

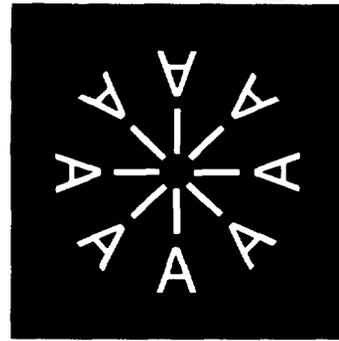
54-193

THE IOWA HOSPITAL ASSOCIATION

100 E. Grand • Des Moines, Iowa 50309 • Phone (515) 288-1955

STEPHEN F. BRENTON, President

FAX (515) 283-9366



April 5, 1995

The Docket Office
Docket H-049
U.S. Department of Labor
Occupational Safety and Health Administration
Room N2625
200 Constitution Avenue NW
Washington, D.C. 20210

OSHA
DOCKET OFFICER
DATE APR 5 1995
TIME _____

To Whom It May Concern:

The Occupational Safety and Health Administration (OSHA) proposed revisions to the respiratory practice standard include a number of new or modified requirements that may adversely affect the appropriate delivery of care. Summarized below are the key issues and their implications for acute care hospitals in Iowa:

☆ *Selection of Respirators*

As proposed, the employer would be required to provide employees with a choice of respirators from at least two manufacturers. The cost of maintaining multiple respirators from two manufacturers is excessive, in particular, for more than 90 of our hospitals which employ small numbers of workers using respirators.

☆ *Medical Evaluation*

Three alternatives for medical evaluation are proposed. The requirement for the use of a licensed physician in alternative one is unnecessary. Recognizing that a physician will oversee the program, allowance for an appropriately trained health care professional to conduct the medical screening evaluation should be provided. Further, mandatory medical exams are unnecessary because workers needing additional medical evaluations/exams can be identified through screening. The Iowa Hospital Association (IHA) is in support of the third alternative that would utilize a questionnaire administered by an appropriately trained individual to identify workers who need further evaluation. Alternative number three would eliminate the necessity for costly, needless medical evaluations.

☆ *Fit Testing*

The proposed revisions would require fit testing annually. This is a significant change from the current standard that requires only initial fit testing with additional fit testing necessary if a new/different style of respirator is adopted or an employee experiences a significant change in facial structure. IHA believes that after the initial fit test, there should not be an arbitrary frequency for additional fit testing.

☆ *Use of Respirators*

The proposed standards state that disposable respirators that cannot be cleaned or sanitized need to be discarded at the end of the task or the work shift, whichever comes first. The current standard allows the use of disposable respirators until the structural integrity is compromised, which in practice, is usually more than one work shift. This proposed standard is cost prohibitive for every new task in the health care setting.

☆ *Fit Checking*

Currently, challenge agents are only required for fit testing not fit checking. The use of challenge agents for fit checking is unnecessary and burdensome and will affect the delivery of care.

The majority of Iowa's 119 community hospitals fall within the minimal risk category as defined by the Centers for Disease Control and Prevention (CDC). Iowa hospitals are alert for indications that tuberculosis may be occurring in their health care worker and patient population. It is essential to prevent the spread of TB, but it is also essential to judiciously steward scarce financial resources.

Respectfully submitted



Gail Meyer
Vice President
Nursing and Patient Services

GJM:th