



October 24, 2025

Mr. David Keeling,
Assistant Secretary of Labor
Occupational Safety and Health Administration
U.S. Department of Labor
200 Constitution Ave, NW
Washington, DC 20210

RE: Docket No. OSHA–2025–0006-0032: Amending the Medical Evaluation Requirements in the Respiratory Protection Standard for Certain Types of Respirators.

Dear Assistant Secretary Keeling:

On behalf of the Occupational Health and Safety Section of the American Public Health Association (APHA), a diverse community of public health professionals that champion the health of all people and communities, we write to provide comments on the proposed amendments to the medical evaluation requirements in OSHA’s Respiratory Protection standard (29 CFR 1910.134).

We oppose OSHA's proposal to eliminate medical evaluations for workers using filtering facepiece respirators (FFRs) and loose-fitting powered air-purifying respirators (PAPRs). As OSHA freely admits, there are no large-scale epidemiologic studies that either demonstrate or refute the concern that FFRs and/or loose-fitting PAPRs cause a physiological burden. There are small, mixed studies that raise concerns that FFRs and loose-fitting PAPRs may cause physiological burdens, eye and upper respiratory irritation, headaches, dizziness, fatigue and discomfort^{1,2,3,4,5,6,7,8,9,10}. Experts note that workers with underlying medical conditions, such as allergies, asthma, immunological disorders, lung and heart disease may be at increased risk¹¹. Even if, as OSHA purports, only 1-2% of workers using FFRs and loose-fitting PAPRs may be adversely affected by eliminating medical evaluations, this would mean that tens of thousands of workers would be put at risk by this hasty and ill-conceived proposed rule. In addition, with climate change, many more workers experience extreme heat in their jobs. The use of respirators under these conditions imposes a greater physiologic burden, which must be factored into the assessment for respirator use . OSHA should withdraw this proposal and support a more thorough review, including launching a large-scale epidemiologic study, along with convening a panel of scientific experts, labor representatives, and management representatives to thoroughly consider how medical evaluations of workers using respirators can best protect the U.S. workforce.

Research on Physiologic and other Health Effects of FFRs and Loose-fitting PAPRs

In the “Health Literature Background” section of the preamble to the proposed rule, OSHA notes that there is a lack of large-scale epidemiological studies on the use of medical evaluations in respiratory protection programs. It is therefore perplexing on what basis OSHA is proposing such a significant change. Additionally, the lack of studies does not mean that medical evaluations are not an important measure to protect workers. Rather, it means that studies should be funded to answer this question. Further, we believe that available scientific research and real-life clinical experience supports the continued use of medical evaluations for FFRs and loose-fitting PAPRs.

OSHA claims that “despite large increases in respirator usage after the emergence of COVID-19, no evidence has surfaced illustrating the need for medical evaluations” and that “available data on effects largely show minimal impact on health.” OSHA cites only five references to support these statements. Moreover, using the COVID-19 pandemic as an example of adequate respirator usage without medical evaluations is misplaced. Many who needed respirators did not get them, and when available, many were improperly distributed lacking appropriate fit testing and medical evaluations. Many healthcare workers contracted COVID-19 during the pandemic, in part because of the lack of or improper use of FFRs^{12,13,14}.

In our review of the literature, we identified ten references^{1,2 3,4,5,6,7,8,9,10} OSHA did not cite, including studies done during COVID and systematic reviews of between 14 to 55 studies of physiological and health effects of FFRs^{2,4,5,10}. All studies found some adverse physiological effects in healthy individuals at high exercise levels. Further, many reported symptoms while wearing FFRs, including shortness of breath, headaches, dizziness and fatigue. In fact, in all the studies cited by OSHA, symptoms were reported by workers wearing FFRs. Harber and Beckett’s (2023a) systematic review concludes that more research is needed on a “a wide range of subjects,” including people with pulmonary and cardiac disease and people who are obese. The authors note that “persons who report poor tolerance or anxiety should not be automatically excluded in studies.”

Need for Medical Evaluation for FFRs and Loose-fitting PAPRs

OSHA provides two examples from the rulemaking record for the 1998 Respiratory Protection final rule to conclude that only 2% of workers being medically evaluated for FFR and Loose-fitting PAPR use are placed on restrictions. (90 *Federal Register* 28465) However, using OSHA’s own reference of the 2005 National Institute for Occupational Safety and Health (NIOSH) survey of private sector respirator use¹⁵, 2% of the approximately 3 million workers using FFRs or loose fitting PAPRs would lead to 60,000 workers at risk. Further, as OSHA notes, this number is likely much higher now, in part due to the COVID-19 pandemic. These are workers whose health may be jeopardized if there is no medical evaluation required.

Harber and Beckett (2023b) note that multiple studies identify symptoms, including headache, difficulty breathing, skin disorders, and discomfort due to heat and humidity inside the FFRs, as

reasons that people will discontinue using FFRs¹⁶. OSHA states that this would not be a problem as workers using FFRs and loose-fitting PAPRs are not in Immediately Dangerous to Life and Health (IDLH) situations. First, how can OSHA state these are not problems when clearly workers say otherwise. Second, we point out that IDLH exposures are not the only acute hazard that workers face. For instance, workers who discontinue respirator use but may be immunocompromised or have allergies to occupational exposures can suffer significant health effects, such as serious infectious diseases or aggravation of occupational asthma that can lead to hospitalizations and even death.

