Book reviews

Medical Center Occupational Health & Safety
RJ McCunney (Editor)
Lippincott, Williams & Wilkins,
Philadelphia, USA, 1999

This text provides useful guidance to physicians, nurses and other professionals called on to protect the health care worker. The book is particularly relevant to large hospitals and is oriented towards the occupational health and safety of those working in clinical and research areas. The reader will not take long to realise that this is written with a specific country in mind. The plethora of standards, regulations, data and examples provided or referred to in the text are almost entirely American. As a consequence, differences in opinion as to the method or level of control for some hazards may emerge in the Australian reader’s mind.

However, in the ‘big picture’, this is an excellent book and a welcome addition to existing key texts in the field. Medical Center Occupational Health and Safety is comprehensive, well researched and provides useful references and internet sites. It is recommended as reference text for anyone working to minimise the risk of work-related ill health or injury among health care workers.

Most of the 30 chapters are well written and provide practical information. However, the chapter sequencing appears somewhat random. Three main thematic groupings of chapters emerge: specific hazards and their management; special work environments; and safety and environmental issues at an organisation-wide level.

The first grouping covers specific hazards and/or their management. Much is written on infection control, including chapters on blood borne pathogens, tuberculosis, general infection control and immunisation, waste disposal, research pathogens and recombinant DNA. Other topics include anaesthetic gases, sterilants, latex allergy, radiation (including lasers) and psychologic (sic) hazards.

Somewhat surprising is a lack of focus on two major hazards found in hospitals. As acknowledged in the first chapter of the book, work-related injuries from manual handling and from slips, trips and falls are the most common causes of compensable lost time injuries. The ergonomics chapter is only fifteen pages in length and no advice is provided on the management of slips, trips and falls. However, a useful component of the chapters on hazards is a listing of the employee categories at risk of exposure.

The second thematic grouping focuses on special work environments, taking an eclectic look at the hazards they face and controls that are recommended. Areas covered include operating theatres, bronchoscope suites, clinical laboratories and anatomic pathology laboratories. These chapters make interesting reading and identify a number of hazards not dealt with earlier.

The final chapter grouping deals with safety and environmental issues at an organisation-wide level. Topics include environmental audits, personal protective equipment, ventilation and the organisation and management of a centre’s OSH program.

Reflecting more on the evolutionary divergence of OSH between the USA and Australia, rather than on the book itself, there is no explicit reference to the value of consultation between employers and their employees and safety and health representatives are not mentioned at all.

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A Clinician’s Guide to Tuberculosis

MD Iseman
Lippincott Williams & Wilkins,
Philadelphia, USA, 2000

Dr. Michael Iseman currently holds a chair in mycobacterial diseases at the prestigious National Jewish Medical and
For those infection control practitioners directly involved with TB policy development and OHS issues, the book provides a wealth of useful information in other sections. The relevant sections review the transmission of TB, the tuberculin skin test (Mantoux testing), BCG vaccination and TB chemoprophylaxis. Again, he provides where possible, an evidence based approach to these issues.

Overall Dr. Iseman provides an authoritative, incisive and practical guide to TB. Although the book will not be ideal for every infection control practitioner, I would recommend it as a ready reference in any institution with a significant burden of TB disease.

My copy of the book is already well worn ‘fielding’ the regular queries regarding both the clinical and infection control aspects of TB!

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Research Centre in Denver, Colorado. He is one of the leading clinical tuberculosis (TB) experts in the world, with a particular interest in multi-drug resistant TB (MDR-TB). He is therefore well equipped to tackle this increasingly complex and multi-faceted disease.

The book is composed of 14 chapters and is concisely written to provide a quick and easy to read reference. Dr Iseman quite rightly restricts his comments to TB; mycobacteria other than TB are not covered.

As the title implies, this book is best suited for clinicians who manage patients with TB. However, the book does offer useful information on TB to a wide range of other health care professionals. I think the key strength of the book is that Dr Iseman provides a balanced evidence based account of the pivotal trials that are the basis of the currently accepted principles of TB treatment. What is more important, he provides his personal opinions and, where possible, practical solutions to the challenges and abundant controversies surrounding TB chemotherapy.

I particularly enjoyed the chapters on the history of TB, immunity and pathogenesis of TB, TB chemotherapy, TB in HIV/AIDS and the preventive chemotherapy of TB. I also found the summary at the end of most chapters to be particularly useful.

The chapter on TB epidemiology unfortunately suffers from a mostly American perspective to this truly devastating global infectious disease. As I expected, the chapter on MDR-TB was excellent and he provides many practical ‘pearls of wisdom’. The tables and figures are excellent, as is the bibliography that is up-to-date and extensive. However, I think the clinician may have benefited by having more illustrative radiographs and CT scans.

The book has only one chapter specific to the infection control practitioner, preventing transmission of TB within institutions. This chapter is rather short and he again gives very much an American perspective to the issues of hospital infection control and TB. However, Dr Iseman gives his practical approaches to the more difficult aspects of nosocomial TB prevention and he also raises some of the real-life problems with following the current CDC and American OSHA guidelines.