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October 2, 2003

Docket Office
Docket No. H049C
Technical Data Center
Room N-2625
OSHA
U.S. Department of Labor
200 Constitution Avenue, NW
Washington, DC 20210
<http://ecomments.osha.gov/>

Dear Sir or Madam:

The Association for Professionals in Infection Control and Epidemiology (APIC) appreciates the opportunity to respond to the proposed rule on assigned protection factors (APFs) as stated in the June 6, 2003 *Federal Register*. Our comments are presented as responses to the specific questions and issues raised on page 34112 and 34113 of the *Federal Register*.

8. Other Federal Agencies, such as the Nuclear Regulatory Commission, have set no APF for filtering facepiece air-purifying respirators for use in their particular work environments. In some cases, such APRs are not allowed to be used at all. In other settings, e.g., the healthcare industry, some employers rely very heavily upon such APRs to protect their employees who work with patients who have infectious airborne illnesses. How should OSHA incorporate such information, if at all, into an APF requirement for all industries under OSHA's jurisdiction?

The proposed APFs are intended to provide employers with the necessary information to select respirators for "employees exposed to atmospheric contaminants found in general industry, construction, shipyard, longshoring, and marine terminal workplaces." The pertinent legal authority section describes the intent of the rule in terms of preventing adverse health effects caused by exposure to airborne chemical hazards. The relevance of this rule for the healthcare industry should be limited to exposure to airborne chemical hazards and not to patients with infectious diseases.

Transmission of infection is related to specific characteristics of the infectious agent; patient characteristics; the mechanism of infection including the severity and extent of disease in the host (patient), the site of infection, types of exposure,

extent of exposure, route of exposure, and characteristics of the person exposed. When patients are admitted to a healthcare facility, their diagnosis is often unknown and may even go undetected. In addition, it is not possible to measure or determine the level of exposure when caring for patients and therefore the concept of an assigned protection factor and maximum use concentrations are not relevant to the healthcare industry when addressing the care of patients.

9. Proper facepiece fit is important in achieving the proposed APF for tight-fitting respirators. Accordingly, the Agency would appreciate receiving information on current testing and procedures used by respirator manufacturers to ensure that the facepieces they make will fit respirator users properly.

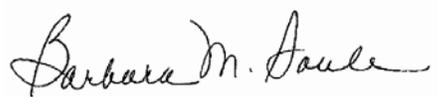
Proper fit is important in order to achieve the specified levels of protection for exposure to atmospheric contaminants. Rather than placing the responsibility on employers, the agency responsible for certifying respirators must ensure that the certification process for respirators includes a fit-test component and fit factor rating. This information must be made available to employers to allow them to select the most effective protective equipment for their employees.

APIC is a nonprofit, voluntary, international organization that promotes wellness and prevents illness and infection world-wide by advancing healthcare epidemiology through education, collaboration, research, practice and credentialing. APIC's vision is to improve the health of people worldwide by serving as the pre-eminent voice for excellence in the prevention and control of infections and related adverse outcomes.

Should you have any questions or require further information, please contact Jennifer Thomas Barrows, Director of Public Policy at jthomas@apic.org or 202-258-4644.

Thank you for your kind consideration.

Sincerely,



Barbara M. Soule, RN, MPA, CIC
2003 APIC President