November 19, 2019

Alexandra Dapolito Dunn
Assistant Administrator
Office of Chemical Safety and Pollution Prevention
U.S. Environmental Protection Agency

AIHA Comments on EPA’s Antimicrobial Performance Evaluation Program (AEP): A (Draft) Risk-Based Strategy to Ensure the Effectiveness of Hospital-Level Disinfectants

Docket Number: EPA-HQ-OPP-2018-0265

Dear Ms. Dunn:

The American Industrial Hygiene Association® (AIHA) and its Infection Prevention Subcommittee of the Healthcare Working Group offers the following comments in response to the solicitation for stakeholder feedback regarding the draft document “Antimicrobial Performance Evaluation Program (AEP): A (Draft) Risk-Based Strategy to Ensure the Effectiveness of Hospital-Level Disinfectants”. AIHA and our members have a reach that extends to millions of people, with solid credibility that is built from 80 years of service to the occupational and environmental health and safety community. Specifically, AIHA has 8,500 members who represent a cross-section of industry, private business, labor, government, and academia. We maintain 68 active Local Sections, more than 50 volunteer groups, and have partnership agreements with governmental and nongovernmental organizations representing the full spectrum of worker health and safety vocations. Finally, we have several award-winning publications, a strong social media presence, and host conferences where thought leaders from a variety of industries gather to share new information and answer practical questions on specialized health and safety topics. Our comments concern EPA’s “Focus Question 1” of the request for comments.

EPA Focus Question 1: Please comment on the proposed risk factors and refinements, their proposed prioritization, their strengths and limitations, and recommendations for other risk factors not considered.

Registration and testing of products that reduce or eliminate pathogens on environmental surfaces should be considered in the context of the outcome, rather than on chemical biocidal action alone. Other innovative products, such as beneficial bacteria with macrophages, have been shown in the peer-reviewed literature to reduce pathogens on surfaces for sustained periods of
time. Currently there is no way to register these products as hospital disinfectants because their mode of action is not biocidal.

Registration and testing should also consider the mode of application (e.g., spray and wipe, pre-moistened towelette), consider the material of application (e.g., microfiber, cotton cloth, polybond towelette), simulate the mechanical action of application, and note the actual contact time achieved.

Additional considerations could include clinical data linking surface pathogen counts to infection rates and the following questions below:

a. Will use of the product result in fewer illnesses or injuries to staff and occupants?
b. Is there the potential for target organisms to develop resistance to the product?
c. What is the impact of occupational exposures and health risks to users of the product?
d. Will significant exposures or discomfort occur for those occupying the room (e.g., staff and patients) during or after use?
e. What is the impact of discomfort of users during use? (If users don’t like using the product for reasons such as throat or eye irritation or odors, they may be less likely to ensure that adequate application and contact times are met.)
f. Will hazardous or harmful biproducts be produced when used?

Conclusion and Next Steps
AIHA thanks you for the opportunity to comment upon this request for feedback on the draft document entitled “Antimicrobial Performance Evaluation Program (APEP): A (Draft) Risk-Based Strategy to Ensure the Effectiveness of Hospital-Level Disinfectants”. We look forward to working with you to help achieve our common goals of protecting workers and their communities. For additional information, please contact Mark Ames at mames@aiha.org or (703) 846-0730.

Respectfully,

Kathleen S. Murphy, CIH
President
AIHA