



SAINT JOSEPH'S HOSPITAL

A MEMBER OF MINISTRY CORPORATION
SISTERS OF THE SORROWFUL MOTHER

July 14, 1994

NIOSH Docket Office
Robert A. Taft Laboratories
Mail Stop C34, 4678 Columbia Parkway
Cincinnati OH 45226

In response to NIOSH's May 24, 1994 proposed rule for allowing a broader range of certified respirators to meet standards for Respiratory Protection against TB transmission, we would like to say, "Thanks - this is one of the things we were asking for last December (copies attached). It is a bit late, but better late than never. Please get it approved and finalized ASAP. Healthcare Reform is waiting."

Carla Fletcher, MT(ASCP),CIC
Infection Control Practitioner

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Infection Control Practitioner

CJF:clm

JUL 18 1994

U.S. Rep. David Obey
2463 Rayburn Office Building
Washington, D.C. 20515-4907

December 10, 1993

This letter is written to enlist your opposition to sections of the "Draft Guidelines for Preventing Transmission of Tuberculosis in Healthcare Facilities" as printed in the Federal Register on October 12, 1993, pp 52810 to 52854. These regulations are designed to protect health care workers from acquiring tuberculosis in the workplace and although well meant, some of the provisions are excessive and inappropriate in the health care setting.

The attached copy of an ALERT! message from a newsletter published by the Association for Professionals in Infection Control (APIC) explains the key issues of concern.

We seem to be in the ludicrous position of having one arm of the Federal Government pushing for health care cost containment (ie Health Care Reform), while the other arm (OSHA) pushes to increase operating costs of hospitals by mandating excessive measures whose necessity remains unproven.

We ask that you question these proposals and oppose those which are excessive, expensive, and not justified by medical science. One thing that could really speed up the course of Health Reform in this country is a coordination of efforts to stop the Federal Government from sending mixed messages to the Health Care Industry. Thank you for listening.

Carla Fletcher

Connie Rhodes

Carla Fletcher, MT, ASCP
Connie Rhodes, RN
Infection Control Practitioners

ANNOUNCEMENTS

Please note: announcements in this column are for informational purposes only and carry neither specific nor implied endorsement by APIC.

Infection Control 1994

Date: January 18-22, 1993
Place: Fort Worth, Texas
Sponsor: APIC-Dallas/Fort Worth Region
Contact: Peggy Presslas, RNC
7308 Laurie
Fort Worth, Texas 76112
817/496-0007

New Methods of Sterilization

Date: February 18, 1994
Place: Cleveland, Ohio
Contact: Crystal S. Keeles, RNCIP
Doctor's Hospital
400 Austin Avenue
Massilon, Ohio 44646
216/837-7399

Report on Efficacy of Safer IV Devices Released:

The New York State Department of Health has recently published results of a pilot study of needlestick prevention devices based on experience in several hospitals in New York. Copies of this study are available at no charge. For further details contact: Office of the Director, Infection Control/Occupational Health Unit, AIDS Institute, New York State Department of Health, Albany, NY, PH (518) 473-8815.

CDC Voice/FAX Information System on Immunization Available:

The CDC and the National Immunization Program have announced the availability of a seven-days-a-week, 24-hour, automated FAX and voice mail system for information on immunization and recommendations for those preparing for foreign travel. To access this information call the immunization voice mail system at (404) 332-4554 or the automated FAX Information Service at (404) 332-4565.

ALERT!

On October 18th, the Occupational Safety and Health Administration (OSHA) released "Enforcement Policy and Procedures for Occupational Exposure to Tuberculosis," an immediately enforceable policy with the exception of minimum level respiratory protection requirements which will be enforced in January 1994. Just before the release of the OSHA document, on October 12th, the Centers for Disease Control and Prevention (CDC) released the "Draft Guidelines for Preventing Transmission of Tuberculosis in Healthcare Facilities" for a 60-day comment period. Comments on the CDC Draft Guideline are due December 13th and should be sent to: CDC, Attention Guidelines Work Group, Mail Stop E07, 1600 Clifton Road, NE, Atlanta, GA 30333. Copies of both of these documents have been sent to all APIC Chapter Presidents for dissemination and coordination of response throughout the chapter membership and member facilities. Copies of these documents are available through National Office for those members not affiliated with chapters.

Key issues of concern with these documents relate to the modification of minimum respiratory protection standards from the dust mist particulate respirator (PR) as recommended in the 1990 CDC TB Guidelines (MMWR, vol.39, #RR-17) to the OSHA-regulated high-efficiency particulate air (HEPA) respirator. As before, the HEPA (PR) would be required each time a worker entered an AFB isolation room as well as during high risk procedures. Although both the dust mist and HEPA (PRs) require initiation of the regulated OSHA Respiratory Protection Program (i.e., fit testing, training, medical surveillance, etc.), **the additional costs involved in supplying HEPA (PRs) versus dust mist (PRs) is substantial (\$1 for dust/mist vs \$8-10 for HEPA) in the absence of compelling scientific evidence of the need to increase the minimum standard; e.g. mask failure resulting in TB exposure and infection.** In addition, respiratory protection is the last tier of the OSHA hierarchy of controls; preceded by early recognition of TB, containment and engineering controls. Diversion of health care resources from initiatives to upgrade engineering controls in favor of a HEPA (PR) respiratory protection standard is unfortunate,

untimely and unjustified. In reality it appears that the respiratory standard was modified from dust mist to HEPA because existing dust mist (PRs) have never been challenged appropriately for the tubercule bacillus (1-5 microns) but have been certified only at 2 microns. The only respirator currently NIOSH-approved (certified) to filter at the 1-5 micron level is designed to filter even smaller particles (0.3 microns), the HEPA (PR). The entire membership of APIC is encouraged to respond to CDC's request for comments and while there are some professional organizations urging their memberships to participate in a widespread correspondence campaign to activate legislators and regulators, APIC is employing the following strategy:

Congress recesses shortly after Thanksgiving until mid-January, thus legislative agendas are filled with business to complete and not readily amenable to new items. Therefore, we will use the recess period to gather the APIC responses to the CDC document from our members (be sure to send a copy of both chapter and individual member commentaries to APIC National Office) and review those from other individuals, organizations and facilities. We will also formulate and forward to CDC the official APIC response to the Draft Guidelines. Concurrently, the Governmental Affairs Committee and Capitol Associates will be facilitating a liaison network and dialogue of the professional associations most directly involved in this issue and attempt to arrange a congressional hearing on this issue when Congress reconvenes in January 1994.

One final note, members should be advised that OSHA is currently reviewing the petition to promulgate a TB standard received from the Labor Coalition Against Tuberculosis in the Workplace, a group of five unions. A formal written response from OSHA is expected shortly.

Submitted by Linda L. McDonald, RN, MSPH, CIC
APIC President