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November 1, 2025

Docket Office
U.S. Department of Labor, Occupational Safety and Health Administration (OSHA)
200 Constitution Ave NW
Washington, DC 20210

Subject: Consolidated Comments of the American Industrial Hygiene Association (AIHA) on OSHA's Deregulatory and Clean-Up Actions (See Dockets Listed Below)

Dear Assistant Secretary Keeling and OSHA Docket Office:

On behalf of the American Industrial Hygiene Association (AIHA), we respectfully submit these consolidated comments on OSHA's deregulatory and clean-up initiatives, as outlined in several open rulemakings and interpretive proposals. AIHA represents industrial hygienists, EHS professionals, and the broader occupational safety and health community.

We generally support efforts to simplify regulations - provided such efforts maintain or enhance worker protections, reduce ambiguity, and eliminate redundant language without weakening science-based safeguards. However, simplification must not compromise safety or shift interpretive burdens onto employers and consultants. When OSHA opts to generalize regulatory language, we recommend that final rules (1) retain illustrative, non-exhaustive, task-based examples (e.g., "such as...") tied to exposure levels and job activities, and (2) include an official equivalency crosswalk that maps existing prescriptive requirements to their equivalents under 29 CFR 1910.134 - covering aspects such as Assigned Protection Factors (APFs), fit testing, cartridge/canister selection, change-out schedules, and exposure limits - to minimize confusion and reduce the risk of misapplication.

Our comments on specific dockets follow:

1) Interpretation of the General Duty Clause (OSHA-2025-0041 / RIN 1218-AD71)

The term "inherent and inseparable" is overly broad and may unintentionally extend beyond its intended scope - such as theatrical or entertainment contexts - to include common industrial hazards (e.g., working at heights, welding, or operating powered equipment). This ambiguity could create confusion about employer responsibilities and lead to enforcement gaps. To address these concerns, AIHA recommends that OSHA:

- **Limit the use of "inherent and inseparable"** strictly to non-repeatable artistic or athletic performances where implementing feasible controls would fundamentally alter the nature of the performance. Additionally, OSHA should explicitly exclude conventional industrial hazards with known and feasible controls (e.g., fall protection, welding fume controls, lockout/tagout, respiratory protection).
- **Include a savings clause** to clarify that this interpretation does not change existing obligations under current OSHA standards or diminish OSHA's authority to address recognized hazards through standards or the General Duty Clause (GDC) when feasible controls are available; e.g., that nothing in this interpretation alters employers' obligations under existing specific standards

(machine guarding under §1910.212; fall protection under 29 CFR 1926 Subpart M), nor does it constrain OSHA's authority to cite recognized hazards where feasible controls exist; State Plans should be required to maintain at least equivalent authority.

- **Provide clear examples** of scenarios where the interpretation does and does not apply, and affirm that State Plans must maintain at least equivalent enforcement authority.

2) Medical Evaluations for Respirator Use (OSHA-2025-0006 / RIN 1218-AD48)

Eliminating PLHCP-led screening for respirators commonly used in hazard-driven environments shifts complex medical fitness decisions to non-clinicians, increasing the risk for workers with cardiopulmonary or other health conditions - particularly in situations where respirator use is mandatory. To address these concerns, AIHA recommends that OSHA:

- **Maintain PLHCP screening** for all required respirator use, including filtering facepiece respirators (FFRs) and loose-fitting powered air-purifying respirators (PAPRs), while allowing for streamlined questionnaires and triage by PLHCPs.
- **Restrict any exemptions** to truly voluntary, low-exposure scenarios, and clearly define specific triggers for PLHCP referral (e.g., symptoms, pre-existing conditions, extended wear durations, heat stress).
- **Issue a compliance guide** clarifying (a) when screening is required, (b) PLHCP triage workflows and documentation, and (c) interaction with substance-specific standards; explicitly flag triggers for PLHCP referral (e.g., cardiopulmonary disease, symptoms, extended wear, heat stress, or physically demanding tasks requiring negative-pressure respirators).

3) Substance-Specific Respiratory Protection Provisions (e.g., Benzene, Asbestos, Formaldehyde, Lead, Ethylene Oxide, Representative Dockets: OSHA-2025-0023 / RIN 1218-AD59 and related)

OSHA's proposed generalizations, if not paired with clear equivalency guidance, risk shifting complex respirator selection and cartridge change-out decisions to employers without adequate direction - particularly for immediately dangerous to life or health (IDLH) atmospheres and agent-specific constraints (e.g., ethylene oxide sorbent limitations, methylene dianiline [MDA], or formaldehyde STEL scenarios). OSHA should retain non-exhaustive examples of acceptable respirator configurations mapped to exposure tiers (action level, PEL, STEL, IDLH) and common tasks, while referencing §1910.134 for program elements; an appendix crosswalk should state that following the mapped equivalents constitutes compliance.

