

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

From: mhollinger@lacusc.org
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To: NIOSH Docket Office (CDC)
Cc: Chen, Jihong (Jane) (CDC/NIOSH/EID) (CTR); Doyle, Glenn (CDC/NIOSH/EID)
Subject: 139 - DOD-CBRN-Standard-Modification-Request Comments

Name
Mark Hollinger

Organization

Email
mhollinger@lacusc.org

Address

Comments

While I do not wish to comment specifically on your current document, I would like to comment more globally on concerns with APRPs in terrorism.

I do consulting on medical aspects of terrorism (I have consulted for private industry, government, military, hospitals, law enforcement, etc).

My biggest concern is that the manufacturers are pushing their PAPRs to hospitals, etc and NOT telling them all the info they need to know. MANY hospitals, law enforcement agencies, etc are getting these PAPRs and have no means of chemical identification. Therefore, they cannot be used since it is necessary to know the chemical name and concentration in order to use the PAPRs.

There should be a STANDARD that unless there is a means of chemical identification and concentrations levels, the PAPR cannot be used.

Failure of this is creating a potential health hazard. If used in real situations, and not just drills, there will potentially be SERIOUS health consequences. I know that there is a need to protect, but the PAPR is not the answer. It is better to leave the area than to use a PAPR, not knowing if it will even stop the chemical.

There is NO fire department HAZ MAT team member that would enter a building with a PAPR not knowing the chemical and concentration first. Why is this practice being done differently for hospitals, law enforcement, etc?

These "decon teams" that are being formed in hospitals, etc., need to be stopped until a means of chemical identification can be determined, otherwise the HIGHEST level of protection ("A") is required, not PAPRs.

We are letting our guard down and risking lives so we can say "we are prepared".... this is not how a hazardous situation should be handled.

Thank you for allowing me to vent my thoughts on this serious matter.