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National Institute for Occupational Safety
and Health Docket Office
Robert A. Taft Laboratories
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RE: Proposed NIOSH Respiratory Protection Regulations, 42 CFR Part 84

The Michigan Hospital Association (MHA) appreciates the opportunity to comment on the National Institute for Occupational Safety and Health's (NIOSH) proposed rule on respiratory protection devices that was published in the May 24, 1994 edition of the Federal Register. MHA is a trade association that represents more than 200 Michigan hospitals, health-care facilities, and organizations that provide a full range of health services to the residents of the state.

Summary:

MHA supports the proposed NIOSH rule on respiratory protection devices, and recognizes the rule as an important step in upgrading the certification process for respiratory protection devices that can be used in the health-care setting to protect health-care workers, patients and visitors from airborne biologic hazards.

Background:

The proposed NIOSH rule regarding respiratory protection certification and testing procedures is important to MHA members because it affects the respiratory protection devices that can be used in health-care facilities to prevent airborne transmission of tuberculosis, and other biologic hazards. MHA and its member facilities are concerned about the rise in TB incidence that has been experienced across the nation in recent years, and about the risk of TB transmission in health-care facilities.

MHA expressed concern about NIOSH certification and testing procedures in comments directed to the Centers for Disease Control and Prevention (CDC) last December in response to the "Draft Guidelines for Preventing the Transmission of Tuberculosis in Health-Care Facilities, Second Edition." The Guidelines specified four criteria for health-care worker respiratory protection devices to control transmission of airborne TB. Currently, the only particulate respirator masks that meet the CDC's criteria and are certified by NIOSH are expensive high efficiency particulate air (HEPA) respiratory protection masks. Dust-mist and dust-fume-mist particulate respirators, which are less expensive, are not evaluated for the CDC criteria in current NIOSH certification procedures.

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Comments on the Proposed Rule:

MHA supports the changes in particulate respirator testing and certification procedures that are outlined in the NIOSH proposed respiratory protection rule. The proposed rule is an important step in improving the certification process for respiratory devices for use in the health-care setting. The proposed new category of particulate respirators (Class C respirators), that exceed the CDC performance criteria for protection against TB droplet nuclei, will likely lead to the availability of broader range of certified respirators that will provide an effective level of protection for most workers in health-care settings. Additionally, the new Class C respirators are likely to be a less costly alternative to HEPA particulate respirators.

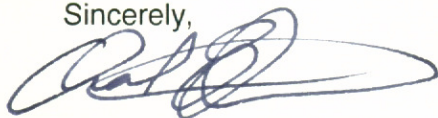
MHA urges NIOSH to implement the new testing and certification procedures without delay so that particulate respirator manufacturers can quickly respond by producing a broader selection of economical, certified respirators for use in health-care settings. MHA believes that the most effective hierarchy of controls to reduce the risk of TB transmission in health facilities is, first, the use of administrative controls to quickly identify, isolate, and treat individuals with active or suspected TB; second, engineering controls that prevent the spread and reduce the concentration of infectious droplet nuclei in the air; and finally, personal respiratory protection for health-care workers who require additional protection in some patient care situations. At a time when hospitals and health-care facilities are being asked to deliver care at the lowest cost, HEPA filter particulate respirators are a costly drain on resources that could, more appropriately, be applied to administrative and engineering controls to prevent infectious disease transmission in health-care facilities.

Conclusion:

MHA appreciates this opportunity to submit comments in support of NIOSH proposed changes to certification and testing procedures for respiratory protection devices. On behalf of member institutions and the communities they serve, MHA supports and sponsors educational efforts and forums to increase awareness of TB, and the hazards of transmission in health-care settings. MHA also participates in the Michigan Advisory Committee for the Elimination of Tuberculosis, a committee sponsored by the American Lung Association of Michigan, the Michigan Department of Public Health, infection control professionals, and health and social services organizations in the state, to promote TB prevention and control activities.

MHA supports measures to control TB transmission in health care settings, and encourages NIOSH to support additional research on the effectiveness of respiratory protection against airborne biologic hazards so that an appropriate level of protection can be identified to protect health-care workers, patients, and visitors.

Sincerely,



Charles L. Ellstein
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Delivery, Finance,
and Federal Relations