To preserve science-based safeguards while minimizing ambiguity, AIHA offers the following specific recommendations:

- **Retain HEPA/N100-equivalent filtration requirements for asbestos, lead, cadmium, and inorganic arsenic.** OSHA's rationale that all NIOSH-approved filters under 42 CFR Part 84 are "efficient in preventing the penetration of submicron-sized particles" overlooks material differences in allowable penetration. AIHA opposes deletion of explicit HEPA (or N100/P100) requirements in these standards. Given toxicity and carcinogenicity profiles, sub-micrometer particles and short, thin asbestos fibers penetrate N95 media more readily than P100/HEPA. Simulated workplace studies show P100 outperforms N95 for 10–400 nm aerosols; a precautionary, ALARA-consistent approach warrants retaining N100/P100 (or HEPA) as the minimum for these agents. By definition, N95 filters may permit up to 5% particle penetration, whereas N100/HEPA filters permit up to approximately 0.03% penetration (99.97% efficiency). For carcinogenic metal fumes (Pb, Cd, As) and aerodynamically submicron asbestos fibers, this difference - on the order of a 167-fold margin - matters. In practice, higher-efficiency filters provide necessary safety buffers for real-world conditions that deviate from laboratory assumptions (e.g., face seal variability, high work rates, elevated particle loading). Accordingly, OSHA should maintain explicit requirements for HEPA or N100/P100 filters in these substance-specific standards rather than defaulting to the broad "any NIOSH-approved filter"

formulation. Where OSHA wishes to streamline language, the Agency can reference 29 CFR 1910.134 but preserve a normative statement that, for the substances listed above, the minimum filter efficiency shall be N100/HEPA (P100 where oil aerosols may be present). AIHA also opposes removing the “PAPR upon request” provisions. Comfort and lower breathing resistance drive adherence; some workers require higher protection factors or loose-fitting PAPRs (e.g., for fit limitations or facial hair). Eliminating this option would reduce real-world compliance and protection.

- **Do not authorize filtering facepiece respirators (FFRs) for asbestos exposures.** AIHA supports maintaining the prohibition on FFRs for asbestos. Reusable elastomeric respirators generally achieve more reliable face seals and higher fit performance across users than disposable N95 FFRs, and high humidity during abatement degrades FFR efficiency, increasing penetration. Effective user seal checks are more practicable with elastomeric facepieces; most leakage occurs at the face seal. For a carcinogenic fiber hazard with severe latency, precaution is warranted. In 2006, OSHA assigned an APF of 10 to both FFRs and elastomeric half-mask respirators; however, the underlying analysis and field-use realities do not support treating these configurations as interchangeable for asbestos. Industrial hygienists with direct observation of worker use routinely report that FFRs are less robust to donning/doffing errors, moisture and heat, and sustained work rates. Critically, FFRs cannot be effectively user fit-checked to the same degree as elastomeric half-masks with valves and rigid facepieces - undermining reliable in-field assurance of protection. Given asbestos’s latency and disease severity, precaution is warranted. OSHA should explicitly prohibit FFRs for asbestos tasks and require, at minimum, elastomeric half-mask respirators (APF 10) or higher-protection options (e.g., full-facepiece, PAPRs) depending on exposure potential. If OSHA declines to prohibit FFRs outright, the Agency should - at a minimum - limit their use to tightly defined, short-duration, low-exposure tasks with mandatory quantitative fit testing (QNFT), enhanced training on user seal checks, and documented supervision. OSHA’s proposal to allow any respirator with APF 50 in place of the commonly used full-facepiece PAPR (APF 1000) effectively permits up to a 20-fold decrease in protection. For physically demanding, humid abatement work, this would elevate exposure and cardiopulmonary strain; the minimum required APF for the specified tasks should remain APF 1000, not 50.
- **Lead.** AIHA opposes removing the requirement to provide respirators upon employee request. Lead PELs do not reflect individual susceptibilities (e.g., iron deficiency, kidney disease), and the current PEL is outdated relative to contemporary health evidence; retaining the request provision is a necessary safety net.
- **Formaldehyde.** AIHA does not support removing §1910.1048(g)(2)(ii) change-out schedules. Highly variable exposures elevate breakthrough risk if end-of-shift change-outs are relaxed. A performance-based approach would shift complex service-life calculations onto employers lacking exposure data and sorption characteristics, effectively raising costs and risk versus the current simple, protective default.
- **Methylene Chloride.** Allowing half-mask atmosphere-supplying respirators (APF 50) with separate goggles in lieu of full-face atmosphere-supplying respirators (APF 1000) creates a twenty-fold protection gap and inferior eye protection; there are no standards that verify goggle performance against irritant vapors. Full-face, positive-pressure protection should remain required. Given MC’s volatility, acute inhalation toxicity, inadequate warning properties, and lack of effective air-purifying options, AIHA strongly advises retaining the atmosphere-supplying requirement in §1910.1052(g)(3)(i). Fatality investigations underscore the stakes; risk reduction requires the highest feasible protection.
- **Publish an equivalency crosswalk and agent-specific notes.** OSHA should issue an appendix or guidance that maps current prescriptive respirator selections to their equivalents under 1910.134, including APFs, fit testing modalities, cartridge/canister types, change-out schedules (with example calculations), IDLH protocols, and agent-specific limitations. The guidance should state that employers in compliance with the mapped equivalents are deemed compliant - thereby minimizing retraining burdens and reducing the potential for misinterpretation or enforcement disputes.

