

Miller, Diane M. (CDC/NIOSH/EID)

From: Duffy Rich [rduffy@iaff.org]
Sent: Monday, February 07, 2011 4:08 PM
To: NIOSH Docket Office (CDC)
Cc: Brinkley, Jim; McGraw, Ron; Aaron Lisa; Kasinitz Barry
Subject: Infectious Diseases and 42 USC 300ff-131
Attachments: NIOSH Ryan White Comments.pdf

Attached are the comments of the IAFF on Docket NIOSH-219, regarding Infectious Diseases and Circumstances Relevant to Notification Requirements. Original will be sent by USPS.

Thank you.



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February 7, 2011

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RE: Docket Number NIOSH-219

The International Association of Fire Fighters (IAFF) wishes to thank the Centers for Disease Control and Prevention (CDC) and the National Institute for Occupational Safety and Health (NIOSH) for taking the lead in assuring the implementation of the Ryan White HIV/AIDS Treatment Extension Act of 2009.

The IAFF is acutely aware of the impact of hazards of infectious disease on the fire service and has served as the primary resource within the fire service in the prevention and control of infectious diseases. We have provided information and educational materials on the nature of the infections of concern to fire fighters, EMTs, and paramedics and how they are recognized and prevented.

While working, fire fighters, EMTs, and paramedics often respond to emergency situations involving victims who have been injured and are actively bleeding. The victim may require extrication from a difficult to access accident scene, such as a motor vehicle accident or poorly accessible building. There may be broken glass or other sharp objects at the scene that are poorly visualized, and the lighting at the scene may be minimal. In addition, if the victim is exsanguinating and needs to be extricated quickly to save his/her life, the emergency provider may act in haste, with disregard for his or her own safety. Fire fighters, EMTs, and paramedics also may be involved in emergency medical treatment at the scene, including intravenous line insertion, injecting medications, blood draws and airway management including intubation. The infectious disease status of the victim is almost never known to the fire fighter, EMT, or paramedic while he or she is rendering emergency services. All of these factors combine to place the fire fighter, EMT, or paramedic at increased risk of contracting either a bloodborne contagious disease through a puncture wound, skin abrasion or laceration that can become contaminated with infected blood or body fluids from the victim or an airborne disease while sharing air space with an infected victim or patient. For these reasons, the IAFF has been in the forefront of pressing for applicable federal and state infectious disease safety standards and legislation to further protect the emergency responder.

The IAFF strongly supported the original enactment of the Ryan White Comprehensive AIDS Resources Emergency Act, especially Subtitle B of the act which allowed for

requests of exposure notification by Emergency Response Employees (ERE) who believed they had an infectious disease exposure as well as a procedure for that notification to manifest. We were very disappointed when the Act was reauthorized in 2006 and the infectious disease notification provisions were inadvertently dropped from the law. The IAFF vigorously supported the restoration of these provisions in the Ryan White HIV/AIDS Treatment Extension Act of 2009 and we were pleased that the legislation passed virtually unopposed and was signed into law by President Obama.

We have reviewed the proposed list of potentially life-threatening infectious diseases and would like to submit three additional diseases for inclusion. The Anthrax attacks on news media and US Senate offices in 2001 clearly showed that fire fighters, EMTs and paramedics are the nation's first line of defense when it comes to responding to terrorist incidents. Anthrax disease is rapidly progressive, thus treatment should be initiated at the earliest sign or suspicion of disease. We would therefore like to see anthrax added to the list for exposure notification.

Over the past several years, Pertussis (whooping cough) has had a resurgence throughout the U.S. The severity of the disease in many instances can require EMS transport. In the close proximity of the patient compartment of an ambulance it is easy to see how the disease could be spread from the patient to the EMS provider.

In the federal register notice, Avian Influenza is listed as a potential disease however we feel that a better definition would be "Novel Influenza" since no one can predict what type of influenza will create the next pandemic. As we saw with the 2009 H1N1 pandemic, Novel Influenza can come from multiple sources and have the ability to put EREs at risk.

The federal register notice states that the medical information returned to the ERE, "*is the medical information that the medical facility would normally obtain according to its usual standards of care to diagnose or treat the victim, since the Act does not require special testing in response to a request for a determination.*" It is important to note that a number of states allow for testing of victims if emergency response personnel can document that an exposure occurred. The federal regulations do not require medical facilities to test patients, however the following states do allow for such testing which is an important part of their notification regulations.

Arkansas	Iowa	Mississippi	Pennsylvania ^{1,2}
Colorado	Illinois	Montana ^{1,2}	Rhode Island ²
Connecticut ^{2,3}	Louisiana ²	Nebraska	Texas
Delaware	Maine ³	New Mexico	Utah ¹
Florida	Maryland ¹	North Dakota ^{1,4}	Virginia
Hawaii	Michigan	Ohio ³	Washington ³
Idaho ¹	Minnesota ^{1,4}	Oregon ^{1,4}	Wisconsin ³

¹ Requires informed consent from the victim.

- ² Testing may be performed on any blood or bodily fluid previously drawn.
³ A court order to require testing of the patient may be obtained.
⁴ Consent not required on deceased persons.

Of the appropriate responses from the medical facility, we strongly disagree with the fourth response -- 4. *The facts submitted in the request are insufficient to make the determination about whether the ERE was exposed to an infectious disease included on the list issued pursuant to Section 2695(a)(1) [42 U.S.C. 300ff-131(a)(1)].*

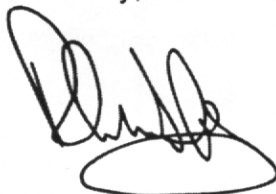
We feel that if an official request is made by a fire department's designated officer to determine the disease status of a treated individual by an ERE, that the request must be honored. Emergency response entities have controls in place which would screen for an actual exposure so if they make a request that means they have established that an exposure actually occurred. We do not feel that giving medical facilities the ability to overrule whether an exposure occurred is in the best interest of the ERE and accordingly should not be allowed by these regulations.

In closing, the IAFF agrees with the list of potentially life-threatening infectious diseases and would like to submit three additional diseases for inclusion – Anthrax, Pertussis and Novel-Influenza. Although the Act does not require special testing in response to a request for a determination, a number of states already allow for testing of victims if emergency response personnel can document that an exposure occurred. We feel strongly that if a request is made by a designated officer to determine the disease status of a treated individual by an ERE, that the request should be honored.

As we repeatedly stated during the original legislative development of the Act, our original public comments to CDC and our comments above the resource implications in carrying out this legislation are minimal.

We look forward to the finalization of these regulations which will continue to enhance the health and safety of our membership and will provide NIOSH with any additional information that they may need.

Sincerely,

A handwritten signature in black ink, appearing to read "Richard M. Duffy", written over a circular stamp or seal.

Richard M. Duffy
Assistant to the General President