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SHEA News

THE SOCIETY FOR HOSPITAL EPIDEMIOLOGY OF AMERICA

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SHEA State Liaison Program Takes Shape

In the past few months, the SHEA Newsletter has described several state programs that mandate infection control education and practices for healthcare workers, particularly with regard to preventing transmission of bloodbome pathogens such as the human immunodeficiency virus (HIV) and hepatitis B virus. The regulations apply to physicians, dentists, nurses, podiatrists, and chiropractors in some states. Several states including New York, Rhode Island, Minnesota, and Washington have mandated Continuing Medical Education (CME) credits in infection control as part of license recertification. There was considerable discussion of this new wave of state legislation and regulation at the Spring 1993 SHEA Board Meeting because of the obvious need for expert input at the state level when these regulations are being developed. There is also an opportunity for The Society for Hospital Epidemiology of America (SHEA) and its members to contribute to the educational requirements developed in these states.

It was evident that in some of these states the legislation and regulation had progressed quite far without SHEA input, and only serendipitously did SHEA become involved in the process. The need for SHEA to have a liaison in each state to monitor legislation and provide expert input was apparent if SHEA was to have any impact within states. Initially, a sign-up sheet was posted at the 1993 annual meeting requesting voluntary state liaisons. The response was underwhelming, and in June, a conference call of officers and committee chairs was held, and it was requested that nominations for a state liaison in each state be submitted to the secretary From these nomination lists, a slate of potential state liaisons and alternates was generated. In early July, a letter from the president and secretary was sent to members in each state asking them to be the liaisons (some states have more than one liaison) for their state. As of early August, 39 members have agreed to be state liaisons for SHEA. We expect all 50 states, the District of Columbia, and Puerto Rico to have liaisons by fall. Alternate liaisons will be selected after naming of the liaisons.

What will be the task of these SHEA state liaisons? Their first job will be to become familiar with any pending or potential legislation in their states by communicating with the state boards of health, the legislature, and professional societies. Early input by the SHEA liaison into the process is the goal. Provision of expert testimony and membership on committees and boards that develop or implement new regulations is very important. The SHEA board is available to advise and recommend experts who can assist the membership in other states. A national SHEA educational course to meet state requirements is currently under discussion by the SHEA Board. Liaisons are asked to write annually to the SHEA president regarding activities of the past year in their state. The response to our request for liaisons has been overwhelmingly positive. Only a few members declined for personal reasons, and each suggested other members who might serve in this capacity. The Board extends its thanks to all of the members who have agreed to serve in this very important capacity. It is our intent to bring together all state liaisons and alternates together for a meeting at the 1994 SHEA Annual Meeting.

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