



8515 GEORGIA AVENUE, SUITE 400
SILVER SPRING, MARYLAND 20910-3492
301 628-5000 • FAX 301 628-5001
www.NursingWorld.org

KAREN A. DALEY, PhD, MPH, RN, FAAN
PRESIDENT

MARLA J. WESTON, PhD, RN
CHIEF EXECUTIVE OFFICER

July 30, 2010

David Michaels, Ph.D., MPH
Assistant Secretary of Labor for Occupational
Safety and Health
U.S. Department of Labor
Room N-2625
200 Constitution Avenue, N.W.
Washington, DC 20210

Submitted electronically to: www.regulations.gov

Re: Infectious Diseases
OSHA Docket Number: OSHA-2010-0003

Dear Dr. Michaels:

The American Nurses Association (ANA) welcomes the opportunity to offer comments on "infectious Diseases" during the Occupational Safety and Health Administration's (OSHA) request for information to determine what action OSHA may choose to take to limit the spread of occupationally-acquired infectious diseases in settings where healthcare is provided or in healthcare-related settings.

The ANA is the only full-service professional organization representing the interests of the nation's 3.1 million registered nurses (RNs), the single largest group of healthcare professionals in the United States. ANA represents RNs in all roles and practice settings, through our state and constituent member nurses associations, and organizational affiliates. ANA is actively involved in forming public policy that affects human health and patient advocacy, and has long recognized that a safety culture is a fundamental requirement for ensuring and maintaining the health of our nation's nurses and the patients we serve.

I. A. Introduction

ANA is in agreement with the findings of the Institute of Medicine's report, *Keeping Patients Safe, Transforming the Work Environment of Nurses*. The report came to the

conclusion that nursing is intimately linked to patient safety and further stressed the importance of proper working environments for nurses since poor working conditions for nurses and inadequate nurse staffing levels increase the risk for errors and is related to the risk of healthcare-associated infections for patients and occupational injuries and infections among staff. ANA has long advocated for safe working conditions for nurses recognizing that a clean, safe environment for nurses is a fundamental requirement for ensuring and maintaining the health of our patients.

II. A. General Comments

Much of the evidence on infection transmission and prevention is not new information, however the shortcoming lies in the capacity to enforce programs. Healthcare employers are responsible to provide an aggressive infection control program. The program must include an evidence-based plan and process to monitor compliance of the program elements with adequate focus and benchmarks to measure infection rates and other outcomes of various measures that will guide infection control programmatic changes and enhancements in mitigating infectious exposures and incidence of infection of healthcare workers and/or patients.

ANA believes there is a need for clarity around disease transmission by contact, droplet and airborne transmission. The 2009 H1N1 pandemic resulted in much uncertainty and mixed messages that caused confusion around transmission even when more information became known about the H1N1 virus. The California-OSHA Aerosol Transmissible Diseases standard may be a model for future OSHA standard which could incorporate contact transmission as well in to any future standard. The highest level of respiratory protection must occur to provide healthcare workers with appropriate protection.

ANA supports the development of a more protective respirator which is user-friendly and ideally does not require fit testing so nurses and other healthcare workers experience an optimal level of respiratory protection when exposed to airborne or droplet infectious agents. In the interim, there is a strong need to enforce the annual fit testing requirement in order for healthcare workers to be prepared to achieve the highest level of respiratory protection.

One factor that has been documented as negatively impacting infectious disease rates in healthcare settings are punitive policies within healthcare organizations that penalize healthcare workers who do come to work even when they are ill. This practice can lead to outbreaks of nosocomial infections and infection of healthcare workers from other healthcare workers. Policy is needed to address this practice and manage this risk in the workplace.

A. 3. Additionally, the case of assessing seasonal influenza rates has been challenged by a lack of a standardized definition for “healthcare personnel”. This is hampering reporting vaccination rates as well as determining who is at risk of infection. Quantifiable knowledge of occupationally acquired infections of healthcare workers is hampered by a

lack of systematical tracking and reporting. It is difficult to determine an adequate response and plan when the full extent of the issues are unknown.

