

# Coalition to Fight TB in the Workplace

February 18, 2004

Mr. John Henshaw  
Assistant Secretary for the Occupational Safety and Health Administration  
U.S. Department of Labor  
200 Constitution Avenue, NW  
Washington, DC 20210

Dear Mr. Henshaw:

On behalf of the Coalition to Fight TB in the Workplace, representing millions of workers potentially exposed to airborne biological agents, we are writing to request a meeting with you and your staff regarding OSHA's recent actions concerning worker protection against tuberculosis.

According to the CDC, while the total cases of TB nationally has declined each year since 1992, the decrease in cases has not been uniform across the country, with the most recent year end data showing that the number of TB cases has either remained the same, or has actually increased in sixteen states. In this era of growing, not diminishing concerns over protecting workers from new and emerging airborne biological agents, the TB standard would have not only done much to address the continuing threat posed by TB, but would have laid a sound foundation to protect workers from this wider range of airborne agents.

We are also writing to register our strong and unequivocal support of OSHA's decision to rescind 1910.139. Back in 1998, OSHA assured everyone involved in the rulemaking process that the respirator provisions of the final TB standard would be at least as protective as the revised respirator standard. Now that the tuberculosis standard has been abolished, our coalition believes that rescinding this old respirator standard is not only warranted, but that it is required to assure that workers exposed to tuberculosis are no longer treated in a disparate and less protective manner than workers exposed to any other workplace airborne threat.

As you know, proper and regular fit testing at least on an annual basis as is required by 1910.134 has proven crucial to protect workers from airborne hazards. The quality of the face seal that provides workers with protection has nothing to do with the airborne hazard confronted, but everything to do with how the respirator is designed to perform. As was reported by the CDC from the SARS experience in Toronto, a number of workers supplied with respirators, but who were not fit tested, ended up contracting SARS (MMWR May 16, 2003). Finally regular fit testing is particularly important when you

are dealing with an airborne agent such as TB that does not possess any warning properties, and where no safe level of exposure has been established.

The exception to the fit testing requirement can, of course, kick in during high risk procedures, such as when workers are treating patients with contagious respiratory illnesses during cough-inducing medical procedures, where loose fitting powered air purifying respirators (PAPRs) are much more protective. This alternative also is necessary for workers with facial hair who cannot achieve a good facial seal.

Now that 1910.139 has been eliminated, we hope that the widespread confusion among many employers about which respiratory standard applies to which hazard will dissipate, and that workers exposed to tuberculosis, or any other airborne health threat will benefit from the same superior protections offered by the updated 1998 version of 1910.134. By adopting one respiratory standard, health care employers will no longer have to develop and maintain two duplicative but dissimilar written respiratory protection programs, carry out two sets of different medical screening protocols, deliver two different respirator training programs, conduct two different fit testing procedures, and keep two different recordkeeping systems.

Finally, we do not find the arguments by some organizations as to why workers should be offered less respiratory protection against TB to be compelling. Instead, we find that these comments are based on false logic and illustrate a general lack of the most basic understanding of the principles of good industrial hygiene and respiratory protection practices.

Perhaps the most disturbing aspect of this attack is an indirect admission to OSHA (and the public at large) that the health care industry may not currently be adhering to 1910.134 to protect workers from SARS and other airborne biological threats including weapons of mass destruction. For if employers are already following the OSHA regulations to protect workers from these other airborne agents, no additional steps to offer workers similar respiratory protections from TB would be required.

We look forward to meeting with you soon to discuss these matters. We can be reached at 202-898-3385 or [BorwegeB@SEIU.org](mailto:BorwegeB@SEIU.org).

On behalf of the members of the Coalition to Fight TB in the Workplace listed below, I am

Sincerely Yours,

Bill Borwegen, MPH  
Director  
Occupational Health and Safety  
Service Employees International Union

American Federation of Government Employees

American Federation of Labor- Congress of Industrial Organizations

American Federation of Teachers

American Federation of State, County and Municipal Employees

American Nurses Association

Communication Workers of America

International Association of Fire Fighters

International Brotherhood of Teamsters

Public Employee Federation

Service Employees International Union

United American Nurses

United Food and Commercial Workers

United Steel Workers of America