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Comments from the American Association of Occupational Health Nurses (AAOHN) for Docket No. OSHA-2025-0006; Amending the Medical Evaluation Requirements in the Respiratory Protection Standard for Certain Types of Respirators.

October 27, 2025

To Whom it May Concern,

The American Association of Occupational Health Nurses is the largest professional organization for occupational health nurses in the United States of America. Representing over 3,200 members, we are acutely interested in any proposed changes that may negatively affect the health and safety of workplace communities, and specifically those which may hinder the ability of our members to safely fit test and/or assign appropriate respirators to the workers that they serve.

Our concerns are as follows:

In Background section B, Health Literature Background, Introduction you state that "the agency acknowledges that respirators may negatively impact some workers' health due to extreme exertion while wearing one, impact on communication or ability to see, triggering mental health concerns ( e.g., claustrophobia), and other impacts on their quality of life. However, medical evaluation before use of an FFR or loose fitting PAPR is not well evidenced to prevent these outcomes." It is our opinion that OSHA has not provided credible evidence to suggest that eliminating the medical evaluation would have no effect. The lack of evidence is only evidence of absence if there has been an effort to verify a claim through sound research methodology. In this case, no such research has been undertaken to conclusively show that the medical evaluation is no longer needed. Changing a safety protocol which has been in place for decades without any conclusive evidence to show that the safety protocol is unnecessary is a flawed and unsound action.

In fact, our members have reported to us that the medical evaluation is an important part of their respiratory protection programs. It assists their professional practice by:

- Identifying workers who need further medical examination or testing to make sure they can safely use FFRs and PAPRs for the duration of their shift under the conditions of their specific workplace and job category - high heat, humidity, long work hours, heights, under physical exertion, etc. based on their medical history.

- Identifying workers who may have a temporary issue wearing an FFR or PAPR due to conditions such as pregnancy or recent surgery, or an injury or disability that may impact the employee's ability to correctly put on a FFR or PAPR.
- Identifying workers who have health concerns or require special accommodations. The medical evaluation allows the worker to communicate their needs directly to a medical professional who has the skills and experience to assist with appropriate accommodations.

We believe that losing this vital tool as part of our respiratory protection programs will negatively affect our professional practice.

In the Discussion, section C. Summary and Explanation of the Proposed Rule, you state "OSHA believes these revisions are appropriate due to the lack of data illustrating material impairment from wearing FFRs and loose-fitting PAPRs and the lack of data demonstrating that medical evaluations effectively predict adverse outcomes for workers wearing FFRs and loose-fitting PAPRs, as discussed in the *Health Literature Background* (Section IB. of this preamble). This lack of data is combined with widespread usage of FFRs and loose fitting PAPRs, especially in the wake of the COVID-19 pandemic". We would like to point out that during the COVID-19 pandemic, the rules for fit testing were relaxed so that non-essential workers and workers who were not required to wear respirators for their job could voluntarily do so if they chose to. These workers were not required to do a medical evaluation or be fit tested, and by and large they were not. The fact that this group of workers did not report adverse outcomes does not in any way correlate to the experience of actual essential workers (who did a medical evaluation prior to fit testing) because the workers who voluntarily wore FFRs did so with widely varying degrees of efficiency and competence. We observed that FFRs were worn under the chin, under the nose, and intermittently. Without actual evidence and data on how exactly FFRs were voluntarily used during the pandemic, the experience of these FFR users cannot be concluded to be representative of essential workers who were required to properly wear FFRs and PAPRs for the duration of their working shift.

In Background section i. Lack of large scale epidemiological studies, you state "The use of medical evaluations in respiratory protection programs as a prospective measure to avoid adverse health outcomes remains a well-accepted best practice. However, the agency is not aware of any epidemiological studies that evaluate their efficacy for FFRs and loose fitting PAPRs." It is our opinion that if OSHA wishes to better understand the merits of the medical evaluation for FFR and PAPR, then it should specifically undertake the study of this issue, with the help of NIOSH. Eliminating the medical evaluation without understanding the impact of this action is misguided and premature.

We are pleased that OSHA plans to hold an informal public hearing on this proposal, and that OSHA will publish a separate notice to announce the details of this public hearing. We ask that the public be granted an opportunity to comment during this public hearing.

It is our hope that OSHA will seriously consider the input provided by professional organizations, like AAOHN, who have direct knowledge of the impact that this proposed rule change will have. AAOHN is available to assist you in better understanding the essential role of occupational health nurses in the respiratory protection process, and how this proposed rulemaking will have a negative impact on our professional practice.

Sincerely,

*Jennylynn Balmer*

AAOHN President