



May 27, 2008

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NIOSH Docket Office
Robert A. Taft Laboratories
MS-C34, 129
NIOSH Draft Health Care Workers
4676 Columbia Parkway
Cincinnati, OH 45226

Re: Personal Protective Equipment (PPE) for Healthcare Workers Action Plan
Docket #129

Dear Sir or Madam,

The Society for Healthcare Epidemiology of America (SHEA) appreciates the opportunity to offer comments on the draft "Personal Protective Equipment (PPE) for Healthcare Workers (HCW) Action Plan" proposed by the National Institute for Occupational Safety and Health (NIOSH) and the National Personal Protective Technology Laboratory (NPPTL) in response to the report issued in 2006 by the Institute of Medicine reviewing unmet needs and unanswered questions in this important area of HCW safety. SHEA is an organization representing over 1400 physicians and other professionals who direct the infection prevention and control programs in our nation's healthcare facilities. It is our members and the employees of our institutions who are the "frontline" healthcare workers responsible for dealing with any emerging infectious disease including pandemic influenza. As such, we are vitally interested in the ongoing discussions of the appropriate design, use, and disposal of personal protective equipment. Members of SHEA have previously served as consultants to NIOSH and OSHA on these very topics, as well as being participants, panel members, and consultants to the IOM Committee whose recent report the current proposal seeks to address.

We applaud the comprehensive and thoughtful responses that NPPTL and NIOSH have provided to the IOM's report although we are concerned that the lack of prioritization given to the very long list of goals therein may paradoxically hinder completion of at least some of the studies outlined. We would therefore urge that NIOSH and NPPTL re-examine their responses and provide both priorities and timelines for their completion. We emphasize below those items which we believe are of particular importance to SHEA members and the healthcare workforces they oversee and for whose health and safety they are responsible.

We are concerned to note that, with few exceptions, the report assumes that NIOSH certified respirators should remain the minimal standard for respiratory protection during an influenza pandemic. The IOM Committee previously addressed the fragmentary evidence that influenza is an airborne disease apart from unusual circumstances best characterized as anecdotes. While we welcome the potential contributions of aerobiology to our understanding of the dynamics of airborne particle and disease dissemination, we caution that such data cannot be directly applied to the transmission of influenza between patients and healthcare workers. Similarly, we note that the ability to recover a microbial pathogen either in exhaled or coughed secretions does not necessarily imply clinical infectivity.

Given the likely shortage of respirators during a pandemic, the burden of either pre-event or just-in-time fit-testing, and the paucity of evidence to support the airborne transmission of influenza, we would urge that NIOSH/NPPTL more carefully examine the current DHHS recommendation for the use of an N-95 respirator as a minimal standard for routine respiratory protection of healthcare workers providing direct patient care during an influenza pandemic. Rapid depletion of the available supply of respirators during an influenza pandemic was predicted by many commentators during the IOM meetings. We know of no current method that would allow reuse of a disposable respirator under the circumstances of a pandemic since no satisfactory way to decontaminate such respirators has ever been recommended.

We acknowledge the joint responsibilities of NIOSH and the Food and Drug Administration (FDA) in certifying the manufacture and use of both masks and respirators. We note that FDA has previously approved N-95 type respirators for public use during an influenza pandemic without regard to the need for prior fit-testing. We urge both FDA and NIOSH to prioritize their study of the adequacy of medical masks as protection against both seasonal and pandemic influenza, and to review the successful practice in Europe of certifying respirators for both filtration capability and facial fit without the need for fit-testing. To the extent that rapid availability of a respirator would be necessary during a pandemic, such a practice would more reliably ensure that both the public and the healthcare workforce can rapidly be protected during an influenza pandemic or any other emergency situation requiring respiratory protection.

We are pleased that NIOSH/NPPTL did not limit their response to the IOM report to respiratory protection. We agree that a comprehensive review of PPE in healthcare settings is overdue including PPE utilized during both routine and emergency circumstances. We believe that such a comprehensive review needs to include not only the design of various types of PPE but also behavioral and educational issues which favor or hinder its use. We call attention to some of the unique aspects of the healthcare workplace in this regard: the unpredictable and uncontrolled nature of healthcare contacts between patients and HCWs, the need for constant unimpeded communication, and the current financial stress of the U.S. healthcare industry. We urge NIOSH and NPPTL to consider these issues in any comprehensive review of PPE in healthcare settings.

SHEA appreciates the thought and effort that have obviously gone into the proposed response by NIOSH and NPPTL to the IOM. We hope that our comments will strengthen the response by NIOSH/NPPTL to the IOM report and we look forward to the opportunity to continue to interact with NIOSH and other federal agencies in providing the most effective and scientifically validated protection to all our workers.

Sincerely yours,

A handwritten signature in black ink, reading "P. J. Brennan". The signature is fluid and cursive, with the first letters of the first and last names being capitalized and prominent.

Patrick J. Brennan, MD
President