

Good ~~afternoon~~^{morning} My name is Trish McBreen and I am a registered nurse deeply involved in occupational health and safety issues at the Healthcare Association of New York State. ~~Better~~^{Perhaps} known ~~as~~ by its acronym, HANYS serves as the principle advocate for more than 400 not-for-profit public, voluntary and federal hospitals, nursing facilities, home health agencies, hospices and adult day care programs. As a representative of HANYS, I am pleased to be able to take this opportunity to make comments to NIOSH in regard to their proposed rulemaking on respiratory protective devices.

For the past seven years, HANYS has been actively and aggressively involved in providing information and education focused on health care occupational health and safety issues not only ~~to~~^{for} the well over 375,000 health care workers in its member facilities but ~~to~~^{for} all workers ~~involved~~^{in NYS} in patient care activities. HANYS shares the concerns of all those who have spoken here the past two days for improving the health and safety of working conditions, ~~for~~^{and especially} for those providing care to sick people. We have, of course, a special concern for HCWs in New York State, who are faced with transmission risks while caring for exceedingly high numbers of people with infectious TB.

HANYS supports NIOSH's proposed standards of certification for respiratory protective devices and we are encouraged that NIOSH intends to replace their 1992 recommendations for HCW protection against TB with guidelines for the use of particulate respirators that meet the CDC's recommended four performance criteria for protection against transmission risks of exposure to infectious TB.

Just as Mr. Lambert suggested,

NIOSH's certification standard is an important first step toward determining the appropriate level of protection needed for occupational exposure to airborne pathogens. HANYS proposes that NIOSH continue its research activities directed toward a true understanding of the transmission of TB. Once the assessment of risk can be qualified and quantified, science should ^{then} be able to define the types or levels of personal respiratory protection necessary to provide increased protection for HCWs in both the presence and absence of higher levels of protection, that is, administrative, engineering, and work practice controls.

Absent TB transmission. In scientific information, health care employers have been forced to move beyond the surgical mask protection level into a whole jumble of protective devices, none of which have a grounding in science for protection from TB

HANYS does have a few questions it wishes to raise after reading this very technical document that we know we do not fully understand.

First, why is NIOSH proposing that filters must demonstrate the ability to remove particles of less than 1 micrometer in size, thus exceeding the CDC recommendations? On what basis was this filtering capacity level selected? By establishing that capacity as the baseline parameter, NIOSH essentially guarantees that regulatory agencies will establish this smaller micron size as the minimum requirement PRs must meet in order to qualify as ^{an} appropriate PR for HCWs at risk for exposure to infectious TB. The current HEPA requirement is problematic because it mandates an performance level for respirators that is excessive for this purpose. NIOSH may now be proposing to develop multiple levels of performance standards, but may be requiring a construction material that is unnecessarily and excessively impenetrable. The outcome may be no improvement in user comfort and compliance, patient safety and quality of care, and cost.

Second, HANYS is concerned about the definition of a hazardous atmosphere as described on page 26862 of the Federal Register. This is a very broad definition. We urge NIOSH to reevaluate this definition in light of infection control perspectives on disease transmission. Not all pathogens produce disease through the airborne route; exposure to pathogens does not necessarily result in disease. Factors such as host, virulence, and the environment itself all play a role in disease transmission. As currently written, this definition could be interpreted to mean that merely walking into a hospital automatically means walking into a hazardous atmosphere requiring some type of respiratory protection.

Lastly, HANYS asks how the certification information will be used, once the performance requirements have been established and implemented. How will this information be disseminated and how will it be interpreted and eventually enforced? We want employers to be able to comply with recommendations and/or regulations related to providing a safe and healthy working place, and we want both employers and HCWs to be able to make informed decisions about the appropriate level of respiratory protection, based not only on these performance criteria but also on the level of risk determined to be present in each and every situation where care is provided to ~~p~~^rsons with infectious or suspicion of infectious TB.

In summary, HANYS supports NIOSH's determination to evaluate the efficacy of respiratory devices and especially those to be used by HCWs for protection against the risk of TB transmission in health care facilities. We urge NIOSH to continue its research to determine how TB is transmitted and the efficacy of all controls in reducing such risk for New York State and the nation's vital resource -- the health care worker.