published in the *Morbidity and Mortality Weekly Report (29 August* 1986, 35:540-542, **547-549) as an addendum** to the 1984 CDC/NIH Biosafety in Microbiological and Biomedical Laboratories.

An important reason for endorsement of the CDC Recommendations by the Association of State and Territorial Public Health Laboratory Directors is our belief that uniform and consistent guidelines are necessary for protecting health care workers. As a professional organization, the association has a responsibility to promote acceptable, uniform, national recommendations concerned with the potential of HIV infection, as well as other infections, in the work place. The association encourages other professional organizations to join in the endorsement of the CDC recommendations for Prevention of HIV Transmission in Health-Care Settings. Additional information regarding the content of these important biosafety guidelines may be obtained by contacting the state public health laboratory director in a particular state.

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Reusable Latex Gloves

To **the Editor:**

The Centers for Disease Control (CDC), the American Hospital Association (AHA), and the Association for Practitioners in Infection Control (APIC) have recommended that blood and body fluid precautions be practiced with all recipients of health care at all times.[1-3] In a study conducted at a state institution last year, it was determined that RNs have 13 patient encounters per shift whereas LPNs have up to 15 encounters, and nursing assistants 14 such encounters. The implementation of universal precautions will have a significant fiscal impact on health care facilities, estimated to be as much as $65,000 annually in one 1,100-bed institution for the mentally retarded.

RECOMMENDED GLOVE USE IN INSTITUTIONAL SETTINGS

Sterile Procedures	Sterile Gloves
High-risk patient care activities	Disposable Gloves
Drawing blood	
Cleaning blood spills	
Oral hygiene, etc	
Low-nsk nursing activities	Reusable latex gloves
Changing bed pans	
Handling soiled linen	
Changing diapers	
Giving enemas, etc	

We are looking into the possibility of reusing heavy latex gloves for carrying out low-risk nursing activities. The CDC and OSHA (Occupational Health and Safety Administration) have been contacted regarding this proposal and have indicated that there are no regulations against the reuse of appropriate gloves (Personal communication, Walter Bond, MS, Hospital Infections Program, Centers for Disease Control, 1987). The Association for Practitioners in Infection Control has stated criteria for determining if a product may or may not be safely reused.[4] These criteria are met by several available brands of heavier gauge latex gloves.

We recommend reusing latex gloves for low-risk activities due to the economic advantage and to combat any shortage of disposable gloves that may develop. The Maryland state contract price for one pair of disposable gloves is 15 cents while a suitable pair of reusable gloves costs 42 cents, thus ensuring that reusing the latter even three times makes it financially viable. Also, a longer cuff and heavier construction provide increased protection to hands of health care workers. We emphasize that reuse of gloves is suggested only for low-risk areas, where asepsis is not required and where digital dexterity is not a prerequisite (Table). Strict guidelines for washing gloves after each use and for discarding damaged gloves should be implemented.

We would like to offer reusable gloves as an option and would appreciate more information regarding evaluations performed in other jurisdictions. It is our view that institutions would benefit by using reusable gloves wherever possible and hiring additional infection control practitioners with the resultant cost savings. We believe that reusable gloves effectively serve the dual purposes of protecting the patient and protecting the health care provider.

REFERENCES

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AIDS in a Blood Bank Technician in Mexico City

To the Editor:

Since the AIDS epidemic began, health care workers have become increasingly concerned with the possibility of acquiring the infection during patient care. To date there have been at **least** nine accidental cases of infection in nurses and technicians from England, France, and the US.[1-7] Only one case of AIDS is reported among them. Here we report the case of a technician who acquired AIDS and died as a consequence of an accidental infection.

The patient was a 39-year-old male,

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