NIOSH Docket Office; Robert A. Taft Laboratories Mail Stop C34 4678 Columbia Parkway Cincinnati, Ohio 45226 300 Central Avenue
East Orange, N.J.
07018
July 14, 1993 1994 - KED
6/1/12

Dear Colleagues in Healthsafety,

We are writing in response to the proposed rule on respiratory protective devices for TB control. Our hospital appreciates the opportunity to review and share our perspective and comments on the draft document entitled, proposed rule on Respiratory Protective Devices (42 CFR Part 84 Federal Register Vol 59 No. 99 pp 26850-268923.)

East Orange General Hospital is an urban hospital located in the center of Essex County, New Jersey and finding itself battling TB and HIV as a frontline of healthcare provision to a population with major situational healthcare problems. Our objectives for TB control encompass all aspects -- cure for our patients and appropriate provision for protecting our employees and others from exposure to TB. We support the U.S. Department of health and Human Services in all efforts to eliminate TB. Our hospital's infection control plan has always relied upon and embraced CDC guidelines toward planning and implementing high standards for our facility. The following comments reflect our experience related to masks used respiratory protection.

For more than a decade our hospital has maintained a coordinated and comprehensive infection control program designed to minimize the risk of TB transmission in our facility. We constantly update our information and comply with regulatory requirements to the best of our ability. During 1991 and 1992 when the problem with TB was becoming apparent our strategies for TB control were effective. Using a standard surgical mask provided adequate protection even in the absence of ventilatory remediation. Our experience dictates that the mask is not the main concern in controlling TB transmission. Since the surgical mask is mainly for the patient's protection and cannot be fit tested, we need a comfortable, user friendly mask that a HCW will willingly wear correctly and appropriately. We have experienced complaints and resistance to wearing the HEPA filter mask.

Because of the complex problems associated with the HEPA filter masks, it is re-assuring to see that new steps are being taken to upgrade testing procedures beginning with particulate filter respirators. We support and applaud the proposed minimum efficiency performance standards describing the filter elements required. Utilizing a clear set of parameters the manufacturers will have more leeway for face fit design and material

improvements. Hopefully this will lead to availability of a product that protects but does not sacrifice comfort for a reasonable price so that re-use will not be an issue. Thank you for considering the needs of personnel in the healthcare setting and assisting hospitals to act responsibly in offering adequate respiratory protection for TB control.

Sincerely,

Many Drew RN

Nancy Drew RN - Infection Control Coordinator

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