

Dear Chapter Legislative Reps and Chapter Presidents:

This update is in follow-up to an earlier message alerting you to OSHA's December 31, 2003 announcement that it will begin enforcing the general respiratory protection standard for occupational exposure to *M. tuberculosis* in health care facilities. One of the major provisions of the general respiratory protection standard is that it includes a requirement for annual fit-testing.

In an effort to immediately alert our members, we did not provide details about APIC's involvement in this issue. For clarification, although the nature and timing of this decision were surprising to us (we didn't expect anything to be issued before the end of the year, nor to be issued without a comment period), APIC's Public Policy Team had been working behind the scenes in an attempt to prevent this potential outcome.

The Public Policy team has been drafting a letter to Assistant Secretary Henshaw (OSHA), detailing the reasons why occupational exposure to patients should not fall under the general respiratory protection standard. The general respiratory protection standard was developed to prevent adverse health effects caused by exposure to airborne chemical hazards. The standard refers to occupational diseases caused by breathing air contaminated by dust, fog, fumes, mists, gases, smoke, sprays or vapors. The applicability to health care settings where workers are exposed to potentially infected patients, rather than particles, chemicals or toxins, is not warranted.

Unfortunately, OSHA slipped this into the Federal Register at the tail end of the year, when things are relatively quiet in Washington. Their justification for not providing a public comment period is that they have already gathered data on respiratory protection and fit testing during the TB and the respiratory protection rule makings.

We have placed calls to OSHA, and ascertained that there will be a grace period for implementation. However, OSHA has not released official details or dates yet. Please be assured that we will make this and any other future relevant information available on the APIC Web site, and via email to our Chapter Presidents and Chapter Legislative Representatives.

In the meantime, APIC plans to address this issue on multiple levels. We will work directly with OSHA on this; we will involve other stakeholder groups as necessary, to strengthen our message; and we will involve Congress as necessary and appropriate.

We applaud OSHA for carefully considering the science as well as the current epidemiology of TB in its decision to withdraw the proposed TB rule. We are hopeful that once again, we can share information and successfully convey the lack of scientific support for the placement of occupational exposure to TB under the general respiratory protection standard. If you have further questions, please contact jthomas@apic.org.

Sincerely,

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