ANA recommends that an improved reporting and tracking methodology be developed and utilized to expand the knowledge of the prevalence of infectious disease exposure and incidence of healthcare workers to benefit both the healthcare worker and the patients who they serve. This will allow data for infection control planning and prevention.

II. B. Infection Prevention and Control Plan

With the tuberculosis rule being withdrawn in 2003, respiratory protection then fell under the respiratory protection standard 1910.134 which requires employers to conduct annual fit testing. The past episode of SARS and most recent 2009 H1N1 pandemic demonstrated that the annual fit testing is not being conducted by employers and healthcare workers were not properly trained about nor prepared to select appropriate respiratory protection.

Furthermore, employers did not plan appropriately to provide adequate supplies for healthcare workers. Shortages of face masks and N-95 respirators were pervasive. This one deficiency put healthcare workers and potentially patients at risk. Healthcare facilities that were building their respiratory protection plans solely around tuberculosis, may have had purified air powered respirators (PAPRs) at the core of their program. At times such as the recent pandemic, significantly increased supply of PAPRs are required to ensure safety of healthcare workers. Those who were in need of N-95 respirators and did not have past experience ordering them had significant distribution issues. Some distributors were distributing respirators based on history of orders. Absent history of use meant no supply.

Some home healthcare workers reported to ANA that they were provided only facemasks and if they had access to an N-95 respirator, no prior fit testing was conducted for wearing the N-95 respirators to care for ill patients in the patient's home. This lack of planning in home care settings placed the home healthcare worker at risk of contracting H1N1 and becoming a transmitter to other homes in the community as they care for other patients.

As we know from the IOM's 2008 report, medical masks are not certified nor designed to protect the wearer from airborne exposures. They may offer some barrier protection from splashes or droplet spray. The loose fitting design and lack of protective engineering in medical mask does not allow for designation of them as personal protective equipment. Furthermore, the National Institute for Occupational Safety and Health (NIOSH) certifies the filtering performance of respirators, but the Food and Drug Administration (FDA) has no equivalent certifying process for medical masks. Healthcare facilities are required to purchase NIOSH-certified respirators in compliance with OSHA regulations in protecting healthcare workers from airborne hazards. No such similar requirement exists to purchase FDA approved medical masks. ANA advocates

for properly fitted, NIOSH-certified N95 or its equivalent particulate respirators to offer a high level of respiratory protection to healthcare workers to reduce the incidence and spread infectious diseases within healthcare settings, particularly at times when caring for suspected or confirmed pandemic virus-infected patients.

C. Methods of Control

C. 21. A culture of safety is an underlying factor in adherence to infection control guidelines. The ANA's *Nursing Administration Scope and Standards of Practice* states that creating a system of quality and safety requires creating an entire culture of safety. Appreciative inquiry is a philosophy and methodology that promotes the positive aspects of past or present work environments which can be utilized in promoting change management and can be included in initiatives such as communication or process improvement. This concept builds on the premise that positive work environments are as result of focusing on successes and positive elements of current processes, systems or work culture accompanied with maximum replication and enhancements. Administrators can utilize appreciative inquiry in situations on individual units or on more complex, organization-wide projects. This concept may be one utilized in building a culture of safety in healthcare which is much needed to prevent and reduce infectious diseases.

The Institute of Medicine's letter report on *Respiratory Protection for Healthcare Workers in the Workplace Against Novel H1N1 influenza* underscored the importance of "culture of safety" with lack of compliance by healthcare workers to guidance on a hand hygiene, respirators and eye protection unless there is a commitment to safety by senior leadership. Other studies, as quoted in the RFI also underscore the importance of management's commitment to health and safety.

Seasonal influenza vaccination rates remain very low despite evidence of the importance of healthcare worker vaccination and education efforts. Commitment by senior leadership has been shown to be a key factor in successful seasonal influenza vaccination programs for healthcare workers according to the Joint Commission.

