

# AIDS caution taken with all patients

"We tell people when they hire into the hospital that this is a health care facility. If they don't want to deal with AIDS patients, they probably shouldn't take the job."

— Elizabeth Horan, epidemiologist at St. Joseph Mercy Hospital in Pontiac.

By Tom Henderson  
staff writer

AIDS is here, if not to stay at least to change much of American culture and mores. Pick-up bars and one-night stands are already passe. So, too, is standard medical practice as government and the health-care industry try to control the ravages of the deadly AIDS virus.

To protect health care workers and to help keep the disease from spreading, the Centers for Disease Control in Atlanta has issued a new set of guidelines for protecting health employees. Area hospitals have either just changed their policies or are in the process of changing them to meet government standards.

The result: From now on, every patient who enters a hospital — whether a softball player with a fractured ankle or driver dying from a highway collision — is going to be treated as if he or she has AIDS.

Said the CDC in the report issued in late August that announced the new guidelines: "This document emphasizes the need for health-care workers to consider all patients as potentially infected with HIV (human immunodeficiency virus)."

The precautions for health-care workers are called universal precautions by the CDC. They include such things as the use of gloves during most procedures, the wearing of goggles during surgery, the use of water-proof, rubberized gowns during procedures that may result in the splashing of body fluids, the use of mouthpieces or resuscitation bags to eliminate mouth-to-mouth contact, and much stricter attention to the cleaning up and disposal of waste.

One of the results is a drastic shortage nationwide in latex gloves. All area hospitals report shortages,

Those affected have been...	
Gay or bisexual men	66%
IV Drug users	25%
Heterosexuals	4%
Individuals transfused with infected blood	3%
Undetermined	3%

AIDS Cases in the US...	
Since June 1, 1981	44,395
Oct. 1986 - Oct. 1987	17,663
Projected through 1991	270,000
California cases to date	9,087
New York cases to date	12,313
Michigan cases to date	449

with many doctors and nurses forced to wear nylon gloves or more expensive gloves. The shortage is expected to last at least a year, until more factories are built and begin operating in such places as Malaysia.

Dr. PAUL WEINER, executive director for the Hospice of Southeastern Michigan, which has a 28-bed facility in Southfield and which administers to about 80 more dying patients in their homes, applauds the new guidelines.

"The universal precautions are just good medicine, and they're good medicine if there weren't AIDS," he said Friday. "In the health care business, we've been rather cavalier about protecting ourselves, but AIDS has made us get our act together."

He said AIDS is such a hard disease to spread that the new guidelines won't have much effect upon it. But he said the guidelines would stop such commonly transmitted diseases among hospital personnel as hepatitis B and staph infections.

Weiner said the hospice hasn't treated any AIDS patients yet, but is working the bugs out of a pilot program and expects to begin administering to AIDS patients after the first of the year.

"Since a hospice by nature deals with dying patients, and since AIDS patients are by definition dying, they may choose to come here, or be taken care of at home," he said. He said hospice employees are being trained in correct CDC procedures.

"By treating all patients as potential AIDS carriers, we do two things. We protect the staff and the patients, but beyond that, if we do the same thing for everything, nobody on the staff ever has to stop and think about

what the proper procedure is. If there's only one way to do something, we do it the correct way every time."

AREA HOSPITALS are in various stages of alerting and training their employees in the new procedures. Here is where they stand in the process:

● **BOTSFORD GENERAL HOSPITAL** The week before last was infection-control week at the Farmington Hills hospital, with posters and literature announcing the universal-protection policies. And there will be a continuing series of in-service programs to educate employees at the 300-bed facility.

According to Dr. Gerald Blackburn, the epidemiologist (or disease-control officer) at the hospital, Bots-

ford has treated AIDS patients "sporadically."

In the past, he said the hospital had to walk a fine line between protecting the staff and keeping patient confidentiality. "Universal precautions allow you to walk that line because you treat all patients the same," he said.

● **PROVIDENCE HOSPITAL** The Southfield hospital has just gotten internal approval for following the CDC guidelines and is holding its infection-awareness day on Friday. Last Friday, epidemiologist Beverly Mihalko was busy putting finishing touches on posters and literature.

"It's all changing so fast," she said. "You basically assume that everyone is contagious and treat them accordingly. . . . We don't like to say we are treating everyone like they have AIDS because that sounds negative, but we are treating all new patients that way."

