SHEA News

THE SOCIETY FOR HOSPITAL EPIDEMIOLOGY OF AMERICA

PRESIDENT PRESIDENT-ELECT

VICE PRESIDENT PAST PRESIDENT SECRETARY John P. Burke, MD/Salt Lake City, Utah Donald E. Craven, MD/Boston, Massachusetts

Peter A. Gross, MD/Hackensack, New Jersey C. Glen Mayhall, MD/Memphis, Tennessee William J. Martone, MD/Atlanta, Georgia TREASURERElias Abrutyn/Philadelphia, PennsylvaniaCOUNCILORJohn M. Boyce, MD/Providence, Rhode IslandCOUNCILORLoreen A. Herwaldt, MD/Iowa City, IowaCOUNCILORLudwig Lettau, MD/Greenville, South CarolinaCOUNCILORAugust J. Valenti, MD/Portland, Maine

Report From the President

The glowing reports about the Annual Meeting are a tribute to the efforts of a great many individuals who helped to make the meeting sucessful-especially the Annual Meeting Committee chaired by Dr. C. Glen Mayhall. Special thanks are owed Dr. William Martone who led the development of the scientific program and Mr. Gregg Talley and the Talley Management Group who attended to myriad details.

Thanks, too, to those who submitted abstracts. The number (130) and quality of the submissions for oral and poster sessions were impressive. This outstanding response portends well for the future and the Society's goal to make its meeting "the place to be" for the presentation of cutting edge research in hospital epidemiology.

The meeting was not without its rough edges, and the feedback from attendees is being carefully considered in the already well-advanced planning for the 1993 annual meeting, which will be held at the Palmer House in Chicago on April 1820. Mark your calendars now and plan to attend! John P. Burke, MD

President, SHEA

Wenzel to Step Down

One of the biggest "late breakers" at our recent Annual Meeting was the announcement that after 12 years at the helm of *Infection* Control and Hospital *Epidemiology*, Dr. Richard Wenzel has decided to move on to other

New and Proposed Medical Waste Regulations

Dr. William Rutala, our "man on waste," filed this report.

There are increasing numbers of federal agencies involved in the regulation of medical waste (e.g., the Occupational Safety and Health Administration [OSHA] and the Department of Transportation [DOT]). In addition, there are two proposed bills in Congress that will significantly alter currently employed medical waste management practices. Listed below is a brief summary of the new and proposed requirements affecting medical waste management as of April 1992.

The OSHA final rule for Occupational Exposure to Bloodborne Pathogens was published on December 6, 1991. The OSHA standard defines regulated waste as liquid or semi-liquid blood or other potentially infectious materials, challenges. Because of Dr. Wenzel's years of dedication and commitment, SHEA has a thriving, highly visible, frequently referenced Journal. The search for Dr. Wenzel's successor is announced elsewhere in this issue.

contaminated sharps, pathological waste, and microbiological waste. Included in the definition of blood and other potentially infectious materials are contaminated items that would release blood or other potentially infectious materials in a liquid or semi-liquid state if compressed, and items that are caked with dried blood or other potentially infectious materials and are capable of releasing these materials during handling. This rule requires that regulated waste be placed in containers and labeled or color-coded and discarded in accordance with applicable regulations.

On December 20, 1991, the Research and Special Programs Administration of DOT promulgated its final rule on "Performance-Oriented Packaging Requirements." This regulation provides specifications for packaging of regulated medical waste that is shipped off-site (e.g.,