D. Vaccination and Post Exposure Prophylaxis

D. 25. ANA has longstanding policy urging nurses and the public to be vaccinated, as a protection of public health as well as an occupational health and wellness strategy. All the mentioned vaccines in this section are important to healthcare worker protection, particularly those in the emergency departments or other triage areas where an undiagnosed patient is capable of transmitting an illness since the proper infection control settings would have not been identified. Influenza is a key vaccine for healthcare personnel, and receives much attention in terms of employer vaccination programs. However, also of particular importance is the MMR vaccine, due to the highly infectious nature of measles, as well as the resurgence of measles and mumps cases in the past few years. Additionally, Tdap vaccine is very important, especially the pertussis component. Widespread outbreaks of pertussis are occurring nationwide, and

in many cases going undiagnosed even during hospitalization since so few clinicians have experienced pertussis. This could cause unknown exposure to healthcare workers, making pertussis vaccination crucial. All healthcare personnel, defined as any employee, volunteer, or contractual provider with the facility that comes into close contact with patients or possibly infectious materials, should be vaccinated. Within this group, direct-care providers and those in contact with patients during high-risk procedures (e.g. intubation, suctioning, sputum collection) should be prioritized for vaccination.

D. 26. Record-keeping of vaccine administration and any antibody studies as well as exposure history is vital. In instances of an exposure or outbreak, vaccination histories assist public health staff to determine who requires vaccination, as well as other epidemiological modeling of the outbreak. It decreases the need for re-vaccination, whether in the emergency case of an outbreak, or simply if the employee seeks employment in a different facility. It also assists in any furlough decisions that must be made upon exposure of the healthcare worker and in post exposure prophylaxis determinations. Electronic healthcare records maximize the access to the healthcare workers records and allow for retention timeframe of the records.

Whenever possible, facilities providing vaccination or keeping vaccine records of employees should participate in any state-based immunization registry programs, and at the least coordinate with the state or local health departments in obtaining vaccine records from a registry or assisting in providing vaccination history to the registry (with the employee's consent if required).

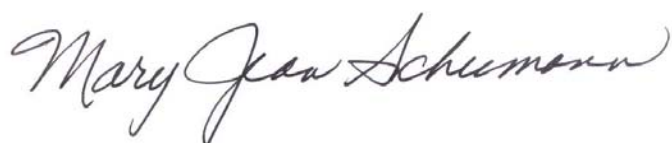
D. 28. Declination forms for vaccines are acceptable practice, as they provide an awareness tool for providers opting out of vaccination of the risks that poses to themselves and patients and provide the opportunity to have further discussion and education of the healthcare worker. They are also useful in assisting an employer with understanding the barriers to vaccination, so that the employer can make the necessary improvements to employee vaccination programs and increase participation.

Conclusion

The American Nurses Association thanks OSHA for the opportunity to provide comments on the request for information on infectious diseases. There is a critical need to address the various factors related to occupational exposure to infectious agents in settings where healthcare is provided.

If you have any questions or comments, please feel free to contact Nancy Hughes, Director, Center for Occupational and Environmental Health at nancy.hughes@ana.org or 301-628-5021.

Sincerely,

A handwritten signature in cursive script that reads "Mary Jean Schumann". The signature is written in dark ink and is positioned below the "Sincerely," text.

Mary Jean Schumann, MSN, MBA, RN, CPNP
Chief Programs Officer

References:

American Nurses Association (ANA). 2009. *Nursing Administration: Scope and Standards of Practice*. Silver Spring, MD: Nursesbooks.org

IOM (Institute of Medicine). (2008). *Preparing for an influenza pandemic: Personal protective equipment for healthcare workers*. Page Washington, DC: The National Academies Press.

Institute of Medicine (IOM). (2009). *Respiratory Protection for Healthcare Workers in the Workplace Against Novel H1N1 Influenza A: A Letter Report*.

Washington, DC: The National Academies Press.

(http://www.nap.edu/catalog.php?record_id=12748)

