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Captain James S. Spahr RS, DAAS, MPH
Associate Director, Emergency Preparedness & Response
NIOSH Docket Office
Robert A. Taft Laboratories, MS–C34
4676 Columbia Parkway
Cincinnati, OH 45226

RE: Docket Number NIOSH–219; Implementation of Section 2695 (42 U.S.C. 300ff–131) of Public Law 111–87: Infectious Diseases and Circumstances Relevant to Notification Requirements; (Vol. 75, No. 238), December 13, 2010.

Dear Capt. Spahr:

On behalf of our more than 5,000 member hospitals, health systems and other health care organizations, and our 40,000 individual members, the American Hospital Association (AHA) appreciates the opportunity to comment on the National Institute for Occupational Safety and Health's (NIOSH) request for comments on the notification procedures for designated officers, medical facilities and state and community public health officers regarding exposure of emergency response employees (EREs) to potentially life-threatening infectious diseases. We also appreciate the opportunity to comment on the proposed list of potentially life-threatening infectious diseases that EREs may be exposed to when responding to emergencies.

The AHA agrees with and supports NIOSH's proposed notification procedures and guidelines for medical facilities. Hospitals and health care systems are critical links in efforts to protect EREs from infectious diseases and are integral to the notification process requirements. With one exception noted below, the AHA believes that the proposed list of life-threatening infectious diseases that would require notification is comprehensive and responsive to the changing environment in which EREs work.

We also agree with NIOSH's proposed definitions and appreciate the thoroughness and clarity with which these definitions are written. NIOSH accurately outlines the various methods of disease transmission that are utilized in determining the risk of exposure for EREs. This will permit our members to implement the revised requirements with accuracy and consistency in an effort to protect and notify EREs of potential exposures.

In addition, we generally agree with the proposed list of life-threatening infectious diseases requiring notification and their categorization, as required by Public Law 111-87. The comprehensive list of diseases contained under each route of transmission will help hospitals determine which EREs are potentially exposed based on their patient interactions and route of transmission of the organism. For example, there may be situations where an ambulance driver may or may not have been exposed depending on the route of transmission or the driver's interaction with the patient. We agree with the diseases NIOSH has proposed under the categories "Routinely Transmitted by Contact or Body Fluid Exposures" and "Routinely Transmitted Through Aerosolized Airborne Means." Further, adding newly emerging infectious diseases to this list is essential, and we appreciate the document's incorporation of language that would permit future amendments to the list, as warranted.

Our one recommended change is that NIOSH add pertussis (*Bordetella pertussis*) to the proposed list of diseases under "Routinely Transmitted Through Aerosolized Droplet Means." Pertussis' clinical characteristics and complications in adults have been well described[1] and can result in hospitalization in some cases. An ERE who has been exposed could be incubating the infection, potentially exposing infants and children to this life-threatening disease during his or her work, or at home. Morbidity and mortality from pertussis is well documented in infants and children.[2]

The AHA also supports NIOSH's proposed guidelines describing the circumstances in which EREs may be exposed to the listed diseases and the proposed criteria for making determinations of exposure or non-exposure. These guidelines will fit seamlessly into the comprehensive infection prevention and control programs that hospitals and health care systems already have in place. These include basic components addressing the follow-up of infectious disease exposures among staff, contract workers and EREs. These programs describe the processes involving multiple personnel, including physicians, infection preventionists (IPs), employee health staff and other clinicians.

The guidance provided in this document will be added to the other relevant guidelines and literature that hospitals already use to assist them in determining the realistic extent of exposure events in the health care continuum, which includes EREs. Specifically, IPs determine exposure risk to communicable diseases as part of their routine job responsibilities and actively notify ambulance companies if there is reason to believe that their EREs have transported patients with a life-threatening communicable illness. In addition, IPs are a conduit for providing ambulance companies with necessary information, upon request, when a patient may be transported with a suspected communicable but yet unknown disease. The IPs assist in gathering the necessary medical patient information to determine if a communicable illness has been diagnosed and if that diagnosis has put the ERE at risk for exposure.

When the final NIOSH list and guidelines become available, hospitals' existing processes will be updated, including any forms and documentation of the protocols and communication processes. Such forms and documentation are necessarily organization-specific and include compliance with additional state regulations.

Thank you again for the opportunity to comment. The AHA commends NIOSH on the proposed guidelines and the list of infectious diseases and would appreciate consideration of our suggestions in the final rule. If you have any questions, please contact me or Roslyne Schulman, director for policy development, at (202) 626-2273 or rschulman@aha.org.

Sincerely,

Rick Pollack
Executive Vice President

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[1] Centers for Disease Control and Prevention. "Preventing tetanus, diphtheria, and pertussis among adults: use of tetanus toxoid, reduced diphtheria toxoid and acellular pertussis vaccine: recommendations of the Advisory Committee on Immunization Practices and the Hospital Infection Control Practices Advisory Committee." *MMWR* 2006; 55(RR17); 1-33. *See Tables 2 and 3.*

[2] Cortese MM, Baughman AL, Ronping Z et al. Pertussis hospitalizations among infants in the United States, 1993 to 2004. *Pediatrics*. 2008; 121(3): 484-92.