

NEW YORK CITY HEALTH AND HOSPITALS CORPORATION

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Patricia Hinds
Assistant Director TB services
Medical and Professional Affairs
Office of Infectious Diseases

July 25, 1994

Diane Manning
NIOSH Docket Office
Robert A. Taft Laboratories
Mail Stop C34, 4676 Columbia Parkway
Cincinnati, Ohio 45226

Re: HHC Response to NIOSH Notice of Proposed Rule Change for Certification of Respiratory Protective Devices

Dear Ms. Diane Manning:

The New York Health and Hospitals Corporation (HHC) is the largest public hospital system in the United States. The system encompasses eleven Acute Care, four Long Term Care and six Diagnostic and Treatment Center facilities. Within this structure, HHC employees over 50,000 workers in a variety of positions and titles. The National Institute for Occupational Safety and Health (NIOSH) proposed changes to the certification requirements for respiratory protective devices will impact upon approximately half of all HHC health care workers (HCW). These include:

- ▶ clinical staff (such as physicians, nurses and respiratory therapists etc.);
- ▶ hospital administrators;
- ▶ occupational personnel (maintenance and housekeeping staff)and;
- ▶ hospital police and dietary personnel.

A Significant number of these HCW's are potentially exposed to Mycobacterium tuberculosis on a daily basis.

In March 1992, HHC issued Corporatewide guidelines on the use of particulate respiratory protection by HCW in identified "High Risk Areas". Respiratory protection is used as a supplement to engineering controls in HHC facilities. At a later date, all HHC facilities were advised to change their TB Respiratory Protection policies and procedures to include fit-testing and training of employees for use of disposable HEPA filtered respirators, in an effort to maintain compliance with OSHA and PESH revised enforcement policies and procedures for occupational exposure to tuberculosis.

HHC concerns involve the following two factors:

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Testing of Particulate Filters

Testing standards should include elements that address;

- ▶ the ability of filter mediae to prevent the penetration of liquid aerosols that occur in hospitals (such as tuberculosis droplets),
- ▶ the efficiency of filter mediae to trap smaller size particles at a relatively high efficiency (i.e. 95% and greater including leakage), thus meeting the new OSHA code,
- ▶ the capability of any of the six classes of particulate respirators to be capable of reliable fit testing and fit checking and
- ▶ the particulate respirators ability to fit a variety of facial sizes and shapes.

Cost Factor

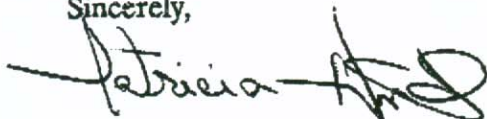
TB respiratory protection programs, which include medical screening, fit-testing and training, have been fully implemented in the majority of HHC facilities. The major issue facing HHC is the cost associated with adhering to OSHA/PESH regulations requiring the use of HEPA filtered respirators. HHC has estimated the total cost of switching from the use of dust/mist (3M 8715) respirators to HEPA filtered (3M 9970) respirators, for all TB related respiratory protection, to be \$16,869,342 in the first year. This total cost estimation is based upon the HHC FY93 number of targeted employees who are daily users of particulate respirators (17,333) x 229 days of use x \$4.25 per respirator (HHC's contract cost for 3M 9970's).

Currently, there are only two HEPA respirators on the market that meet regulatory requirements and HHC's criteria of employee acceptability and disposability. HHC favors NIOSH's contention that developing six classes of certified particulate respirators, that meet the new particulate test requirements, should be less expensive than HEPA respirators. Under this assumption, HHC's cost issues may be alleviated.

Other than the aforementioned concerns, HHC supports NIOSH's proposed revisions to the certification requirements of respiratory protection devices. These changes should provide an increased level of protection for HCW's, a broader selection of respirator protection, and reduce the cost of maintaining a respiratory protection program.

I am grateful for the opportunity to review this document and thankful for your extension of the comment period until today. If you have any concerns or request follow-up discussions, please call Joanna Omi or me at 212/442-3989. I look forward to working with you in finalizing the NIOSH certification program.

Sincerely,



Patricia Hinds

c: Ilene Fennoy, M.D., M.P.H.
Joanna Omi