I have attached a response from the Chair of the APIC Public Policy Committee, Theresa Cain, in response to NIOSH Docket NIOSH-135

Lisa Tomlinson
Director of Government Affairs
Association for Professionals in Infection Control & Epidemiology (APIC)
1275 K Street, NW Suite 1000
Washington, DC 20005-4106
Direct Line: 202-454-2606
E-mail: ltomlinson@apic.org
Website: www.apic.org
July 1, 2008

Dr. John Howard, Director
National Institute for Occupational Safety and Health
NIOSH Mailstop: C-34
Robert A. Taft Lab.
4676 Columbia Parkway
Cincinnati, Ohio 45226


Dear Dr. Howard,

The Association for Professionals in Infection Control and Epidemiology (APIC), an international association of 12,000 infection preventionists, appreciates the opportunity to comment on the proposed surveys of healthcare workers and management.

First, allow us to address several specific issues within the survey itself that we wish to comment on:

A) In the core module, question 38. The term “universal precautions” is not the current terminology. We recommend changing the term to “standard precautions” to coincide with currently used terminology.

B) In the core module, masks are excluded from the definition of personal protective equipment (PPE). There are circumstances where the use of masks is acceptable and consistent with Centers for Disease Control and Prevention (CDC) and Occupational Safety and Health Administration (OSHA) guidance such as in specific types of isolation rooms or where the sterility of equipment must be protected. The questionnaires should list masks as an appropriate PPE.

C) In the core module, question 54 (and several subsequent questions found in the survey) use the term “respirators” without definition. This is not consistent with current terminology used with healthcare workers. We would recommend providing examples of respirators (such as N95, PAPR) to define the term most clearly.
These surveys have important goals: to collect information describing hazards, exposures, safety and health practices, use of exposure controls and to collect information describing facility-based health and safety resources, safety and health management programs, policies and practices for the same health and safety hazards. Therefore, we would like to offer some suggestions for improving the survey process, in order to maximize the collection of valid and actionable information.

Our initial concern is that the sampling bias will be difficult to identify. The use of a web-based survey for cost effectiveness purposes selects for the better educated and motivated employees who are familiar with and/or have access to the internet. While NIOSH indicated the membership of labor unions and professional organizations would be the target audience, this would limit the pool of respondents significantly, eliminating the average environmental service worker from the database. Also, based on the length of survey and complexity of the questions we feel the time for completion has been underestimated and may lead to poor responses on a limited number of questions.

Currently observations are available to document unsafe working conditions in the nation’s health care facilities and offices. Per OSHA regulations, logs must be kept documenting occupational injuries, such as those that occur from contaminated sharps. We fear the completed surveys will represent the employee who has issues with their employer, rather than the vast majority of workers.

Finally, we are concerned the current survey design will fail to provide actionable data which will be useful in helping us improve worker safety in a meaningful fashion. However, infection preventionists applaud efforts to increase occupational safety for all workers and stand ready to assist NIOSH with developing a survey instrument which would improve worker safety and encourage our members to participate in such a survey.

Sincerely,

Theresa Cain
Chair, Public Policy Committee