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# SHEA News

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## CDC Publishes New Guidelines for Preventing the Transmission of Tuberculosis in Healthcare Facilities

On Tuesday, October 12, 1993, the Centers for Disease Control and Prevention (CDC) released for public review in the *Federal Register* (58:195:52810-52854) a draft form of their revised guidelines for the prevention of tuberculosis (TB) in healthcare facilities. The proposed guidelines will recommend that each facility develop a TB control program based on a hierarchy of controls, which in the order of importance include: 1) administrative measures; 2) engineering controls; and 3) use of personal respiratory protective equipment. Administrative measures include the development and implementation of: 1) written policies to ensure the rapid diagnosis, appropriate isolation and treatment of persons likely to be infected with TB and 2) effective work practices to minimize exposure to TB among healthcare workers (HCWs). Key to the development of rational policies and work practices is the process of risk assessment. Each institution must assess an overall institutional risk of TB acquisition

as well as risk for individual areas of the facility or for occupational groups when HCWs are not assigned to specific areas (for example, respiratory therapists). Areas or occupational groups will be grouped into one of three categories of risk (high, intermediate, or low risk for TB) on the basis of the number of patients diagnosed with active TB per year, evidence of patient-to-patient transmission, and the rate of PPD skin test conversions among personnel in that area. The risk category assigned will determine how often personnel in that area should have PPD skin tests, how the ventilation system should be monitored and evaluated, and whether additional engineering controls are needed. In settings where the risk of TB transmission is high, the proposed guidelines suggest use of supplemental engineering controls such as HEPA filtration units or UV germicidal lights, although the effectiveness of these supplemental devices has not been evaluated fully.

The last tier in the hierarchy of control measures is personal respiratory protection devices. Instead of endorsing specific respiratory devices, the proposed guidelines set performance standards that respiratory devices should meet to protect against TB: 1) filtration of particles 1  $\mu\text{m}$  in size with  $\geq 95\%$  efficacy; 2) ability to be fit-tested to obtain face-seal leakage not greater than 10%; and 3) ability to fit HCWs with different facial sizes through the availability of different-sized respirators.

There is no discussion on either the cost or feasibility of implementation of the proposed guidelines.

The period for public comment was 60 days from the day of publication. To be considered, comments had to have been submitted in writing by December 13, 1993. Copies of the guidelines may be obtained from the *Federal Register* (FR. Doc. 93024777, Billing Code 4160-18-P).