

STATE OF ALASKA

DEPARTMENT OF LABOR

LABOR STANDARDS AND SAFETY DIVISION OCCUPATIONAL SAFETY AND HEALTH

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March 14, 1994

Diane Manning
NIOSH Mail Stop C-15
CDC - NIOSH
Robert Taft Laboratories
4676 Columbia Parkway
Cincinnati, Ohio 45226-1998

Dear Ms. Manning:

This letter is in response to NIOSH's request for existing information relevant to implementing the Worker's Family Protection Act.

Under OSHA's Bloodborne Pathogens standard, we have learned from complainants that blood on clothing has been brought home on employees' uniforms. This standard clarified the difference between personal protective equipment and "uniforms" worn at work. We know of no actual disease transmission that alléges biohazardous materials brought home as causative in any family members illness.

We had dermatitis cases during the Exxon Valdez Oil Spill clean-up that were due to wearing oily clothing for several hours before personal protective equipment protocols were established.

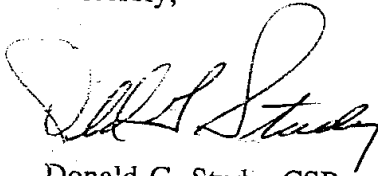
There were no reports of family member problems related to oil-soaked clothing. Dr. Irving Selikoff and/or associates interviewed Alaskan workers several years ago pertaining to asbestos exposures. I am not familiar with the details of this effort, however, your list of references includes many articles on this subject, as well as other known contamination-at-home studies. Our workplace focus frequently involves citations or advice to employers and employees on potential contamination issues involving chemicals and/or biohazardous materials covered under new standards. We do not have jurisdiction to inspect homes and we have never adopted any special programs or questionnaires concerning bringing chemical or biological contaminants home. We have never attempted to develop a local emphasis program or information tracking administrative mechanism for addressing this type of issue. Your resource reference list via CDC is considerably more extensive than our sources of information.

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I am concerned that anticipation of circumstances that might lead to biohazards brought home could yield epidemiologically irrational requirements. We could certainly imagine immigrations affect on new diseases introduced at the workplace. I think it is important that epidemiological priority and common sense limits OSHA's involvement in employer responsibility in the disease and health care industry. It is controversial in many cases to determine the net expense and benefit of protective requirements mandated by regulatory actions.

In biohazardous situations, epidemiologic priorities should be well established by CDC before OSHA is mandated to impose new regulatory requirements on employees. It appears that the epidemiological concerns of CDC are not adequately addressed before other branches of CDC (NIOSH) proceed with publications, recommendations, etc.

Sincerely,

A handwritten signature in black ink, appearing to read "Donald G. Study". The signature is fluid and cursive, with a large initial "D" and "S".

Donald G. Study, CSP
Director