facilities. OSHA also is developing a videotape that explains the standard to

healthcare workers.

Although many aspects of the final standard are already well known to hospital epidemiologists, there are a number of details that may not yet be common practice, especially related to record keeping (e.g., the requirement to save postexposure records for duration of employment plus 30 years), to hepatitis B screening (e.g., you may not require "prescreening" as a condition of receiving hepatitis B vaccine, and those choosing not to be vaccinated must sign a declination form), and so on.

Exposure-Prone Invasive Procedures

It now seems clear that a list of "exposure-prone" invasive procedures will not be produced by the Centers for Disease Control. Instead, the focus will be shifted to producing recommendations that the professional societies, which have opposed blanket workplace restrictions for human immunodeficiency virus (HIV)-infected healthcare workers, find reasonable and acceptable. In

part, this focus will help to push the development of more needle-less and sharps-less technologies. In the meantime, however, any Public Health Service recommendations will have to meet the challenge of the "Three Ps"—they must be practical, plausible biologically, and politically acceptable. A tough trio to satisfy.