She said the hospital has treated 10 or 11 AIDS patients over the years.

As is the case at other hospitals, policy toward employees who get AIDS is less formulated than policy for treating AIDS patients.

She said laws protecting the handicapped protect stricken employees, though the nature of their illness and

their job duties would make each case different.

"I was just in a seminar with (the law firm of) Dykema and Gossett and they don't even have any answers. You just treat it one case at a time. We'll cross that bridge when we come to it. It's a sticky issue because you have to protect employees' rights and protect the patients at the same time."

● **CRITTENTON HOSPITAL** The Rochester Hills hospital is in the process of writing a new patient policy in line with CDC guidelines, according to Peggy Nagi, director of public relations.

"Emphasize if you can how hard it is to catch AIDS," she said. "I know it's a scary topic, but it is important that people don't get too scared. AIDS is just one of a host of infectious diseases hospitals have to deal with and others are a lot easier to catch."

She said that no employees have developed AIDS or tested positive for its antibodies. "We're still looking at what we'd do."

● **HENRY FORD HOSPITAL** HENRY FORD in West Bloomfield is governed by the same protocols as Henry Ford in Detroit, which probably has treated more AIDS patients than any other hospital in the state, according to health

officials. As a result, Ford's policies are more formulated and sophisticated than other hospitals.

For example, the hospital has written procedures for dealing with employees who contract the disease. They are able to stay on the job, depending on their health and their own physician's recommendations. The nature of their illness would determine their job duties.

Precautions toward patients follow the CDC guidelines.

● **WILLIAM BEAUMONT HOSPITAL**

A spokesperson said Friday that the Royal Oak-based hospital was within a week or two of getting internal approval for a new policy in line with CDC recommendations.

● **ST. JOSEPH MARY HOSPITAL**

Elizabeth Horan, a nurse epidemiologist, said the 531-bed facility in Pontiac is following CDC guidelines but has no formal policy toward AIDS patients.

"We are not seeing a great number of cases. It's occasional. We're just not flooded with them," she said.

Horan said keeping a supply of good gloves was a problem. "There's a big shortage. And what we can get are not always what we want" in size or thickness.

## Some sense fear in hospital

There is a bumper sticker that reads: AIDS Makes Herpes Look Like a Cold Sore.

Not too long ago, the hot topic in magazines and TV monologues was herpes. That someone could be troubled intermittently for life by small sores seemed like a terrible price to pay for sex.

Then along came AIDS, which didn't extract its price in occasional, tiny, somewhat bothersome sores, but in withering, debilitating death.

AIDS — the name alone evokes an instinctual, immediate, galvanized response. It has not only entered our consciousness since 1981, it has permeated it. Seldom since the Fourteenth Century, when the bubonic plague swept in waves through Europe, has a single word had such an impact on the human psyche.

EVEN IN medical circles, among doctors and nurses who are used to death, much of it ugly and horrific, AIDS has had an impact far beyond its numbers. (In more than six years, only 449 cases have been confirmed in the state, though those hit and their relatives might choose to take the "only" out of this sentence.)

Last week on the NBC-TV program *60 Minutes*, Dr. Seth Griffin accidentally pricked his finger with a needle containing blood from an AIDS patient. As the show ended, the doctor was babbling wreck, weeping and on the verge of hysterics.

Was that a realistic reaction? Depends on whom you talk to.

"I DIDN'T see the show but I sure have heard about it already," said Elizabeth Horan, an epidemiologist

at St. Joseph's Mercy Hospital in Pontiac. "I would say that was a very typical reaction. Hysteria is widespread. If you infect yourself with the blood of an AIDS patient, of course you're going to be hysterical."


But Chris Kassab, an administrator of Henry Ford Hospital in Detroit which sets the AIDS policy for the West Bloomfield center, said: "I don't think that's typical. It wouldn't be typical here. There's not the kind of fear here as there might be in a

place where there hasn't been the education or research as there has here."

Beverly Mihalko, the epidemiologist at Providence Hospital in Southfield, says there isn't a sense of fear pervading health-care personnel, but she admits there is a good deal of caution going around. "Everybody's wearing gloves for everything, even people in maintenance who have no reason to be wearing gloves. But, I don't feel a sense of panic."

— Tom Henderson

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MGT 200	Principles	T	6:30 p.m.
SOC 203	Introduction	W	6:30 p.m.
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