NJHA NEW JERSEY HOSPITAL ASSOCIATION

at the Center for Health Affairs

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Gary S. Carter, FACHE
President and
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NIOSH Docket Office
Robert A. Taft Laboratories
Mail Stop C34 4676 Columbia Parkway
Cincinnati, OH 45226

RE: *Federal Register*, Vol. 59 No. 99; Respiratory Protective Devices

Dear Sir/Madam:

Thank you for the opportunity to comment on the proposed rule on Respiratory Protective Devices, that includes changes in the current procedures for testing and certifying air purifying respirators, as published in the May 24, 1994, *Federal Register*, Vol. 59 No. 99.

The New Jersey Hospital Association (NJHA) is a trade organization representing nearly 100 member hospitals throughout the state. The Association is concerned about the recent increase in tuberculosis (TB) cases throughout the country and the recognized risk of TB transmission in health care facilities. NJHA has and will continue to provide research, education and lobbying for funds on behalf of hospitals as they attempt to address the impact TB is having on their facilities, the health care workers they employ, and the patients they serve.

NJHA is in concurrence with the CDC's most recent TB guidelines for healthcare facilities which reaffirm that the primary emphasis of a TB infection control plan should be focused on the hierarchy of control measures, including: **(1) the use of administrative measures, (2) the use of engineering controls, and, (3) the use of personal respiratory protective equipment (PPE) in areas where there is still a risk of exposure to TB.**
Our major concern with those guidelines was the identification of High Efficiency Particulate Air (HEPA) respirators as the minimally acceptable level of respirators to be worn in the healthcare setting. Therefore, we support NIOSH's effort to expand testing and certification procedures for other types of respirators for the following reasons.

EFFICACY

It is apparent that HEPA filters are required currently because they are the only respirators that meet or exceed the CDC's recommended performance criteria that calls for 95% filter protection at the 1.0 micron size. Since the current NIOSH certification procedures for dust mist (DM) and dust mist fume (DMF) respirators are not designed to evaluate the respirators' ability to meet CDC's performance criteria, creating a new "Class C" category of respirator would address this concern. In turn, this would make a broader range of respirators available for use in health care settings that will be less costly and more practical than the HEPA respirators in use today.

COST

It has been demonstrated that the aggregate use of HEPA respirators over DFM respirators is extremely costly. It is estimated that the costs for the purchase of HEPA disposable negative pressure respirators is more than $12 million per year for all New Jersey hospitals. Per year purchase costs for Dust-fume-mist respirators is estimated at $10 million and $2 million for disposable Dust-mist respirators. Once again, a new certification procedure would enable the use of these less costly respirators than currently used.

The New Jersey Hospital Association continues to support and promote safe working environments, conducive to quality patient care, for the thousands of healthcare workers employed in member institutions throughout the state. In that effort, we strongly urge NIOSH to expedite the changes in testing and certifying air purifying respirators with particulate filters, the category of respirators used for protection against TB. As the process of health care reform continues, this new generation of respirators is urgently needed to protect health care workers against TB and to hold down the cost of providing quality health care.

Sincerely,

Christopher C. Hort
Assistant Director, Hospital Operations