

spillage increases exposure risk.

This protocol has several benefits. First, it can dramatically reduce the healthcare workers' exposure to high-risk body fluids. Second, because the cost of a two-piece, closed-end pouch is significantly less than that of a one-piece drainable pouch, it could result in a cost savings to the facility. There are Medicare

benefits as well. Many carriers do not limit monthly usage of closed-end pouches, thereby assisting in alleviating increased financial burden to the facility. The use of closed-end pouches in the various healthcare settings provides a cost-effective avenue for facilitating compliance to OSHA standards.

CDC Grants 'Equivalency' to 22 State Guidelines for Management of HIV- and HBV-Infected Healthcare Workers

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October 28, 1992, marked the deadline for state public health officials to submit to CDC their guidelines for managing HIV and hepatitis B-infected healthcare workers performing exposure-

prone invasive procedures. All 59 states and territories have complied with the federal law (Section 663 of Public Law 102-141) requiring the adoption, as written, of the July 12, 1991, CDC "Recommendations for Preventing Transmission of HIV and HBV to Patients During Exposure-Prone Invasive Procedures"; certification that they are equivalent; or request for a one-year extension.

Eight states have adopted the CDC guidelines as written. The 22 states that requested their guidelines to be certified as equivalent to the July 12, 1991, CDC guide-

lines were granted "equivalency." Twenty-eight states were granted a one-year extension, and certification is pending in one state.

The CDC has allowed for a broad interpretation of its guidelines, granting equivalency, for example, to those guidelines that include a "case-by-case" evaluation of HIV- and HBV-infected healthcare workers performing exposure-prone procedures, voluntary testing of healthcare workers, and confidentiality regarding the infection status of any healthcare worker who is determined to be fit for duty.