

NOV 14 2007

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Dear Ms. Hodson;

Attached are my comments on the September draft of "*Hazard Review: Occupational Hazards In Home Health Care*". You requested my review and comments by October 31, 2007.

This is a very helpful document. I have made a number of suggestions which I believe will improve the content. This document has not undergone full concurrent review, so the comments are mine solely and do not necessarily reflect the views of the Agency. Should you need a more extensive review for formal concurrence by _____, let me know and I can assist you with that effort.

I look forward to seeing the next draft and would be glad to provide comments again. Perhaps you could send the next version electronically so we can use "track changes" for comments. If not done electronically, numbering the lines of the document will make it easier to identify exactly where comments are directed.

I am also enclosing the "Peer Reviewer Conflict of Interest Form" for your files.

Regards,

Enclosures

Comments on Occupational Hazards in Home Care
(September 2007 Draft)
Provided by

Office of Occupational Health Nursing
Directorate of Science, Technology and Medicine
OSHA

General Comments:

- We strongly support the publication of information on this topic. This document addresses hazards in a very unique worker population where subsequent controls may need to be unconventional. It is a topic that needs to be addressed and for which there is little other guidance.
- The forward should address the concept that this work environment is not under the control of an employer OR the employee. Therefore, unexpected and unpredictable hazards are common and may not be controllable (i.e., uneven flooring that creates a trip hazard, inadequate illumination, unsecured animals).
- Numbering the lines on each page would clarify where comments are directed.
- The layout of chapters by hazard seems logical and easy to follow.
- Suggest you have a glossary of terms in the document for such language as “musculoskeletal injuries”, “ergonomics”, “exposure incidents”, etc.

Specific Comments:

Page v: In the section on the 2006 Census, clarify whether “workers in home health care services” describes nursing aids as a single group of health care workers, particularly in describing statistics and demographics.

Page 1: May use “scope of the problem, rather than “size”.

Page 3: “The patient may be connected to a catheter, IV, or other equipment” I would add....resulting in awkward postures for workers involved in their care. It is not clear how simply being connected to this equipment can cause ergonomic risk.

Page 5: Do you have a reference for this very nice definition of ergonomics?

Page 7: A major challenge in these settings is cost and the issues related to Medicare/Medicaid and insurance reimbursement. This may not be a topic you chose to address, but it should at least be mentioned as a potential barrier/challenge.

Page 9: Recommendations for employers should include assessing the degree of assistance needed by the client and making determinations about whether home care is feasible.

Page 18—Figure 1.1: This equipment is probably infeasible in the home setting due to the training required to manage it and its size. Suggest you insert a photo of a standing assistive device instead.

Page 28: The second and third bullets on this page refer to cleaning the work environment to reduce latex contamination, but in the home setting neither employers nor employees can perform these actions.

Page 36: Exposure to Bloodborne pathogens...

This section needs major revisions. (I would be willing to work on this further with track changes on an electronic copy). Here are a few suggestions:

Page 36:

- A good resource for those trying to establish an exposure control plan can be found in OSHA's model exposure plan publication at: <http://www.osha.gov/Publications/osha3186.html>
- There needs to be clarification that the injuries we are describing are from CONTAMINATED devices.
- The events you are describing are typically referred to as "exposure incidents" since they may/may not result in health effects.
- Suggest you change the second sentence to "These injuries may expose health care workers to blood infected with pathogens such as HBV..."(etc.)
- Suggest you provide a closing sentence to the first paragraph. Something like, "Therefore, prevention of injuries from these contaminated devices is key to reducing this hazard in home health care settings".
- The first sentence of the "Description of the Hazard" section should be changed to something like, "Bloodborne pathogens exposure incidents from contaminated needles or other devices may involve..."
- When you give examples of medical devices, be sure to include lancets, since these are frequently used in home care.

Page 37:

- You mention staffing and work organization issues on page 37. This is a big issue in home care and needs further elaboration if included.
- I disagree that "The circumstances of injury to home health care workers may be similar to those of health care workers in other settings". I believe there are numerous unique circumstances that lead to injuries in the home care setting. The hazards may be similar but the circumstances are very different.
- Suggest you change the third sentence in the last paragraph on page 37 to read: "Although home health care employers have responsibility for the use and disposal of sharps equipment used by their employees in the patients home, the patient or family may not appropriately dispose of sharps, thus putting the employee at risk."
- The section on animals needs a transitional sentence since it represents a new hazard.

