



INTERNATIONAL ASSOCIATION OF FIRE FIGHTERS®

HAROLD A. SCHAITBERGER
General President

March 11, 2020

The Honorable Alex Azar
Secretary of Health and Human Services
U.S. Department of Health and Human Services
200 Independence Avenue, S.W.
Washington, DC 20201

Dear Secretary Azar,

On behalf of the more than 320,000 members of the International Association of Fire Fighters (IAFF), we strongly object to the conclusions and recommendations of the CDC's Interim Guidance for Emergency Medical Services (EMS) Systems and 911 Public Safety Answering Points (PSAPs) for COVID-19 in the United States.

We believe that the CDC's updated PPE recommendations for the care of patients with known or suspected COVID-19 will put fire fighters and EMS personnel at risk.

The CDC recommendations state that facemasks are an acceptable alternative when the supply chain of respirators cannot meet the demand, but these recommendations are based on a controlled work environment within the healthcare setting. For fire fighters and EMS personnel, our work environment is never controlled.

The IAFF's position is – and will remain – that N-95 or higher respirators afford the best protection for our workforce when it comes to caring for suspected and confirmed COVID-19 patients.

We recommend increasing the level of respiratory protection to include an Air Purifying Respirator (APR) or Powered Air Purifying Respirator (PAPR), not decreasing the level of protection to a facemask.

We believe the CDC has made this guidance not based on science, but rather because the supply is low. In the updated guidance, the CDC states that when the supply chain is restored, providers should return to the use of N-95 masks, but the supply chain should not dictate the recommendation for a lower level of protection.

Higher protection is a necessity for fire fighters and EMS personnel who make the initial contact with a patient and assess their signs and symptoms. Often, the chief complaint changes post-patient assessment, requiring a high-risk procedure where fire fighters and EMS personnel are not afforded the time or opportunity to upgrade their PPE from a facemask to a N-95 or higher.

In our uncontrolled environment, a tight sealed facemask such as the N-95 or higher is necessary to fully protect our members from unintended exposures. When working in an ambulance or on any emergency scene, our members should have full mobility without the concern of a mask breaking, gapping or shifting. These movements would allow for potential exposures to airborne pathogens.

According to a study by Lai et al², surgical facemasks were less effective than fully sealed facemasks. It was observed that under pseudo-steady conditions, the protection degree for a facemask was only 45 percent for normal wearing scenarios. The fully sealed facemasks protected around 100 percent. These facemasks are not respirators, but they do demonstrate the importance of a sealed mask when it comes to protection.

This study demonstrated how fully sealed facemasks provide the highest protection, while the least protective was the surgical facemask worn under normal conditions. The conclusion of this study was that the separation between the source and skin was the most influential parameter affecting facemask protection.

It is also important to acknowledge that in an uncontrolled environment – or in the back of an ambulance – it is impossible to maintain a distance of 6 feet from the patient for initial assessment. Due to the close proximity, it is essential for fire fighters and EMS personnel to consider every situation as a high risk.

According to the Occupational Safety and Health Administration (OSHA), “respirators offer the best protection for workers who must work closely (either in contact with or within 6 feet) with people who have influenza-like symptoms.” These situations are typically classified as very high exposure risk or high exposure risk. These are the working conditions for fire fighters and EMS personnel.

OSHA also identifies surgical masks or facemasks as “not designed to seal tightly against the user’s face. During inhalation, much of the potentially contaminated air can pass through gaps between the face and the surgical mask and not be pulled through the filter material of the mask. Their ability to filter small particles varies significantly based upon the type of material used to make the surgical mask, so they cannot be relied upon to protect workers against airborne infectious agents.” This alone shows the concerns around COVID-19.¹

In addition to the need for the CDC recommendations to be updated to the appropriate level of protection, the supply shortage must continue to be addressed as well. We continue to call on the CDC to proactively and effectively release the national stockpiles of respirators to reduce the risk of infection, with a focus on providing the mask to those with the highest known risk of infection.

The federal government should do all in its power to increase the supply of N-95 respirators and other PPE, incentivize U.S.-based companies to produce more N-95s and promote the use of PAPRs in healthcare settings.

Sincerely,

A handwritten signature in black ink that reads "Harold A. Schaitberger". The signature is written in a cursive, flowing style.

Harold A. Schaitberger
General President

1. OSHA Respiratory Infection Control: Respirators Versus Surgical Masks-
<https://www.osha.gov/Publications/respirators-vs-surgicalmasks-factsheet.html>
2. Lai, A. C., Poon, C. K., & Cheung, A. C. (2012). Effectiveness of facemasks to reduce exposure hazards for airborne infections among general populations. *Journal of the Royal Society, Interface*, 9(70), 938–948. <https://doi.org/10.1098/rsif.2011.0537>.