



AMERICAN ASSOCIATION FOR RESPIRATORY CARE  
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June 1, 2018

**Re: National Occupational Research Agenda (Docket Number CDC-2018-0024)**

As President of the American Association for Respiratory Care (AARC), we strongly support the National Occupational Research Agenda for Respiratory Health (herein referred to as the Respiratory Health Agenda) designed to assist in planning and implementing “efforts to prevent occupational respiratory diseases and improve workers’ respiratory health.”

The AARC is a national professional organization with a membership of over 47,000 respiratory therapists who treat patients with chronic respiratory diseases such as Chronic Obstructive Pulmonary Disease (COPD) and whose organizational activities impact over 170,000 practicing respiratory therapists across the country. As such, we support preventive lung health including smoke free environments, smoking cessation counseling and pulmonary rehabilitation.

As a profession, respiratory therapists are exposed to aerosols which can have a detrimental impact on their overall respiratory health. Within the hospital and respiratory therapy community there is concern regarding prolonged exposure to aerosols generated from ventilators as well as the routine administration of aerosol medications via nebulizers or metered-dose inhalers, especially antibiotics, bronchodilators and older drugs that aren’t often used like Ribavirin. In fact, the CDC conducted a survey titled “Health and Safety Practices Survey of Healthcare Workers” to assess adherence to best practices for minimizing exposure to aerosolized medications. (<https://www.cdc.gov/niosh/topics/healthcarehsp/aerosolizedmeds.html>). Among the findings, 22% of respondents did not always wear protective gloves, 69% did not always wear protective gowns, and 49% did not always wear respiratory protection while administering aerosolized pentamidine to patients. Obviously more needs to be done to ensure healthcare workers are educated on, and comply with, best practices to ensure their safety when exposed to harmful chemicals. It is our hope that the evaluation and research conducted as part of the Respiratory Health Agenda will result in wider dissemination of preventive measures that can lead to safer work environments.

The Respiratory Health Agenda and its breakout into strategic groupings appear to be well-designed and cohesive with respect to the action items. Our primary interest is related to STRATEGIC OBJECTIVES 1-4: **Work-Related Respiratory Diseases** due to the focus on asthma, COPD, chronic bronchitis and idiopathic pulmonary fibrosis (IPF). As you may be aware, the CDC’s March 8, 2018 Morbidity and Mortality Weekly Report

([https://www.cdc.gov/mmwr/volumes/67/wr/mm6709a2.htm?s\\_cid=mm6709a2\\_w](https://www.cdc.gov/mmwr/volumes/67/wr/mm6709a2.htm?s_cid=mm6709a2_w)) highlighted a study regarding nine dentists who were treated for IPF at a Virginia tertiary care center, of which seven patients died. According to the study, dental personnel are exposed to numerous hazardous materials, including infectious agents, chemicals, airborne particulates, and ionizing radiation and it is possible that exposure to occupational hazards contributed to this cluster's IPF. The goals and objectives of the Respiratory Health Agenda can help bring more issues like these to light in hopes of developing preventive measures that can reduce exposure to such materials and save lives.

The Respiratory Health Agenda has the potential to give the AARC tools to do more to protect respiratory therapists and their patients as respiratory illness/infections are rapid in health care, especially during the viral season which negatively impacts patient care.

We commend the CDC and the National Institute for Occupational Safety and Health (NIOSH) for taking on this important agenda and look forward to its findings that can lead to effective preventive interventions.

Sincerely,

A handwritten signature in cursive script that reads "Brian K. Walsh".

Brian K. Walsh, PhD, RRT-NPS, RRT-ACCS, AE-C, RPFT, FAARC  
President