



**American Hospital  
Association**

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January 31, 2005

John Howard, M.D.  
Director  
National Institute for Occupational Safety and Health  
NIOSH Docket Office  
Robert A. Taft Laboratories, M/S C34  
4676 Columbia Parkway  
Cincinnati, OH 45226

Re: Docket Number NIOSH-010: Concepts for Chemical, Biological, Radiological, and Nuclear (CBRN), Tight Fitting, Powered Air-Purifying Respirator (PAPR)

Dear Dr. Howard:

On behalf of our 4,700 member hospitals and health care systems, and our 31,000 individual members, the American Hospital Association (AHA) appreciates the opportunity to comment on the National Institute for Occupational Safety and Health (NIOSH) document, *Concepts for Chemical, Biological, Radiological, and Nuclear (CBRN), Tight Fitting, Powered Air-Purifying Respirator (PAPR)*. The AHA is concerned that this document, which discusses the development of a NIOSH PAPR standard for emergency responders, includes a much more restrictive definition of personal protective equipment (PPE) than is necessary or reasonable in a health care facility setting.

It is important to distinguish between emergency responders, the target group for this concept paper, and health care facility "first receivers." According to *OSHA Best Practices for Hospital-Based First Receivers of Victims from Mass Casualty Incidents Involving the Release of Hazardous Substances*, first receivers are health care workers who work at a site remote from the location where a hazardous substance (i.e., chemical, biological or radiological materials) release occurred but who still risk occupational exposures to hazardous substances when contaminated patients arrive at their hospitals. These hospital workers' exposure is limited to the substances transported to the hospital on victims' skin, hair, clothing or personal effects. The location and limited source of contaminant distinguishes first receivers from traditional first responders (e.g., firefighters, law enforcement and ambulance service personnel), who typically respond to the incident site (i.e., the release zone).



The AHA has several concerns and does not believe that the current version of the NIOSH CBRN PAPR standards are appropriate for the selection of respiratory PPE by health care facility "first receivers."

- With concerns about possible terrorist attacks involving CBRN agents and increased funding for hospital preparedness for these kinds of incidents, many health care facilities have purchased loose-fitting, shroud-type PAPRs that would be used by staff who likely would care for contaminated patients arriving at the hospital after a terrorist attack. The loose-fit characteristic of these PAPRs is one of its greatest benefits, making them easy to put on and take off, with no fit-testing required.
- The proposed PAPR design must include a low battery "warning alarm" and a low flow "warning alarm." This would require additional training and instruction for users in a health care facility.
- The proposed standard explicitly states that the use of NIOSH approved PAPRs would not be for entry "where hazards have not been fully characterized." This is not possible in the initial response to a CBRN contamination incident in which patients typically arrive at a health care facility for evaluation and treatment before the hazardous agent has been identified or otherwise characterized.

The AHA also is concerned that the Department of Homeland Security has indicated it will adopt these NIOSH standards so that all future funding for PPE will require compliance with these standards. Although most of the current funding for health care related PPE comes from the Department of Health and Human Services, this will set a potentially confusing precedent.

**The AHA strongly recommends that NIOSH establish a separate process for the development of standards related to the loose-fitting PAPRs for use in health care facilities. As a first step, we recommend that the NIOSH *Concepts for Chemical, Biological, Radiological, and Nuclear (CBRN), Tight Fitting, Powered Air-Purifying Respirator (PAPR)* standard clearly distinguish between traditional first responders and health care facility "first receivers" and their different needs for respiratory protection in an incident involving CBRN agents. The standard should clearly indicate that it does not apply in a health care facility.**

We thank you for the opportunity to provide comments on this important document. If you have concerns or questions about these comments, please call me or the AHA's Roslyne Schulman at (202) 626-2273.

Sincerely,



Rick Pollack  
Executive Vice President