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# NEWS

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## **PHCA Calls for Making Acute Carbon Monoxide Poisoning a Reportable Disease for Data Collection**

*Pennsylvania already has in place requirements necessary to ensure proper air flow and ventilation in nursing homes to prevent CO buildup*

**HARRISBURG ---** Dr. Stuart Shapiro, president and CEO of the Pennsylvania Health Care Association (PHCA), today called for making acute carbon monoxide poisoning a reportable disease so data can be gathered to help understand the epidemiology of this hazard.

“The data would help to guide decisions about whether additional regulations are needed not only to care for residents in elder-care facilities, but for all Pennsylvanians,” Dr. Shapiro told members of the House Aging and Older Adult Services Committee.

Carbon monoxide (CO) is a colorless, odorless gas that results from the incomplete combustion of fuels such as natural or liquefied petroleum gas, kerosene, gasoline, oil, wood, coal and other fuels. The health effects related to CO depend on concentration in the air, duration of exposure and concentration in the blood, where it interferes with normal oxygenation.

Dr. Shapiro explained that nursing homes already have practices in place to protect residents. Facilities must follow the National Fire Protection Association 101 Life Safety Code, which was promulgated by the federal government and adopted by the state Department of Health.

The code has strict airflow and ventilation requirements for nursing homes, ensuring air quality is safe. Requirements are specified for virtually all useable spaces in a facility, and compliance with the code prevents the lethal circumstance of carbon monoxide poisoning. In addition, the infrequency with which resident rooms are closed prevents the buildup of carbon monoxide gas.

Nursing home units also predominantly use electricity or central heating, reducing the chance of carbon monoxide forming from the incomplete combustion of fuels.

“Nursing homes already are underfunded for the care they provide to medical assistance residents,” Dr. Shapiro said. “We should be careful not to add costs without a proven need or benefit. That doesn’t make people safer. It simply diverts already limited resources from resident care.”

Data on carbon monoxide poisonings in the United States is incomplete because it is not reportable in 37 of 50 states, including Pennsylvania. Anecdotal evidence suggests that the most serious problem is with home heaters, although information is limited.

The House Aging and Older Adult Services Committee is studying H.B. 1952, which would require carbon monoxide detectors in residential facilities with care-dependent individuals.

There are few states that have legislated the installation of carbon monoxide detectors. However, where a state has determined that the threat of carbon monoxide is serious enough to introduce a bill or enact a law, the provisions were written to protect all residents, and not merely a small segment of the population, such as nursing home occupants.

Illinois, for example, requires the installation of carbon monoxide alarms in all single or multi-family dwellings using fossil fuel. Ohio, as another example, has proposed legislation that would require carbon monoxide alarms in single or multi-family homes with a fossil-fuel burning heater or appliance, fireplace or attached garage.

Pennsylvania already has in place the requirements necessary to ensure proper air quality and protect the state's elderly and disabled population from the potential threat of carbon monoxide poisoning, as well as other potential hazards.

PHCA is a statewide membership services organization representing approximately 300 long-term care and senior service providers throughout the commonwealth. To learn more about PHCA, visit [www.phca.org](http://www.phca.org).

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