Medical News

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Healthcare Professionals Await News on Proposed Moratorium on New Regulations: Implications for Tuberculosis Control

House and Senate Republicans recently announced plans to introduce legislation that would impose a moratorium on new regulations that would be retroactive to November 9, 1994, the day after the mid-term election that boosted the Republicans into the majority. The bill would prevent agencies from enforcing or completing work on most rules unless the president decrees through an executive order that the exemption is needed because of an "imminent threat to health or safety or other emergency," or is necessary for enforcement of criminal laws.

The moratorium might have an impact on two health and safety regulations that are in the works. The National Institute for Occupational Safety and Health (NIOSH) has announced that the final revision of the respirator certification regulations is due to be released soon. This long-awaited NIOSH regulation would provide alternatives to the HEPA (high efficiency particulate air) respirator that is currently required by OSHA for tuberculosis (TB) control. OSHA also has announced that the proposed regulation for control of occupational tuberculosis is expected to be completed in April 1995.

It is unclear what impact the moratorium would have on these two TB-related regulations and whether the health and safety exemption could provide the administration with some leeway for issuing these regulations. Senior officials of OSHA and NIOSH are awaiting word from the administration. Labor Secretary Robert B. Reich recently said, 'We are not going to jeopardize the health or safety of Americans or, in any other way, the benefits that Americans have earned from regulations."

A delay in the NIOSH respirator certification would be a major blow to hospitals that have been awaiting a less costly and more practical alternative to the HEPA respirator. The moratorium would not have as great an impact on OSHA, because OSHA currently is enforcing compliance with TB control measures under an enforcement policy memorandum issued in October 1993.

A spokesperson for OSHA recently confirmed that OSHA is drafting a compliance directive that would outline its enforcement procedures regarding TB. This compliance directive will formalize policies and procedures that were in the enforcement memorandum and will provide compliance officers with more guidance. The document also will reflect some of the changes that appear in the final CDC guidelines for TB control in healthcare facilities, published on October *27,* 1994, in the *Federal Register.*

FROM: Bureau of National Affairs: *Occupational Safety and Health Reporter* January 11, 1995;1631-1633

Second Frontline Healthcare Workers Conference on Prevention of Bloodborne Exposures

The second Frontline Healthcare Workers: National Conference on Prevention of Sharps Injuries and Bloodborne Exposures will be held August 14 to 16, 1995, in Atlanta. This conference will be cosponsored by the CDC and the American Conference of Governmental Industrial Hygienists (ACGIH) in collaboration with SHEA, AHA, APIC, and other organizations. Topics will include research findings, control strategies, and development of safety devices. Hands-on workshops will be held. For more information, contact ACGIH: telephone (513) 742-2020 or fax (513) 742-3355.

Performing Tracheotomy Not Justified for AIDS Patients and Poses Unnecessary Risks to Healthcare Workers

Tracheotomy is used as an adjunct to mechanical ventilation and pulmonary toilet and is being performed frequently in patients with AIDS and respiratory failure. Dr. Giovana Thomas and colleagues from Georgetown University School of Medicine recently reported their experiences with tracheotomies of AIDS patients with respiratory failure and concluded that tracheotomy offers little benefit to these patients and poses significant risk to healthcare workers of exposure to HIV-infected blood during the procedure.

The authors note that patients with AIDS who have *Pneumocystis carinii* pneumonia and who require intubation and mechanical ventilation have mortality rates of 80% to l00%, which accounts for more than half of all ICU admissions.

The researchers followed 10 AIDS patients admitted to the ICU. Six patients had either renal or liver failure, and 4 of these 6 patients were admitted with a diagnosis of respiratory insufficiency. All 10 patients were intubated for respiratory failure, with 9 intubated shortly after admission to ICU. All 10 patients died while ventilator dependent. The length of hospital stay from tracheotomy to death ranged from 0 to 61 days with a mean of 14 days.

The authors concluded that ventilator-dependent patients with AIDS have a very poor rate of survival that is unaltered by tracheotomy and that such procedures place healthcare workers at unnecessary risk of exposure to HIV-infected blood. Further prospective studies are needed to demonstrate whether survival of ventilator-dependent patients with AIDS is shortened after tracheotomy. The authors urge the development of objective criteria for tracheotomy in patients with AIDS.

FROM: Thomas GR. Tracheotomy in patients with AIDS: is it necessary? *Arch Otolaryngol Head Neck Surg* 1994;120:1126-1129.