early voluntary guidelines. A final report on this program has not yet been issued.

As part of the legislation of the MWTA, the CDC's Agency For Toxic Substances and Disease Registry (ATSDR) was mandated to study the risks to public health associated with medical waste. At the conclusion of its report to Congress, the ATSDR proposed a new definition of regulated medical waste.

The CDC has published guidelines on management of medical waste since the mid-1980s, including recommended approaches for defining, handling, treating, and disposing of medical waste.

The Occupational Safety and Health Administration's final bloodborne pathogen standard of 1991 also includes a definition of medical waste, as well as requirements for handling medical waste within the healthcare facility.

Healthcare facilities are urging federal agencies to examine their current regulations or recommendations, evaluate their regulatory goals, and to work together now and in the future to develop a reasonable, coordinated policy on regulated medical waste. Position papers offering reasonable approaches to medical waste management have been developed by a number of healthcare professional associations, including the Society for Hospital Epidemiology of America (SHEA), the Association for Practitioners in Infection Control (APIC) , the American Hospital Association (AHA), and the American Medical Association (AMA). Experts hope that these position papers will serve as the groundwork for a rational approach to medical waste management regulations by Congress under the new administration when it evaluates and revises RCRA.

CDC Guidelines for Tuberculosis Control Debated at Open Meeting

Experts in tuberculosis prevention, hospital epidemiology and infection control, biosafety, occupational safety and health, and other interested persons attending the Centers for Disease Control and Prevention's (CDC) open meeting October 22-23, 1992, advised the CDC to revise its 1990 guidelines for reducing the risk of tuberculosis transmission in healthcare facilities. Although the basic thrust of the guidelines may be appropriate, meeting participants asked for more emphasis on the education of healthcare workers and patients about risks and risk reduction, protection of human immunodeficiency virus (HIV)-infected healthcare workers, attention to transmission risks in outpatient settings, and more specific recommendations regarding ventilation, including the role of mobile HEPA-filtered units and ultraviolet irradiation. There was general recognition that definitive data were lacking on the efficacy of these alternative approaches to ventilation and that studies needed to be done. However, at the same time there was an urging for guidance from the experts even before these data become available.

Many of the participants commented that the 1990 guidelines have not yet been widely put into place. Preliminary data presented from a survey of tuberculosis surveillance and control measures in hospitals by the American Hospital Association in collaboration with the CDC revealed that 217 (27%) responding hospitals reported no rooms meeting the CDC criteria for AFB isolation (negative air pressure, six air exchanges / hour, and air directly vented to outside).

Many speakers also emphasized the importance of the hierarchy of control measures-source control and administrative measures, environmental controls, and individual protective measures. In the discussion about various prevention approaches, a recurring theme was the absence of credible definitive data supporting the effectiveness, or lack thereof, of different techniques.

A highly debated topic was a recent recommendation from the CDC's National Institute for Occupational Safety and Health (NIOSH) for the use of powered air-purification respirators (PAPRs) for care of tuberculosis patients. In his closing remarks, Dr. William Roper, CDC Director, recognized the dedicated efforts of NIOSH and other CDC staff and their careful assessment of available scientific data in recommending the use of PAPRs. However, at the same time, Dr. Roper explained that he was not persuaded that there had been sufficient evaluation of the effectiveness of the current CDC recommendations regarding the role of personal respiratory protection in preventing nosocomial transmission. Dr. Roper further stated that although there may be a place for PAPRs in some particularly high-risk situations, he did not believe that there was sufficient evidence to support their routine use in the prevention of nosocomial transmission and that further evaluation of the effectiveness of current recommendations was needed before considering such a step. Dr. Roper said that the basic directions will include a strong emphasis on the hierarchy of controls, improved patient and worker education, improved worker screening and surveillance programs, additional data on the utility of all prevention and control technologies, and most importantly, full implementation of the CDC's current guidelines.

The CDC also announced that it will be working with the Occupational Safety and Health Administration to develop a joint advisory notice based on the revised CDC guidelines that can serve as a basis for national and state actions.

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