EDITED BY ROBERT A. WEINSTEIN, MD

SHEA News

THE SOCIETY FOR HOSPITAL EPIDEMIOLOGY OF AMERICA

President's Message

Strong leadership by past presidents and officers of SHEA has led to many changes in the past year. Fundamental to these changes has been the recognition that the future of SHEA depends on far more than the accomplishments of its members—as important as these are-in advancing the scientific foundation of hospital epidemiology. SHEA must also identify and serve the needs of its members, and communication is vital to this process. The new freestanding newsletter is the first step in enhancing membership services, and feedback is vital. Expanded involvement and participation by the membership must be achieved if the goals of the Society are to be realized.

The Society's move to professional management, its improved relationship with its journal, its commitment to an annual scientific meeting, and its enhanced education programs through the SHEA/CDC/AHA courses have all helped to assure SHEA's continuance as the one organization best equipped to speak for clinically based hospital epidemiology. However, as Glen Mayhall noted in his president's message last year, interest in the quality of healthcare has greatly expanded, and SHEA's success in this new "marketplace" depends on firm support from its membership, especially in the recruitment of new members and in efforts to make our society more interdisciplinary in nature.

In the past, the interdisciplinary nature of infection control recognized the important collaboration of infection control practitioners, microbiologists, and physician epidemiologists. Today, the interdisciplinary nature of hospital epidemiology includes far more diverse groups. These include sophisticated professionals in medical informatics and computer-based hospital information systems, in medical decision analysis, in outcomes and effectiveness research, and in quality management.

The SHEA leadership remains committed to the prevention and control of infectious disease. The leadership also is convinced of the need to provide organizational support for its members involved in epidemiologic assessment of other clinical processes. For many, this involves significant "i-e-tooling," and through its annual meeting and educational courses, SHEA will make these tools and experts from other domains more accessible to the membership.

John P. Burke, MD
President, SHEA

OSHA Bloodborne Hazard Standard

Dr. Michael Decker has followed the development of the Occupational Safety and Health Administration's (OSHA) Blood- borne Hazard Standard closely and has responded on behalf of SHEA with specific suggestions and comments to OSHA after the publication of proposed standards in 1989 (see SHEA *News, March 1990). Dr. Decker now offers these comments on the final regulations; his more detailed review will* appear *in the quarterly* SHEA Newsletter.

On December 6, 1991-some 30 months after publication of the proposed regulations and following review of one of the most voluminous public comment dockets in OSHA history-OSHA published final rules and regulations for its Bloodborne Hazard Standard *(Federal Register.* 56:64003-64174; 29 CFR 1910.1030.) The final regulations differ only modestly from those initially proposed.

Those aspects of the Bloodborne Hazard Standard concerning methods for protecting employees from bloodborne hazards are generally reasonable and consistent with existing