## UNIVERSITY OF CALIFORNIA, DAVIS

BERKELEY · DAVIS · IRVINE · LOS ANGELES · RIVERSIDE · SAN DIEGO · SAN FRANCISCO



SANTA BARBARA · SANTA CRUZ

DEPARTMENT OF EPIDEMIOLOGY AND INFECTION CONTROL UC DAVIS MEDICAL CENTER 2315 STOCKTON BOULEVARD SACRAMENTO, CALIFORNIA 95817-0007

July 15, 1994

NIOSH Docket Office Robert A. Taft Laboratories Mailstop C34 4678 Columbia Pkwy Cincinnati, Ohio 45226

RE: MAY 24, 1994 FEDERAL REGISTER RULE ON PARTICULATE RESPIRATORS AND FIT-TESTING

I would like to take this opportunity to express my views regarding the NIOSH proposal for particulate respirators. I agree with the reclassification of these respirators. I urge that the Class C definition be adopted and that this class be used by healthcare providers as part of their tuberculosis (TB) control programs.

I have been a hospital epidemiologist in the Department of Epidemiology/Infection Control for 17 years at the University of California Davis Medical Center. I currently am involved in monitoring the TB control program. I listen to the concerns of the healthcare workers who care for our TB patients. While all are extremely cooperative and understand the need to adhere to established policy, they have expressed the difficulties encountered when using the HEPA filter respirators. These range from discomfort to the inability to communicate with the patient. My concern is that by requiring the use of HEPA filter respirators in the healthcare setting for prevention of exposure to TB, there will be breaks in technique due to shear frustration by healthcare workers trying to provide safe patient care. Some may sacrifice their own safety for the patient.

Furthermore, I am still not convinced that the use of these higher-efficiency masks greatly reduces the risk of exposure to TB. TB is not uncommon to this medical center. Historically, the lower-efficiency surgical masks were used with patients known to have active TB. Annual PPD skin testing has been conducted for as long as I have been here. Employee conversions fortunately have been consistently low and appear to be associated with unknown cases of TB. These new masks will not

protect against exposure to these unknown cases.

I also would like to recommend that fit-testing with Class C respirators be eliminated. Proper instruction for the use of any type of equipment is necessary. However, fit-testing and the extensive documentation associated with this type of program is extremely expensive and may not best serve our patients and employees.

Thank you very much for considering my comments.

Sincerely,

Margaret Morita, CIC

Infection Control Practitioner Department of Epidemiology/

Infection Control