Livestock workers exposed to many airborne hazards, including dust, endotoxins, animal dander and infectious agents, such as influenza, are an example of workers that need respiratory protection and medical evaluations. The study by Gibbs et. al. (2023) provides a good description of the exposures and need for FFRs^{17, 18}. OSHA cites this study as an example of an occupation where the respiratory protection standard is not being followed and thus may not be needed. Our interpretation is the opposite. These are young workers who may develop acute or chronic respiratory diseases without adequate respiratory protection. Further, hogs can transmit infections to humans, such as swine flu, that not only sicken the workers but could also lead to widespread pandemic illness. The medical evaluation is an important component of a respiratory protection program in this worker population as it allows a clinician to determine who may need a higher level of protection or more education on respirator use.

Healthcare workers are another obvious example where the medical evaluation is a key component of the respiratory protection program. The healthcare workforce numbers 17 million with 4 million nurses, over 900,000 physicians, among many other healthcare professionals involved in patient care, at times requiring the use of FFRs. Under OSHA's proposal, tens of thousands of healthcare workers would not receive needed medical evaluations. They would be left unprotected from a wide range of sometimes lethal infectious diseases.

Clinicians' real-life experiences

Occupational and Environmental Medicine (OEM) clinicians (including MDs and RNs) reviewing respiratory questionnaires and evaluating workers for respirator use value this OSHA requirement. In the words of one OEM medical director: "In my experience, there have literally been a countless number of 'medical saves' doing medical screening on these employees." OSHA-required medical evaluations have resulted in temporary or permanent work restrictions, such as restricting respirator use with scheduled breaks or requiring a PAPR instead of an FFR. OEM clinicians value the opportunity to educate workers and answer questions on PPE use. OEM clinicians have diagnosed many medical conditions during medical evaluations, ranging from work-related illnesses such as occupational asthma to non-work-related serious conditions, such as high blood pressure, diabetes and cardiac disorders.

Likely risk of widespread failure to provide appropriate respiratory protection for workers

OSHA makes the point that many employers are not following the OSHA Respiratory Protection standard requirements, and, in fact, the Respiratory Protection standard has regularly been listed as one of one of the top ten standards cited by OSHA for non-compliance¹⁹. Further, lack of medical evaluations is the most commonly cited violation of 29 CFR 1910.134²⁰. The proposal to drop medical evaluations for a subset of respirators will lead to confusion and sends the message that respiratory protection is not important, that the exposures for which these respirators are required are not hazardous, and that employers and workers should not be concerned. We are concerned that failure to protect workers from these respiratory hazards will lead to a large increase in occupational exposures, illnesses, and deaths.

Provisions on medical examinations in the Formaldehyde standard (1910.1048)

The Formaldehyde standard requires medical examinations for employees with exposures that exceed the action level or the short-term exposure limit (STEL), as well as for those who show signs and symptoms of exposure. (29 CFR 1910.1048(l)(1) - (l)(7)). Although a questionnaire is required for all workers, an annual medical examination is only required for workers who wear respirators. If an employer decides that respirators are not necessary for some employees, these employees would be denied access to appropriate medical surveillance examinations. Medical surveillance is key in identifying early evidence of adverse health effects, including allergies, asthma, dermatitis, and cancer. Medical surveillance also allows the physician to counsel employees on medical conditions that could be aggravated by formaldehyde exposure and ways workers can protect themselves.

Provisions on medical evaluations in the Methylene Chloride (1910.1052)

In a separate proposed rule, OSHA is proposing to remove 1910.1052(g)(4) “Medical Evaluation, which requires employers to have a physician or other licensed health care professional (PLHCP) evaluate an employee’s ability to use a supplied air respirator in the negative pressure mode or a gas mask with an organic vapor canister for emergency escape. (90 *Federal Register* 28272). Since the Methylene Chloride standard already requires that employers abide by the medical evaluation requirements of 1910.134, we oppose this proposal as it may create unnecessary confusion about when medical evaluations for respirator use is required. Employers may believe that removing this provision means that medical evaluations are unnecessary for emergency use of respirators. As presently written, (g)(4) gives employers specific information on types of respirators where medical evaluation is required, which aids in their understanding how best to protect their workers. In our experience, responsible employers appreciate this additional information.

Conclusion: OSHA should withdraw this proposal

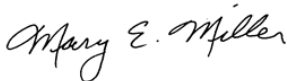
In conclusion, we believe this proposal is irresponsible and hastily conceived. We are surprised by OSHA's lack of rigorous review, disregard or omission of many scientific studies, and superficial assessment of the studies that are cited. This lack of rigor is atypical for OSHA and implies a rush to deregulation. We strongly urge OSHA to withdraw this proposal and convene relevant parties to develop a more thoughtful plan based on data and experience of those most familiar with the technical details .

We further recommend that OSHA request that the NIOSH fund the research that is lacking on the efficacy of medical evaluations for FFRs and loose-fitting PAPRs. NIOSH was established through the Occupational Safety and Health Act of 1970 to, among other duties, "conduct such research...necessary for the development of criteria for new and improved occupational safety and health standards". Further, NIOSH's National Personal Protective Technology Laboratory (NPPTL) is an international leader in respirator research and certification. NIOSH is well situated to provide the research and expertise to advise OSHA on this issue. OSHA should insist that NIOSH funding for these programs be re-instated and secured.

Sincerely,



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