

March 8, 2002

Chairman: Smallpox Task Force  
Bioterrorism Preparedness and Response Planning  
Centers for Disease Control and Prevention  
Mailstop C-18  
1600 Clifton Road  
Atlanta, GA 30333

Re: CDC *Interim Smallpox Response Plan and Guidelines* Draft 2.0 (11/21/01)

Dear Sir/Madam:

On behalf of the American Hospital Association (AHA), the American Society for Healthcare Engineering (ASHE), the American Society for Healthcare Environmental Services (ASHES) and the American Society for Healthcare Central Service Professionals (ASHCSP), we appreciate the opportunity to comment on the CDC's *Interim Smallpox Response Plan and Guidelines* ("plan"). And we extend our appreciation to the Centers for Disease Control and Prevention (CDC) for the efforts of its Bioterrorism Preparedness and Response Planning (BPRP) team in addressing anthrax and other biological agents and emerging pathogens with potential use in biological terrorism.

The AHA represents nearly 5,000 member hospitals, health systems and other providers of care, as well as more than 39,000 personal members employed in the health care field. ASHE has 6,000 members and is the advocate for continuous improvement in the health care engineering and facilities management professions. ASHES has 1,480 members and is the only association dedicated to representing health care environmental services, housekeeping, textile care and waste management professionals. ASHCSP has 920 members and is the leader in central service/sterile processing education, training, patient safety and advocacy relative to supply distribution, decontamination, sterilization and instrumentation.

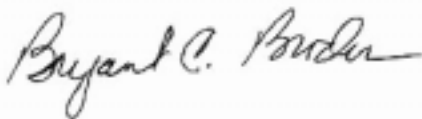
We commend the CDC for its comprehensive approach to planning a response to an outbreak of smallpox. CDC has indicated that it will update its plan regularly to reflect changes in public resources for responding to a smallpox emergency. We appreciate this open approach and, in that spirit, we offer suggestions for revisions to Guides C, D and F of the plan that can help the plan better reflect the hospital environment.

CDC has consistently emphasized the use of scientific evidence as a basis for developing infection prevention and control guidelines for health care facility-associated infections. Our organizations have worked with CDC and other federal agencies to improve safety by encouraging health care facilities to develop and sustain infection control and safety strategies that are evidence-based. These efforts include: the prevention of transmission of tuberculosis in health care facilities; the "look-back" for hepatitis C virus infections; the implementation of bloodborne pathogen standards; the prevention of sharps injuries in hospitals; and, most recently, the CDC's draft *Guidelines for Environmental Infection Control in Healthcare Facilities, 2001*.

In general, our overriding concern, as expressed in the attached technical comments, is that the draft plan is, in many places, not consistent with existing CDC and other authoritative guidelines (e.g. Guidelines for the Design and Construction of Hospital and Health Care Facilities, a national consensus guideline adopted by over 40 state governments<sup>1</sup>) for ventilation and engineering controls, disinfection and sterilization of patient care equipment and laundry, and waste management. Given the broad scope of the CDC Smallpox Plan, it may be that the flaws we discuss below reflect the urgency with which the plan was released, given the events of September 11, 2001. However, if a smallpox outbreak were to occur in the United States, it would be critical that all health professionals working from the same set of infection control principles, based upon the most recent thinking in health care engineering, disinfection, and ventilation. In our assessment, the areas of the draft plan that do not reflect current infection control and/or disinfection practice are located in Guides C (Isolation and Quarantine) and F (Decontamination Guideline). Our technical comments and recommendations are directed to Draft 2.0 (dated 11/21/01) of the plan and are attached.

Once again, thank you for encouraging the review of this document by content experts and for your openness and collaboration with many professional resources and disciplines. Please do not hesitate to call AHA's Roslyne Schulman at (202) 626-2273, ASHE's Dale Woodin at (312) 422-3812 or ASHES' and ASHCSP's Patti Costello at (312) 422-4572 with any questions or comments regarding these comments.

Sincerely,



Bryant C. Broder, ACSP  
President  
American Society for Healthcare  
Central Service Professionals



Sidney E. Pittman, CHESP  
President  
American Society for Healthcare  
Environmental Services



Rick Pollack  
Executive Vice President  
American Hospital Association



Wayne Klingelsmith, FASHE, CHFM  
President  
American Society for Healthcare Engineering

Attachments

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<sup>1</sup> American Institute of Architects (AIA). Guidelines for design and construction of hospitals and health care facilities. Wash DC: AIA Press, 2001