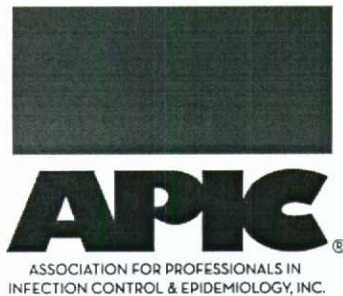


Miller, Diane M. (CDC/NIOSH/EID)

From: Lisa Tomlinson [ltomlinson@apic.org]
Sent: Tuesday, May 20, 2008 2:46 PM
To: NIOSH Docket Office (CDC)
Subject: 129 - NIOSH/NPPTL Draft Health Care Workers
Attachments: Microsoft Word - NIOSH Comments NPPTL Draft PPE Final.pdf

Comments from APIC President, Janet Frain, are attached.

Lisa Tomlinson
Director of Government Affairs
Association for Professionals in Infection Control & Epidemiology (APIC)
1275 K Street, NW Suite 1000
Washington, DC 20005-4106
Direct Line: 202-454-2606
E-mail: ltomlinson@apic.org
Website: www.apic.org



1275 K Street, NW, Suite 1000
Washington, DC 20005-4006

Phone: 202/789-1890
Fax: 202/789-1899
apicinfo@apic.org
www.apic.org

May 20, 2008

NIOSH Mailstop: C-34
Robert A. Taft Lab
4676 Columbia Parkway
Cincinnati, OH 45226

RE: NIOSH Docket Number 129, Draft Personal Protective Equipment (PPE) for
Healthcare Workers (HCW) Action Plan

Dear Sir or Madam:

Thank you for providing the opportunity for the Association for Professionals in Infection Control and Epidemiology (APIC) to provide input on the NIOSH draft Personal Protective Equipment (PPE) for Healthcare Workers (HCW) Action Plan.

APIC is a nonprofit, multi-disciplinary, international organization, representing 12,000 infection prevention and control professionals (ICP). APIC's mission is to improve health and promote safety by reducing the risks of infection and adverse outcomes in patients and healthcare workers.

We greatly appreciate NIOSH's efforts to be comprehensive, but we also believe the need to respond to a possible epidemic in the near-term necessitates interim recommendations. These could include a combination of agreed upon best practices to prevent transmission in real-world settings and guidance to the public on the importance of using proper respiratory etiquette.

We believe the exclusion of "medical masks" in this plan does not address the realities of how influenza virus is transmitted and the potential shortage of certified particulate respirators (PR). It also eliminates these masks from consideration as part of "source control" efforts in home or healthcare settings, potentially increasing the bioburden of virus in the environment as infected people cough.

Additionally, we believe research designed to assess the viability of virus on respirators using a proxy should indicate whether or not the virus has survival properties after surface impaction. In some cases, although a virus may be detectable, it may well not be infectious or communicable. For this reason, the research must be clear about what is being measured.

If research studies to define risk levels for influenza during workplace activities in various locations are outside the scope of NIOSH research, it would be helpful to indicate if such studies are being done. In the absence of such research, it seems essential to note that the knowledge gap exists.

We believe NIOSH should engage with industry on the issue of certification of "out of the box" PRs. We strongly support the need for a totally new design that meets the needs of

HCW protection and by implication results in a reduction of transmission to patients and families. The characteristics of ideal respiratory protection for healthcare personnel suggested by the Centers for Disease Control and Prevention (CDC) are familiar to you but we reiterate for emphasis. The design should be able to: prevent infections of bacterial, viral and fungal etiology; provide effective fit for greater than 90 percent of users; not require fit-testing; be comfortable to wear for at least one hour; permit wearers to speak clearly; permit a shelf-life of several years; be inexpensive; and, be reusable (ideally).

In addition, we applaud NIOSH research into the "sterilization efficacy of a decontamination procedure for filter media and filtering facepiece respirators" as a needed area of research. Private industry would be unlikely to conduct such research in the absence of NIOSH efforts.


While we appreciate the importance of NIOSH efforts to identify risks related to respirator use, we also believe that a greater focus on important measures to prevent the transmission of influenza and other infectious diseases is imperative. In particular, increasing usage of influenza vaccine and improving hand hygiene practices in the healthcare setting and in the community should be stressed as they play a significant role in preventing disease transmission and occupationally-acquired infection.

The NIOSH proposal for "active surveillance of healthcare facilities that would assemble information relevant to a number of issues pertinent to the spread and preventive practices of influenza," which would include collecting information on "use of respirators, infection control practices, rates of infection, and infection patterns that may distinguish different types of healthcare workers," would be very time-consuming and costly. Such prospective surveillance of a random occurrence would not provide actionable data for public health purposes. Useful comparison data would be limited by human factors such as personal habits, immune status of individuals, exposure during non-workplace activities and area specifics such as ventilation and room capacity in the work space.

Additionally, recommendations relative to personal protective equipment should underscore for HCWs the importance of understanding the "chain of infection" and portals of entry into the body. We are concerned that recommendations designed to address less recognized/less probable routes of transmission (e.g. shoe covers for emergency medical service personnel) are in conflict with well established infection prevention training in the healthcare setting. Recommendations such as these could be misunderstood unless presented alongside a clear hierarchical recommendation relative to PPE to be worn for specific tasks. Inclusion without a sense of priorities—much less data to support its utility will simply not be accepted as useful or practical.

Again, thank you for your efforts to address the critical issue of personal protective equipment for healthcare workers. APIC's member-driven committees, made up of professionals who work daily to prevent the transmission of infections, would appreciate the opportunity to work directly with NIOSH on this very important action plan.

Sincerely,

A handwritten signature in cursive script that reads "Janet Frain". The signature is written in black ink and is positioned below the word "Sincerely,".

Janet Frain, RN, CIC, CPHQ, CPHRM
President