Representing the Membership: SHEA and OSHA

One of the most striking trends of the past decade in the hospital epidemiology and infection control arenas has been the increasing role of governmental regulators, which in turn has stimulated increasing effort by SHEA to represent its membership and to give voice to their scientific concerns. We summarize herein some of SHEA's more recent activities in this regard.

By way of background, we note that SHEA's involvement with the Occupational Safety and Health Administration (OSHA) began in 1989, when OSHA issued its draft Bloodborne Hazard Standard. SHEA appointed a liaison to OSHA, Dr. Michael Decker, and submitted comments to the OSHA hearing docket that were extensively cited in OSHA'S final rule. Over the next several years, SHEA published a series of papers in *Infection Control and Hospital Epidemiology* to provide guidance to members on compliance with the Bloodborne Hazard Standard.

The occurrence of nosocomial outbreaks of multiply drug-resistant tuberculosis raised governmental involvement in infection control to a new level. In October 1992, CDC convened a meeting in Atlanta to discuss possible new recommendations for TB control; SHEA was represented at that meeting by Dr. Michael Tapper, Chairman of the SHEA TB/AIDS Committee. Over the next year, CDC groups, including NIOSH, considered various recommendations. Meanwhile, on October 8, 1993, OSHA issued mandatory guidelines that established an enforcement policy for protecting exposed workers against tuberculosis (TB).

Many hospital epidemiologists took issue with the OSHA enforcement policy, and in particular, its requirements for use of HEPA filter respirators and the associated requirement for fit testing. Indeed, the commentary published at that time in this journal called upon CDC and others to "focus . . . energy on developing the science necessary to either confirm or alter the current OSHA requirements. Useful developments might include . . . developing respirator certification procedures specific for l-micron droplet nuclei . . ."

NIOSH heard this call from SHEA and others, and developed draft-revised respirator certification procedures that would make available respirators other than HEPA for protection from TB. Unfortunately, new regulations -- including these -- were put on hold following the November 1994 elections. A number of SHEA representatives worked behind the scenes for several months in order to help the revised procedures win approval at the Department of Health and Human Services and be forwarded to the Office of Management and Budget, and subsequently to be approved at OMB and published. SHEA's role in facilitating release of this much-needed regulation was cited by NIOSH director Linda Rosenstock, MD, in a letter to be published in the Journal next month.

Meanwhile, SHEA has worked both in the public arena and in quiet diplomacy to represent the views of hospital epidemiologists to OSHA. As you know from the Special Report in the June issue, OSHA's proposed revision of the Respiratory Protection Standard would have created an impossible situation for hospital epidemiologists, and SHEA responded vigorously in its written submission to the docket. In response to the protests from SHEA and others, OSHA announced early in June that the revised Respiratory Protection Standard would not apply to tuberculosis.

Because of our long and consistent engagement with these issues, OSHA now recognizes SHEA as one of the groups to be included whenever outside opinion is sought on relevant topics. Within the past 3 months, SHEA representatives have been invited to Washington three times to discuss issues with OSHA: the first meeting, at OSHA, addressed plans to make OSHA's processes more open and collaborative; the second, also held at OSHA, concerned plans for the forthcoming TB Standard; and the third, held recently at the White House, again addressed ways in which to improve the collaboration between OSHA and the hospital epidemiology community. To the credit of OSHA, they have listened to our concerns and have addressed them for many important issues. SHEA currently is seeking elimination or modification of OSHA fit-testing requirements for healthcare personnel wearing respirators for TB protection, and we will continue to do everything in our power to eliminate this unnecessary regulation.

The SHEA board recognizes the membership's concerns regarding regulation of infection control issues, and is committed to ongoing public and private efforts to represent the views of the membership and to seek relief from inappropriate regulations. These efforts have met with substantial success, and they will continue.

The SHEA Luncheon, to be held at ICAAC on Tuesday, September 19, will provide an opportunity to brief the membership more fully on our recent activities, particularly including the recent meeting at the White House.

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The Society for Healthcare Epidemiology of America, Inc.

~ Annual Luncheon ~

TUESDAY, SEPTEMBER 19, 1995

12:00 - 2:00 P.M.

SAN FRANCISCO, CALIFORNIA

Site of the ICAAC Meeting

The Society for Healthcare Epidemiology of America will host its Annual Luncheon during the joint meetings of the Interscience Conference on Antimicrobial Agents and Chemotherapy (ICAAC) and Infection Diseases Society of America (IDSA).

In response to **your** requests

There will not be a "featured speaker" this year, we are having a networking luncheon featuring you! Meet with SHEA's Officers and Committee Chairs and share your ideas/concerns/needs. What do you expect from SHEA? What programs are you looking for? Come and meet your colleagues during this informal luncheon.

In response to **your** requests

Cost: $25.00 Advance Registration

No advance reservations will be accepted after September 5, 1995.

On-Site Cost: $35.00

REGISTRATION FORM:

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Please print or type name(s)

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Enclosed is payment to cover advanced registration for each person listed above.

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Make checks payable in U.S. dollars to: ***The Society for Healthcare Epidemiology of America, Inc.***

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Please indicate any disability which will require special assistance.

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Unless SHEA is advised prior to luncheon of any special requirements due to disability, we cannot guarantee that service will be available if requested on-site.

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