Miller, Diane M.

From: Dan Hanfling [dan.hanfling@inova.com]
Sent: Friday, January 28, 2005 12:01 PM
To: NIOSH Docket Office
Subject: Comments on NIOSH PAPR Standard

NIOSH letter Jan 2005.doc (51 ...

Attention: NIOSH Docket Office
Robert A Taft Laboratories, M/S C 34
PAPR NIOSH 010
4676 Columbia Parkway
Cincinnati, OH 45226

To Whom it May Concern:

Please accept the attached letter (formatted in Microsoft Word) as part of the public commentary on the NIOSH CBRN Tight Fitting PAPR standard.

Thank you for the opportunity to comment on this concept paper.

Dan Hanfling, MD, FACEP
Director, Emergency Management and Disaster Medicine
Inova Health System
3300 Gallows Road
Falls Church, VA 22042
(o) 703-776-3002
(f) 703-776-2893
dan.hanfling@inova.com

INOVA HEALTH SYSTEM

Dan Hanfling, M.D., FACEP
Director, Emergency Management and Disaster Medicine

3300 Gallows Road
Falls Church, VA 22042
Tel: 703/776-3002
Fax: 703/776-2893
Email:dan.hanfling@inova.com

January 28, 2005

Les Boord
Deputy Director
National Personal Protective Technology Laboratory
NIOSH Docket Office
Robert A. Taft Laboratories, M/S C34
4676 Columbia Parkway
Cincinatti, OH 45226

Subject: Comments Regarding Concepts of Powered Air-Purifying Respirator (PAPR) Standards

Thank you for the opportunity to make comments regarding the Concept for Chemical, Biological, Radiological and Nuclear (CBRN) Tight Fitting, Powered Air-Purifying Respirator (PAPR) standards at the December 15, 2004 meeting in Pittsburgh, PA convened to discuss this important matter. I believe it is extremely important for you to recognize the critical distinction that must be made between traditional emergency "first responders" and healthcare facility based "first receivers". This distinction is based upon the following rationale:

The existing HAZWOPER 29 CFR 1910.120 regulation provides specific guidance for agencies that are responding to a HAZMAT release ["…emergency response or responding to emergencies means a response effort by employees from outside the immediate release area or by other designated responders to an occurrence which results, or is likely to result, in an uncontrolled release of hazardous substance.] However, healthcare facility staff who serve in the role of providing initial patient treatment by disrobing and washing patients who may be reporting to the hospital from the site of an agent release are not 'responders' as defined in this regulation. OSHA, in a number of interpretive letters (September 2002), and most recently, in its document OSHA Best Practices for Hospital-Based First Receivers of Victims from Mass Casualty Incidents Involving the Release of Hazardous (December 2004) clearly elucidates this important distinction.

Furthermore, a historical review of the medical literature, including a Medline and Pre-Medline search from 1966 through October 2002 and a review of the Agency for Toxic Substanc and Disease Registry (ATSDR) Hazardous Substances Emergency Events Surveillance (HSEES) data cited in a recent article in the Annals of Emergency Medicine [Hick J. L., D. Hanfling, J.L. Burstein, J. Markham, A. G. Macintyre, J.A. Barbera. Protective equipment for healthcare facility decontamination personnel: regulations, risks, and recommendations. Annals of Emergency Medicine 42(3):370-380. September 2003.] demonstrates that there is no historical precedent requiring the adoption of a tight-fitting PAPR by healthcare facility staff.

In this context, I do not believe that the current Concept Paper for CBRN Tight Fitting PAPR standard development is appropriate for the type or level of respiratory personal protection equipment required by healthcare facility "first receivers". The proposed standards include a much more restrictive definition of personal protective equipment than is necessary, or reasonable, in a healthcare facility setting. The key issues of concern include:

(1) The proposed PAPR design is one that must be "tight fitting" to the face, or with a neck dam. The design most favored in hospitals, those with a loose fitting hood and shroud, used to tuck into protective clothing, would not be approved for use.

(2) The proposed PAPR design must include a low battery "warning system" and a low flow "warning alarm". This would require additional training and instruction for users in the healthcare facility setting.

(3) These proposed standards explicitly state that the use of NIOSH approved PAPRs would not be for entry "where hazards have not been fully characterized". This will not be possible in the situation in which patients leaving the scene of a potential biological or chemical contamination will be presenting to healthcare facilities for evaluation and treatment.

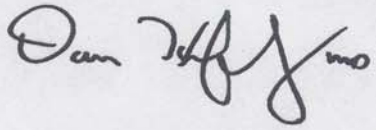
In addition, the Department of Homeland Security (DHS) has indicated that they will adopt these NIOSH standards so that all future Office of State and Local Governments (OSLG) funding for personal protective equipment will require compliance with these standards, which would have a direct impact on the continued purchase of loose fitting PAPRs by healthcare organizations, in their continued planning and preparation for the mitigation and response to threat agent release events.

In summary, I request that you consider the following recommendations in your deliberations regarding the final version of this standard.

(1) The NIOSH standard for the Tight Fitting PAPR must reference the unique distinction between traditional "first responders" and healthcare facility "first receivers" and their differing needs for respiratory protection in a CBRN threat environment. This concept paper should clarify that this standard is not applicable to the healthcare facility setting.

(2) NIOSH should engage in the development of unique and distinct standards related to loose-fitting PAPRs for use in the healthcare facility setting.

Thank you very much for your interest and attention to this important matter.



Dan Hanfling, MD
Director, Emergency Management and Disaster Medicine, Inova Health System
Assistant Clinical Professor of Emergency Medicine, George Washington University
Adjunct Distinguished Senior Scholar, George Mason University, School of Public Policy

Inova Health System Quality Policy
Quality is doing those things necessary to meet the needs and expectations of those we serve and doing those things right every time. We will continuously improve the ways we do our work and strive to eliminate barriers to the improvement of quality.