## 3555 ARMY STREET, SAN FRANCISCO, CA 94110 . 415-647-8600

NIOSH Docket Office Robert A. Taft Laboratories Mail Stop C34, 4678 Columbia Parkway Cincinnati. OH 45226



July 12, 1994

To whom it may concern,

As the Employee Health Coordinator and Infection Control Practitioner for St. Luke's Hospital in San Francisco, I am writing to express my support for the proposed change in the ruling on respiratory protective devices.

St. Luke's Hospital is an 250 bed, inner-city acute care facility with a very large share of medicaid patients. The hospital has implemented a respiratory protection program and has a TB Prevention Team comprised of staff members who are developing policies as well as acting as resources to their various departments. As a health care facility we have had most of the standards in the TB regulation in place for many years, and despite the recent rise in TB cases we have not seen any increase in the conversion rate of our employees, in fact, those we have seen have been employees with little or no risk.

The various rulings and changes are confusing, the cost to implement these changes with each new draft is very high and creates a serious strain on an already financially burdened health care facility.

Frankly the regulations specific to respiratory protective devices, with no scientific data to support them, leave the employees a little leery of the credibility of those making the decisions about what is the proper protection for them in caring for TB patients.

It has been my opinion, and that of my peers, that a recommendation that defines the level of filtration necessary for respiratory protection against Tuberculosis is more acceptable than stating the type of equipment to be used.

I trust that you will rule favorably in support of the 95% filter efficiency level as the standard respiratory protection for TB.

Sincerely,

Claire Hughes-Oates, RN

Employee Health Coordinator / Infection Control Practitioner