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September 3, 2014

David Michaels, Ph.D., MPH
Assistant Secretary of Labor for Occupational Safety and Health
U.S. Department of Labor
Occupational Safety and Health Administration
Room N-2625
200 Constitution Avenue, NW
Washington, DC 20210

Re: [Docket No. OSHA–2011–0027] Respiratory Protection Standard; Extension of the Office of Management and Budget’s (OMB) Approval of Information Collection (Paperwork) Requirements

Dear Dr. Michaels:

The Association for Professionals in Infection Control and Epidemiology (APIC) wishes to thank Occupational Safety and Health Administration (OSHA) for the opportunity to provide comments on its proposal to extend Office of Management and Budget (OMB) approval of the information collection requirements specified by the Respiratory Protection Standard (29 CFR 1910.134). APIC is a nonprofit, multi-disciplinary organization whose mission is to create a safer world through prevention of infection. Infection Preventionists collaborate closely with occupational health professionals in healthcare facilities to develop respiratory protection plans, educate healthcare workers regarding respiratory protection, and ensure proper protocols are in place to prevent occupational exposures. Changes in regulations governing respiratory protective devices are therefore a topic of great interest and concern to our members.

OSHA has asked healthcare stakeholders to comment on the usefulness and appropriateness of the documentation employers are required to submit to prove compliance with the Respiratory Protection Standard. APIC agrees that the proposed required information is necessary to enforce compliance with the intent of the Respiratory Protection Standard. Proper use, storage, and maintenance of personal protective equipment is necessary to prevent occupational exposures to infectious aerosols and reduce the risk of transmission of such diseases in the healthcare environment.

APIC also agrees that the data elements requested: evidence of a written respiratory protection program; evidence of worker medical evaluations and follow-up evaluations to determine eligibility to use the respirator device(s); education for physicians and other licensed healthcare workers on proper use, labeling, and storage of the device(s); and evidence of proper storage and maintenance of



emergency respirators and supply gases, help to provide information useful in prevention of occupational injuries, illnesses, and accidents.

APIC encourages OSHA to further define a structure for reporting these data elements to ensure the quality and reliability of the data collected. APIC encourages OSHA to develop a tiered data collection approach using an electronic format. We recommend an electronic facility level annual survey of practices combined with an electronic report of the volume of healthcare workers annually fit tested and educated be developed to minimize reporting burden. This reporting approach provides standardized facility level data for assessment of compliance to the Respiratory Protection Standard. When collected in a standardized way, the data can be validated and used to demonstrate organizational compliance with safe practices. A reference example of such an approach can be found in the Healthcare Worker Influenza Vaccine reporting module available for employers through Centers for Disease Control and Prevention's (CDC) National Healthcare Safety Network (NHSN).

APIC would like to express concern regarding the assessment of the burden hours OSHA estimates employers will incur to collect and report the required data. The proposal suggests that the time needed to complete the required elements and report the data will vary depending on the size of the facility. The proposal states, as an example, that large facilities may spend up to eight hours gathering and preparing the information required to create a respiratory protection plan. APIC feels that this is a gross underestimation of burden hours needed to comply with that requirement. Healthcare facilities, unlike other industrial settings who utilize respirators, can have hundreds to thousands of employees with potential to fall under the Respiratory Protection Standard. The assessment, data collection and record keeping in such settings is much more complex. We would anticipate data collection alone would require days as opposed to hours especially in larger institutions. APIC encourages OSHA to perform further analysis of burden hours in a representative sample of healthcare facilities of varying sizes in order to more accurately calculate burden hours and costs associated with compliance to the proposed requirements.

APIC wishes to thank OSHA for its ongoing efforts to ensure protection of healthcare workers while reducing the paperwork and reporting burden on healthcare organizations. We stand ready to collaborate on the development of an electronic reporting format.

Sincerely,

A handwritten signature in black ink that reads "Jennie L. Mayfield".

Jennie L. Mayfield, BSN, MPH, CIC
2014 APIC President