

**Statement  
of the  
American Hospital Association  
for the  
Workforce Protections Subcommittee  
of the  
Committee on Education and Labor  
of the  
U.S. House of Representatives**  
**“Clearing the Air: Science-Based Strategies to Protect Workers from COVID-19  
Infections”**

**March 11, 2021**

On behalf of our nearly 5,000 member hospitals, health systems and other health care organizations, our clinician partners – including more than 270,000 affiliated physicians, 2 million nurses and other caregivers – and the 43,000 health care leaders who belong to our professional membership groups, the AHA appreciates the opportunity to submit for the record our comments on the importance of protecting health care workers who have been so critical to the nation’s response to the COVID-19 pandemic.

**HOSPITALS’ AND HEALTH SYSTEMS’ COMMITMENT TO FOLLOW CDC SCIENCE-BASED GUIDANCE**

The U.S. has experienced more than 29 million cases and more than 500,000 deaths due to COVID-19. Our health care workers continue to be our most vital resource and their health and safety always will be a top priority.

Hospitals and health systems have remained committed to adhering to the science-based guidance from the Centers for Disease Control and Prevention (CDC), Food and Drug Administration (FDA) and Centers for Medicare & Medicaid Services (CMS)



throughout the pandemic. Hospitals in order to participate in the Medicare and Medicaid programs must meet specific infection control requirements as set by the programs' conditions of participation (CoP). Hospitals have already established robust infection control programs and invested significantly to assess and improve those programs.

The CDC has closely tracked the progression of COVID-19 as evidenced by the recent emergence of several variants around the world. As more has become known about these pathogens, CDC guidance has been updated regularly. The CDC continues to hold that COVID-19 is primarily spread through close contact, not airborne transmission, except when doing certain aerosolizing procedures. The CDC has acknowledged some specific circumstances outside of the hospital setting can generate COVID-19's spread through aerosols, such as poor ventilation or prolonged exposure to respiratory particles generated through singing or shouting. For health care workers, CDC continues to recommend as appropriate the use of facemasks unless workers are performing aerosolizing procedures or procedures that require very close contact with patients with suspected or confirmed COVID-19 infection.

Hospitals remain concerned about the adequacy of supplies of N95 respirators and gloves. While the number of cases of COVID-19 and the number of hospitalizations in the U.S. are on the decline, hospitals remain keenly aware that the nation has experienced two previous declines followed by significant surges in cases, hospitalizations and deaths. At least three mutations of the virus are present in the U.S. that seem to be more transmissible, more deadly or both.

While efforts have been undertaken by the federal government to make the supply chain more resilient in times of crisis, no one seems confident that the problems that led to the substantial shortages of personal protective equipment (PPE) last spring are resolved. Thus, N95 respirators should be reserved only for those procedures in which they are necessary, such as aerosol-generating procedures, and for those performing close contact care on infected patients. For other care tasks, the CDC recommends facemasks be used in lieu of N95s and that, to the extent necessary, conservation practices be used to optimize the supply of PPE.

The CDC continues to update its guidance regularly and has provided new recommendations for hospitals and health systems since the beginning of this year. For example, the agency updated its "Facility Planning and Operations" materials on Feb. 8, 2021. That guidance spoke to practices of "Planning and Stayed Prepared" and "Operating Effectively" and provided a variety of checklists, scenarios and suggestions, including those to protect health care personnel.

CDC also issued guidance for "Strategies for Optimizing the Supply of N95 Respirators" as recently as Feb. 18, 2021. That guidance discussed a variety of strategies during conventional, contingency (expected shortages) and crisis (known shortages) conditions. Guidance in those situations included several engineering, administrative and PPE use controls. As has been the case throughout the pandemic, hospitals and health systems continue to work to implement this new science-based guidance.

Meanwhile, the Biden Administration recently released a series of Executive Orders (EOs) related to the COVID-19 pandemic. One EO includes provisions for the Department of Labor and the Occupational Safety and Health Administration (OSHA) to consider whether an Emergency Temporary Standard (ETS), including with respect to mask wearing, is necessary, and, if so, to issue an ETS by March 15. In addition, the EO instructs OSHA to launch a national program to focus enforcement efforts on violations that put the largest number of workers at serious risk or are contrary to anti-retaliation principles.

Hospitals and health systems employ health care workers in myriad settings that are not at the same risk of exposure to COVID-19. The varying levels of risk lead to different expectations and practices for providing protection. Those employed in administrative capacities, telehealth support or as equipment technicians are not at the same risk as front-line caregivers. Some workers at lesser risk can be protected with changes in the physical environment, such as by installing plexiglass barriers. Other caregivers in direct contact with patients might require full PPE, including N95 or even Powered Air Purifying Respirators.

A rigid new standard has real potential to add for hospitals and health systems a new layer of conflicting and impractical regulatory burden at precisely the wrong time. A new standard could lack the flexibility of ongoing guidance from the CDC and could easily fail to acknowledge ongoing surges in COVID-19 infections that can deplete the supply of PPE. Enacting these new standards could force hospitals and their staffs into a nearly impossible decision – to either not comply with the standards in order to treat all of the patients who need help or comply with the standards and stop treating patients when supplies of OSHA-required equipment are exhausted. Any new standard should be promulgated in a manner that would allow future updates, based on current CDC guidance, to be made automatically.

## **CONCLUSION**

Health care workers have always been critical to the mission of hospitals and health systems. Their crucial life-saving role has never been more evident than during the course of the COVID-19 pandemic. The safety and protection of all health care workers remains a top priority. The AHA together with hospitals and health systems remain committed to following the science-based and sometimes quickly-evolving guidance issued by the CDC.