

## Medical News

EDITED BY GINA PUGLIESE, RN, MS; MARTIN S. FAVERO, PHD

Additional news item in this issue: *Effect of Dispensers and Hand Antiseptic on Hand Hygiene*, page 495.

### CDC's Hospital Infections Program to Change Name

In the closing address of the Association for Professionals in Infection Control and Epidemiology, Inc, 2000 conference, Dr. Julie Gerberding, Director of the Hospital Infections Program (HIP), CDC, announced that HIP will soon be called the Division of Healthcare Quality Promotion and Infection Prevention (DHQPIP). The new division will work closely with the Agency for Healthcare Research and Quality, the FDA, and the Health Care Financing Administration. She also described the proposed DHQPIP 5-year objectives, which include the following: reducing bloodstream infections by 50% across the spectrum of care; reducing antimicrobial-resistant infections by 50%; achieving 100% adherence to the Advisory Committee on Immunization Practices recommendations for healthcare personnel; eliminating vaccine-preventable pneumonia in long-term-care facilities; eliminate laboratory errors that result in adverse patient events; eliminating needlestick injuries.

FROM: Gerberding JL. Presented at the Association for Professionals in Infection Control and Epidemiology, Inc, 27th Annual Conference and International Meeting; June 18-22, 2000; Minneapolis, MN.

### Draft Plan to Combat Antimicrobial Resistance

A draft Public Health Action Plan to Combat Antimicrobial Resistance was developed by an inter-agency task force on antimicrobial resistance that was created in 1999. The task force is co-chaired by the CDC, the FDA, and the National Institutes of Health, and also includes the Agency for Healthcare Research and Quality, the Department of Agriculture, the Department of Defense, the Department of Veterans Affairs, the Environmental Protection Agency, the Health Care Financing Administration, and the Health Resources and Services Administration. Eleven top priority actions items were proposed, including national, regional, state, and local surveillance in medicine, agriculture, and consumer products; a public health education campaign; development of clinical guidelines for antimicrobial use; and evaluation of impact of new rapid diagnostic methods.

Comments on the draft document are due by August 4, 2000. Comments should be sent to the Office of Health Communications, National Center for Infectious Diseases, CDC, Mailstop C-14, 1600 Clifton Rd, Atlanta, GA 30333; fax: 404-639-5489; or e-mail: [aractionplan@cdc.gov](mailto:aractionplan@cdc.gov). The full report is available at <http://www.cdc.gov/drug/resistance/actionplan>.

### Needle-Safety Legislation

In November 1999, OSHA issued a revised compliance (CPL) directive for the Bloodborne Pathogen Standard that clarifies its position and requires the use of safety devices to prevent sharps injuries, including needlesticks. The use of safety devices was required in OSHA's Bloodborne Pathogen Standard issued in 1991, but this requirement was not strictly enforced until now. An expanded summary of the CPL (the complete 70-page directive [CPL 2-2.44D]) and additional compliance information and training resources are available on OSHA's web site: <http://www.osha.gov>.

Approximately one half of the states have state OSHA plans and are required to have enforcement procedures in place that are at least as effective as those of federal OSHA. Some state's OSHA plans, such as California's, have adopted more stringent requirements as a result of a state law. California's groundbreaking law required a revision of the Bloodborne Pathogen Standard that included the use of needleless systems when applicable for IV access and needles with engineered sharps-injury protection. The California law also requires a written exposure control plan and maintenance of a sharps-injury log.

As of June 30, 2000, 14 states have passed needle-safety legislation. These include Alaska, California, Connecticut, Georgia, Iowa, Maine, Maryland, Minnesota, New Hampshire, New Jersey, Oklahoma, Tennessee, Texas, and West Virginia. A law in Ohio is awaiting the governor's signature. Many of the state laws go beyond the requirements set by the federal OSHA under the Bloodborne Pathogen Standard, which requires that healthcare facilities take steps, including using safety needles, to protect their workers from needlestick and other sharps injuries. Another 17 states (including the District of Columbia) have introduced or are drafting some type of legislation. The bulk of the bills are patterned after California's 1998 law.