4) Construction Illumination Rescission (OSHA-2025-0040 / RIN 1218-AD70)

Removing numeric benchmarks for construction lighting may lead to inconsistent illumination - particularly at night or in enclosed spaces - thereby increasing the risk of slips, trips, falls, and struck-by incidents. To mitigate these foreseeable hazards, AIHA recommends that OSHA:

- **Adopt a performance-based requirement** that includes minimum numeric lighting thresholds by task and setting, and illustrative examples aligned with current consensus standards (aligned with current IES recommendations) and require job hazard analyses for atypical work environments.
- **If the numeric benchmarks are rescinded**, issue a directive or FAQ that provides reference values for minimum lighting levels (in lux or foot-candles) by task type and work setting.

5) Safety Color Code & Related Deletions (OSHA-2025-0009 / RIN 1218-AD50)

Eliminating established references without providing a modern, authoritative alternative risks inconsistent implementation across employers and State Plans, potentially weakening hazard communication practices. To maintain alignment and continuity, AIHA recommends that OSHA:

- **Replace deleted provisions** with a normative reference to widely recognized consensus standards (e.g., the ANSI Z535 series) or relevant OSHA guidance. This approach would help preserve consistent hazard communication practices and support a smoother transition for employers and regulators.

6) COVID-19 Healthcare Rule Clean-Up (OSHA-2020-0004 / RIN 1218-AD36)

Narrowing the scope of the General Duty Clause (GDC) could significantly limit OSHA's ability to respond to future airborne infectious disease outbreaks in healthcare and congregate settings. To preserve essential protections, AIHA recommends that OSHA:

- **Affirm that existing standards** - including those for respiratory protection, bloodborne pathogens, and housekeeping - remain fully enforceable, and that the GDC continues to apply to recognized infectious disease hazards in the workplace where feasible controls are available.
- **Cross-reference updated guidance** to ensure continuity in protection measures and clarify compliance expectations for employers and enforcement personnel.

7) Department of Labor Coordinated Enforcement Rescission (ETA-2025-0003)

Eliminating formal coordination mechanisms may create protection gaps that outweigh any administrative efficiencies gained. To ensure continued support for vulnerable workers, AIHA recommends that OSHA:

- **Replace the rescinded provisions** with an inter-agency Memorandum of Understanding (MOU) that preserves practical coordination and data-sharing. This would enable timely and effective safety interventions for at-risk worker populations.

8) Musculoskeletal Disorder Column Withdrawal (OSHA-2009-0044)

A distinct musculoskeletal disorder (MSD) indicator enhances employers' ability to analyze risks and implement effective prevention strategies. Eliminating this indicator reduces visibility into one of the most prevalent and costly categories of workplace injuries. To address this, AIHA recommends that OSHA:

- **Publish a voluntary data specification** - such as an optional column - and provide analytic guidance to help employers consistently track MSDs and strengthen prevention programs, without imposing a mandatory reporting requirement.

We appreciate OSHA's efforts to streamline and clarify its regulatory framework. The recommendations outlined above aim to preserve clarity, uphold science-based safeguards, and reduce unnecessary complexity. AIHA stands ready to participate in any informal public hearing or stakeholder engagement OSHA may convene. We would also welcome the opportunity to collaborate with OSHA staff on developing crosswalks and compliance guidance to support effective implementation while maintaining strong worker protections.

Respectfully submitted,

A handwritten signature in dark ink, appearing to read "Lawrence D Sloan", with a stylized flourish at the end.

Lawrence D. Sloan, MBA, CAE, FASAE
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American Industrial Hygiene Association