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Thomas R. Frieden, MD, MPH
Director, Centers for Disease Control and Prevention
1600 Clifton Rd.
Atlanta, GA 30333

Dear Dr. Frieden:

The American Nurses Association(ANA) is the only full-service professional organization representing the interests of the nation's 2.9 million registered nurses through its constituent member nurses associations, its organizational affiliates, and its workforce advocacy affiliate, the Center for American Nurses. ANA advances the nursing profession by fostering high standards of nursing practice and promoting the rights of nurses in the workplace, projecting a positive and realistic view of nursing, and by lobbying the Congress and regulatory agencies on health care issues affecting nurses and the public.

The importance of a safe work environment for registered nurses has prompted me to contact you to express ANA's concern surrounding the apparent current shortage of N-95 respirators available for the use by registered nurses and other health care personnel in healthcare settings to care for patients infected with H1N1 influenza. ANA is troubled by the recent shortage of adequate supplies of respiratory protection in healthcare settings, specifically fitted N-95 respirators which were previously recommended by CDC as the minimum level of respiratory protection for healthcare personnel for H1N1. The shortage of respirators is addressed in the "Interim Guidance on Infection Control Measures for 2009 H1N1 Influenza in Healthcare Settings, Including Protection of Healthcare Personnel" released by Centers for Disease Control and Prevention on October 14, 2009.

The guidance also refers to "prioritized respirator use" where shortages exist and providing facemasks to healthcare personnel who are not provided a respirator when in the midst of prioritized use conditions. It is well known that facemasks were not intended to be considered "personal protective equipment". As the document states, a facemask is a "physical barrier" that does not filter airborne particles and does leak. At best the facemask is a "better than nothing" device.

The guidance also discusses that at times of prioritized use, "respirator use may be temporarily discontinued for employees at lower risk of exposure to 2009 H1N1 influenza or lower risk of complicated infection". How is a decision like this reached, particularly

expecting healthcare organizations to make such a determination for nurses and other healthcare personnel as to who will contract H1N1 and who may have complications if infected? Furthermore, how will it be decided? Education and training in use of personal protective equipment has been geared so nurses rely on and trust proper use of personal protective equipment to keep them from contracting infectious diseases in the workplace. Without safe and adequate protections, nursing care can be adversely affected resulting in a negative impact on the quality of patient care provided during this pandemic.

In view of all the pandemic planning meetings, discussions and presentations held over the past several years, to be in such straits as to already be experiencing shortages of N-95 respirators and possible even facemasks is totally inexcusable and unacceptable. We need to be doing better in the United States to support and protect our registered nurses and other healthcare personnel so they can safely perform the nursing care in the healthcare workplace.

ANA is very supportive of the work the National Institute of Occupational Safety and Health is doing to help to perform research and development for improvement of respirators for use by healthcare personnel beyond N-95 respirators.

We appreciate CDC's continued monitoring and updating of guidance and current information about H1N1 for registered nurses and healthcare personnel while exploring the causes and remedy to personal protective equipment shortage, particularly respirators. ANA would be willing to help in any way we can during this challenging time.

Yours truly,

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