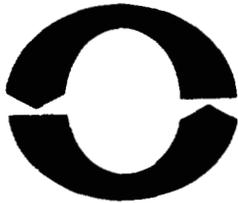


54-396



**OHIO HOSPITAL ASSOCIATION**

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Health Stds

Steelnack

April 6, 1995

Joseph A. Dear  
Assistant Secretary of Labor for Occupational  
Safety and Health  
Docket Office, Docket H-49  
Occupational Safety and Health Administration  
Room N2625  
200 Constitution Avenue, N.W.  
Washington, D.C. 20210

~~CHAP~~

OSHA  
DOCKET OFFICER  
DATE APR 6 1995  
TIME \_\_\_\_\_

Re: Respiratory Protection, 59 FR 58884, November 15, 1994

Dear Sir:

The Ohio Hospital Association (OHA) is the trade association for approximately two-hundred hospitals in Ohio, and additionally has approximately 2,200 personal members in health care professions that include nursing, safety, law, engineering, support services, and other disciplines. We are pleased to have the opportunity to share our concerns regarding the referenced subject.

OHA objects on behalf its members to the proposed requirement that the employer "shall provide a selection of respirators from an assortment of at least three sizes for each type of facepiece and from at least two different manufacturers" (59 FR at 58939). While OHA agrees with the rationale for requiring three sizes, the further mandate to provide those three sizes from two different manufacturers will be unjustifiably costly for smaller hospitals that have only a limited need for respirators. Unless fit testing is problematic for an employee, the employer should not otherwise be required to offer respirators from more than one manufacturer. Respirators from only a single manufacturer should be required unless problematic fit testing necessitates the investigation of equipment from a different manufacturer.

Regarding medical evaluation procedures, OHA urges the adoption of the "third alternative" recited in the preamble (59 FR at 58907 *et seq.*) which "would require that a health questionnaire be administered to all respirator wearers, with a medical evaluation being performed on those whose answers to any of the questions on the questionnaire show the need for such an evaluation." This process, of course, would be supervised by a physician, and in the typical hospital probably would be accomplished through the employee health program. Of the three alternatives discussed in the preamble, this one would be the most cost effective and, in the unique context of the hospital setting with its high level of medical

expertise and health-related consciousness, would be effective in screening at-risk employees. OHA urges the adoption of medical evaluation alternative number three.

OHA objects to the proposed requirement of annual fit testing (59 FR at 58940). Fit testing represents an additional expense to hospitals, and OHA is not aware of any empirical basis for selecting twelve months as an appropriate required interval between fit testing. Anecdotal evidence from Ohio hospitals indicates that the adequacy of initial fit testing remains satisfactory over long periods of time--well in excess of twelve months--in the absence of trauma, cosmetic surgery, disease process, significant change in body weight, or personal grooming changes involving facial hair. OHA recommends that post-initial fit testing be indexed to the occurrence of such events.

The proposed standard requires "that disposable respirators which cannot be cleaned and sanitized [be] discarded at the end of the task or the work shift, whichever comes first" (59 FR at 58941). Current use of disposable respirators in hospitals is based on each work shift and the structural viability of the respirator. Health care employees using such respirators tend to repeat similar tasks of short duration throughout the work shift, and the fact that such respirators become uncleanable or unsanitizable during the same work shift does not present--absent a loss of structural integrity--a risk to the employee. Requiring replacement of structurally-sound respirators at the end of each task would be costly and would not produce an offsetting benefit. OHA recommends that an employee be permitted to use the same uncleanable and unsanitizable disposable respirator that is structurally intact until the end of the employee's work shift.

Additionally, Appendix B (59 FR at 58935) requests comments regarding the use of challenge agents for fit checking procedures prior to entering the "work area." OHA is of the opinion that the use of challenge agents should be limited to fit testing. Requiring health care workers to perform fit checking with challenge agents every time they enter a patient's room or other biohazard area (e.g., surgery, autopsy, pathology, lab) would unreasonably interfere with patient care; health care workers typically enter patient rooms and other biohazard areas dozens of times during a work shift. OHA recommends that challenge agents be limited to fit testing and not be required in connection with fit checking.

Finally, OHA urges OSHA, in promulgating regulation affecting hospitals, to adopt germane guidelines issued by the Centers for Disease Control. Regarding respirator protection in health care work places, the CDC has published biohazard respiratory guidelines (59 FR 54242, at 54291) that should be adopted by OSHA in order to avoid regulatory inconsistency and in recognition of CDC's biohazard expertise.

Sincerely,



Richard L. Sites, J.D., M.S., C.H.C.F.M.  
Staff Legal Counsel  
Director of Health Policy