Page 38:

- Suggest you change the first sentence to “Federal legislation resulted from concern for health care workers and interest in preventing exposure incidents and the associated diseases.”
- Need to clarify that the standard protects against OCCUPATIONAL exposures (not protection against bloodborne diseases).
- Revise the third sentence under “Regulations” to read something like, “Since the standard was first published in 1991, there has been a surge in new, safer designs for medical devices to reduce or eliminate needlesticks and other exposure incidents. In response to continuing concern about these injuries and a need to clarify the requirements regarding safer devices, Congress passed....”
- The sections on the requirements of the standard needs to be reworked, but I am unable to take that on due to time constraints.

Page 40:

- Rather than “needle safety device designs” you might consider the phrase “sharps with engineered injury protection and needleless systems” which you use on the page prior.
- This is the page where the figure 3.1 (from p. 51) will probably be referenced. I suggest you add to that figure an example of a safe lancet device.
- Containers for biohazard sharps are typically described as “puncture resistant” rather than “puncture proof”. Also, these containers must be labeled or color coded so that others are alerted to the hazard and must be leak-proof on the sides and bottom.

Page 41:

- Suggest you add an example of device evaluation forms developed by TDICT whom you reference at the end of the chapter.

Page 42:

- Possible typo: Should the bullet read, “Promote work practices that decrease the chance of exposure incidents (for example, improving disposal methods...)”

Page 43:

- The “standard sharps disposal containers” should be described as those that are puncture resistant, labeled or color coded, leak-proof on the sides and bottom etc. as described in the standard. Also I would mention that these containers need to be secured during transport to avoid spilling the contents.
- Under “Recommendations for Workers” we should be clear that recapping, bending or removing contaminated needles is FORBIDDEN in the standard.
- The last bullet needs emphasis. Consider something like, “Follow standard precautions (as described by CDC) and general hygiene practices consistently”.

Page 44:

- Suggest you add the CDC Hotline for exposures (found on their web site).

- Note: the ERCI documents are a for-cost item and run over \$100 last time I checked.

Page 45:

- Please change the OSHA web site for needlestick information to :
<http://www.osha.gov/SLTC/bloodborne pathogens/index.html>
- Need a descriptor for the TDICT reference to tell readers what is there.
- Readers may find our model exposure plan pamphlet useful. See:
<http://www.osha.gov/Publications/osha3186.html>

Page 52: This section describes clearly the research on this issue and is very informative.

Page 56: Under the section headed, "Have policies and procedures in place to ensure worker safety", I suggest expanding that discussion. This is the topic we are hoping to address overall and the referenced document may have additional information that would be helpful to readers.

Page 58: It seems to me that two major interventions to reduce stress are to 1) increase the workers' sense of safety and security, and 2) to allow more self-paced work. I don't see those mentioned in the conclusion.

Page 65: The OSHA guidelines document was revised in 2003 and that should replace the 1996 date both here and in the reference list.

Page 67: I would delete the sentence, "Despite precautions and protective policies, violent events may still occur". This implies a hopelessness that I believe is unfounded.

Page 68: You may want to include visits in high-crime or UNFAMILIAR neighborhoods. Not all the neighborhoods are high-crime, but being in unfamiliar areas also increases their vulnerability to injuries.

Page 75: In describing actions in the first paragraph, I would include hydration, (drink water at least every 15 minutes).

Page 90: The language about sharps containers should be "puncture-resistant, labeled or color coded, and leak proof on the sides and bottom". Additionally, we need to say that these containers need to be secured during transport to avoid spills.

Peer Reviewer Conflict of Interest Form

Document under review: *Hazard Review: Occupational Hazards in Home Health Care*, NIOSH Docket Number 114

The goal of peer review at the National Institute for Occupational Safety and Health (NIOSH), Centers for Disease Control and Prevention (CDC), is to enhance the quality and credibility of Agency recommendations by ensuring that the scientific and technical work underlying these recommendations receives appropriate review by independent scientific and technical experts. Peer reviewers are selected primarily on the basis of expertise, but secondarily to minimize conflicts of interest and to ensure that the reviewer is independent of the agency. The information you are requested to provide will be used by CDC to determine the level of real or perceived conflicts of interest that you may have as a reviewer. Note that the presence of a conflict does not necessarily preclude a reviewer from participating in the review. CDC will evaluate the nature of the conflict and seek to balance the overall slate of reviewers to minimize potential conflicts.

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