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April 18, 2016

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

***RE: Docket No. OSHA-2009-0028; Personal Protective Equipment (PPE) Standard for General Industry; Extension of the Office of Management and Budget's (OMB) Approval of the Information Collection (Paperwork) Requirements.***

Dear Dr. Michaels:

The Association for Professionals in Infection Control and Epidemiology (APIC) appreciates the opportunity to provide comments on the *Personal Protective Equipment (PPE) Standard for General Industry; Extension of the Office of Management and Budget's (OMB) Approval of the Information Collection (Paperwork) Requirements*. APIC is a nonprofit, multidisciplinary organization representing over 15,000 infection preventionists whose mission is to create a safer world through prevention of infection. Among our responsibilities is protecting healthcare workers from exposure to bloodborne pathogens and other infectious agents. Our members work together with colleagues in occupational safety and health, in settings across the continuum of healthcare including public health settings to review incident reports related to occupational exposure and re-evaluate PPE. Ensuring that infectious hazards are identified and the appropriate PPE is available is paramount in protecting our staff. It is important to note, however; that with new, emerging or re-emerging infectious diseases the recommendations about PPE often change over time as more is learned about transmission and viability of the organism in the environment. The following are our responses to the Special Issues for Comment.

**Whether the proposed information collection requirements are necessary for the proper performance of the Agency's functions, including whether the information is useful**

The Occupational Safety and Health Administration's (OSHA) mission to protect healthcare workers from hazards in the workplace is consistent with APIC's mission to create a safer world through prevention of infection. Our members utilize the Centers for Disease Control and Prevention's (CDC) *2007 Guideline*



*for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings* to guide our recommendations. A hazard assessment allows individual healthcare settings to identify potential infectious workplace hazards necessitating PPE use and aids in the selection of appropriate PPE, assuring a safe and healthful work environment. We believe that attestation that a hazard assessment was completed is a necessary quality control to assuring the safety of healthcare workers.

**The accuracy of OSHA's estimates of the burden (time and costs) of the information collection requirements, including the validity of the methodology and assumptions used**

It appears that the time burden is estimated solely on generating and maintaining the records (one hour) in addition to conducting the hazard assessment (29 hours). While those activities are generally the responsibility of the Occupational Safety and Health departments, infection preventionists provide pertinent and valuable input during the process. Our members believe that communication and education regarding the correct use of appropriate PPE should be afforded to each affected employee and requires a significant time commitment for both the employee and employer that is not captured in the burden hours. Additionally, there is the burden related to monitoring compliance, maintaining education records and updating employee lists.

It is unclear from the information included in the request for comment how the burden hours will be decreased. APIC is concerned that OSHA has underestimated the time burden. Within healthcare settings alone there are multiple locations where the standard applies not only to infectious hazards, but additional hazards such as chemical, heat, and impact for example. Healthcare facilities can have hundreds to thousands of employees with the potential for a varied number of workplace hazards. Settings without the benefit of electronic data collection and analysis capabilities will likely incur a larger time burden.

**The quality, utility, and clarity of the information collected**

APIC agrees that performing a hazard assessment is a valuable process. Using a standardized electronic database would improve the quality of the data assessment, inform policy and procedures to help prevent future incidents, and decrease the time burden associated with this requirement.

**Ways to minimize the burden on employers who must comply; for example by using automated or other technological information collection and transmission techniques**

Instituting an automated system to gather data used in the hazard assessment seems optimal. Working with healthcare institutions to integrate purchasing, finance, and information technology systems to assist with the hazard assessment in a proactive way would be helpful in reducing the ongoing burden of data collection. We note that many smaller and less resourced sites may not be able to institute such a system. Time spent on data collection will potentially impact the time available for education and training of staff on the correct selection and use of, donning, and doffing of PPE.

Our members appreciate the importance of a properly completed hazard assessment that informs healthcare workers about the proper PPE needed to prevent exposure. Thank you for the opportunity to



comment on the information requirements contained in the Personal Protective Equipment (PPE) Standard for General Industry.

Sincerely,

*Susan Dolan*

Susan Dolan, RN, MS, CIC  
2016 APIC President