

**Miller, Diane M. (CDC/NIOSH/EID)**

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**From:** Gail Blanchard-Saiger [gblanchard@calhospital.org]  
**Sent:** Monday, June 30, 2008 7:26 PM  
**To:** NIOSH Docket Office (CDC)  
**Cc:** Tucker, Debi  
**Subject:** 135 - NIOSH Healthcare Workers Survey  
**Attachments:** NIOSH survey comment letter.pdf

Attached please find California Hospital Association's comments regarding the proposed NIOSH surveys, Docket No. 135. Thank you.

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**CALIFORNIA  
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June 30, 2008

NIOSH Docket Office  
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**SUBJECT: NIOSH Docket No. 135: Proposed NIOSH Surveys of Healthcare Workers and Management Health and Safety Practices**

To Whom It May Concern:

The California Hospital Association (CHA), representing over 400 California hospitals and health systems, appreciates the opportunity to submit comments on the National Institute for Occupational Safety and Health (NIOSH) proposed national surveys of health care workers' safety and employer safety and health practices. These written comments are supplemental to the comments I made on behalf of CHA at the April 30, 2008, public meeting.

CHA has also had the opportunity to review the comments submitted by the American Hospital Association and we incorporate that discussion by reference here. We do wish, however, to elaborate on several issues that are of particular concern to hospitals and health systems in California.

California hospitals and health systems are committed to the health and safety of our workforce as well as our patients. In addition to instituting a variety of voluntary safety policies and practices, California hospitals and health systems are subject to a variety of state statutes and regulations relating to health and safety practices. For example, the California Division of Occupational Safety and Health issues standards related to toxic materials and harmful physical agents (California Labor Code § 144.6; 8 Cal. Code Reg. § 5144), blood borne pathogens (California Labor Code § 144.7; 8 Cal. Code Reg. § 5193) as well as other health and safety issues that frequently arise in the health care environment. Given the substantial difference among the states on the regulation of these issues, we believe it is important to take such regulation into consideration when reporting the survey results.

Additionally, we believe it is important to underscore several concerns raised by AHA. First, the purpose of the proposed survey has not been adequately developed. According to NIOSH,

the objective of this project is to describe the prevalence and distribution of important health and safety hazards and perceptions, work practices, and use of

exposure controls from a worker perspective, and to describe institution-based health and safety management policies, programs and resources.

However, as acknowledged during the public meeting, the choice of "hazards" included in the survey was not evidence based. Including agents that have not been proven "hazards" may raise unfounded concerns among employers and workers regarding exposure to particular agents that may not, in fact, be harmful.

While NIOSH indicates that "information collected from these hazard surveillance surveys will be useful in identifying gaps relative to the use of best practice and define future research and intervention priorities," we do not believe the proposed surveys serve that purpose. As NIOSH acknowledged during the public meeting, the surveys do not incorporate a method for collecting information regarding outcomes. Without this information, the survey results have little practical value. The results may provide data on whether a particular practice is common but will not inform regarding development of "best practices." Thus, there is a question as to whether the survey results will assist in adoption of evidence based health and safety practices.

Additionally, CHA has concerns about the proposed method of distributing the worker and management surveys. The proposal to distribute the worker survey through professional associations and labor unions will not result in a representative sampling of California's health care workforce. A substantial number of California's professional and technical workforce is neither represented by a labor union nor a member of a professional association.

Our concern regarding the management survey derives from the recognition that California hospitals are currently subject to numerous mandatory surveys and other regulatory requirements. It is unlikely that either small, rural hospitals or large health systems have the resources to complete the proposed voluntary NIOSH survey containing over 200 questions covering a range of issues, particularly where workforce shortages and the impact of Medi-Cal cuts are pressing concerns. As a result, it is very likely that the management response rate will be low. This, in turn, may be unfairly perceived as a lack of interest in worker health and safety by hospitals.

We appreciate NIOSH's interest in attempting to gather information to improve health care worker health and safety. However, we have serious concerns as to the design and methodology of the currently proposed surveys. If you would like to discuss CHA's comments in more detail, please feel free to contact me at [gblanchard@calhospital.org](mailto:gblanchard@calhospital.org) or (916)552-7620.

Sincerely,

Gail M. Blanchard-Saiger  
VP, Labor & Employment

cc: Debi Tucker, American Hospital Association