

- 12:439-442.
12. Smith PW, Rusnak PG. APIC guideline for infection prevention and control in the long-term care facility. *Am J Infect Control* 1991;19:196-215.
 13. Satterfield N. Infection control in long-term care facilities: the hospital-based practitioner's role. *Infect Control Hosp Epidemiol* 1993;14:40-47.
 14. Cohen ED, Hierholzer WJ, Schilling CR, Snyderman DR. Nosocomial infections in skilled nursing facilities: a preliminary survey. *Public Health Rep* 1979;94:162-165.
 15. Magnussen MH, Robb SS. Nosocomial infections in a long-term care facility. *Am J Infect Control* 1980;8:12-17.
 16. Garibaldi RA, Brodine S, Matsumiya S. Infections among patients in nursing homes. Policies, prevalence, and problems. *N Engl J Med* 1981;305:731-735.
 17. Gambert SR, Duthie EH, Priffer B, Rabinovitch RA. Bacterial infections in a hospital-based skilled nursing facility. *J Chron Dis* 1982;35:781-786.
 18. Farber BR, Brennen C, Puntereri AJ, Brody J. A prospective study of nosocomial infections in a chronic care facility. *J Am Geriatr Soc* 1984;32:499-502.
 19. Nicolle LE, McIntyre M, Zacharias H, MacDonell JA. Twelve-month surveillance of infections in institutionalized elderly men. *J Am Geriatr Soc* 1984;32:513-519.
 20. Standfast SJ, Michelsen PB, Baltch AL, et al. A prevalence survey of infections in a combined acute- and long-term care hospital. *Infect Control* 1984;5:177-184.
 21. Jackson MM, Fierer J. Infections and infection risk in residents of long-term care facilities: a review of the literature 1970-1984. *Am J Infect Control* 1985;13:63-77.
 22. Setia U, Serventi I, Lorenz P. Nosocomial infections among patients in a long-term care facility: spectrum, prevalence, and risk factors. *Am J Infect Control* 1985;13:57-62.
 23. Franson TR, Duthie EH, Cooper JE, van Oudenhoven G, Hoffmann RG. Prevalence survey of infections and their predisposing factors at a hospital-based nursing home care unit. *J Am Geriatr Soc* 1986;34:95-100.
 24. Vlahov D, Tenney JH, Cervino KW, et al. Routine surveillance for infections in nursing homes: experience at two facilities. *Am J Infect Control* 1987;15:47-53.
 25. Alvarez S, Shell CG, Woolley TW, Berk SL, Smith JK. Nosocomial infections in long-term care facilities. *J Gerontol* 1988;43:M9-17.
 26. Jacobson C, Strausbaugh LJ. Incidence and impact of infection in a nursing home care unit. *Am J Infect Control* 1990;18:151-159.
 27. Darnowski SH, Gordon M, Simor AE. Two years of infection surveillance in a geriatric long-term care facility. *Am J Infect Control* 1991;19:185-190.
 28. Michel J-P, Lesourd B, Conne P, Richard D, Rapin C-H. Prevalence of infections and their risk factors in geriatric institutions: a one-day multicentre survey. *Bull World Health Organ* 1991;69:35-41.
 29. Magaziner J, Tenney JH, DeForge B, Helbel JR, Muncie HL, Warren JW. Prevalence and characteristics of nursing home-acquired infections in the aged. *J Am Geriatr Soc* 1991;39:1071-1078.
 30. Steinmiller AM, Robb SS, Muder RR. Prevalence of nosocomial infection in long-term care Veterans Administration medical centers. *Am J Infect Control* 1991;19:143-146.
 31. Beck-Sague C, Banerjee S, Jarvis WR. Infectious diseases and mortality among US nursing home residents. *Am J Public Health* 1993;83:1739-1742.
 32. Smith PW. Infection control in nursing homes. *JAMA* 1985;254:2951-2952.
 33. Bentley DW. Current challenges and future opportunities. *Infect Control Hosp Epidemiol* 1989;10:481-483.
 34. Childress JA, Childress JD. Statistical test for possible infection outbreaks. *Infect Control* 1981;2:247-249.
 35. Garner JS, Jarvis WR, Emori TG, Horan TC, Hughes JM. CDC definitions for nosocomial infections, 1988. *Am J Infect Control* 1988;16:128-140.
 36. McGeer A, Campbell B, Emori TG, et al. Definitions of infection for surveillance in long-term care facilities. *Am J Infect Control* 1991;19:1-7.
 37. Rusnak PG, Horning LA. Surveillance in the long-term care facility. In: Smith PW, ed. *Infection Control in Long-Term Care Facilities*. 2nd ed. Albany, NY: Delmar Publishers, Inc; 1994:117-126.
 38. Lewis SM. The effect of surveillance definitions on nosocomial urinary tract infection rates in a rehabilitation hospital. *Infect Control Hosp Epidemiol* 1995;16:43-48.

DOT Exempts Cultures and Stocks From Strict Packaging

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The Department of Transportation (DOT) granted an emergency temporary exemption to the strict packaging requirements for cultures and stocks of infectious substances that were to go into effect on January 1, 1996, under the final Hazardous Materials (HM) 181G rule for infectious substances (formerly called etiologic agents). This emergency exemption expires on April 15, 1996, and was issued to Browning-Ferris Industries Medical Waste Systems (BFI) of Houston, Texas. Cultures and stocks

will be allowed to be packaged as regulated medical waste according to provisions of 49 CFR 173.134 and 173.197.

In its request for an exemption, BFI cited the DOT packaging requirements as burdensome and estimated that the cost may be as high as \$20,000 per month for one hospital to specially package their discarded cultures and stocks for transport off-site. This exemption also was granted to members of the Medical Waste Institute and persons represented by the American Clinical Laboratory Association.

In actual practice, nothing has changed. The exemption was effective

December 22, 1995, and the DOT's final rule that expanded the definition of "infectious substances" to include cultures and stocks was not effective until January 1, 1996.

It is expected that all companies involved in transport of medical waste will file for a similar exemption. Medical waste experts say that DOT probably will take steps to expand this exemption beyond a temporary status.

From: Department of Transportation, Research and Special Program Administration. Emergency Exemption Document (DOT-E 11588); December 22, 1995.