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SHEA News

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Standards of Care

Dr. Peter Gross, SHEA vice-president, filed this report.

SHEA is participating in the development of standards of care that are being devised by the Subcommittee on Quality Standards in Infectious Diseases, which is part of the Clinical Affairs Committee of the Infectious Disease Society of America (IDSA). The Subcommittee is interested in writing standards of care that could be used by our colleagues, by federal agencies, and by other certifying bodies. Since we are all being judged by standards of care and other types of practice guidelines, the Subcommittee is seeking to preempt standards development.

The Subcommittee plans to codify a few fundamental standards of infectious disease care and develop implementation mechanisms to assure that these standards are affected appropriately. The approach is to be a prospective one that will help the practitioner rather than a retrospective approach, which is often seen as counterproductive, punitive, or ineffective.

The standards of care to be selected are relatively noncontroversial. They involve treatment of bacteremia, monitoring for nephrotoxicity when aminoglycosides are used, appropriate use of perioperative antibiotics to prevent surgical wound infections, and immunization of healthcare workers against measles and hepatitis B.

The members of the Subcommittee are Dr. John McGowan for the Antibiotic Use Committee of the IDSA, Dr. Patchen Dellinger of the Surgical Infection Society, Dr. Richard Sweet of the Infectious Disease Society of Obstetrics and Gynecology, Dr. Peter Krause of the Pediatric Infectious Disease Society, Betty Bolyard, RN, of the Association of Practitioners for Infection Control, Dr. William Martone of the Hospital Infections Program, Centers for Disease Control, and Dr. Richard Wenzel of SHEA The chairperson is Dr. Peter Gross for the Clinical Affairs Committee of the IDSA. Drs. Gross, McGowan, Mar-tone, and Wenzel are also members of SHEA

The Subcommittee invited Dr. Steven King, the Senior Medical Officer at the Agency for Health Care Policy and Research, to its first meeting to discuss the Agency's goals and its methods for developing guidelines and standards.

We will keep the members of SHEA informed of the progress being made.

Peter Gross, MD
Hackensack, New Jersey

Dust-Mist-Fume Respirators

Those of you in the Occupational Safety and Health Administration (OSHA) Region 2 (New York and New Jersey) have added a new term to your burgeoning environmental hygiene lexicon—dust-mist-fume (DMF) respirator. That's the type of face mask that OSHA has mandated for use by hospital personnel entering tuberculosis isolation rooms in Region 2. This mask is a step above the dust-mist respirator that was recommended by the Centers for Disease Control in its latest guidelines for control of tuberculosis in hospitals and raises all sorts of questions about cost, efficacy, practicality, guidelines versus mandates, and the scientific basis of hospital practices. See the June quarterly ***SHEA*** Newsletter for more details.

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