

**Dragon, Karen E. (CDC/NIOSH/EID)**

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**To:** NIOSH Docket Office (CDC)  
**Cc:** London, Matt; Bill Borwegen  
**Subject:** 183 - Draft National Healthcare and Social Assistance Agenda  
**Attachments:** PEF Comments on NORA Draft NHSA Agenda.doc

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## **Comments on NORA Draft National Healthcare and Social Assistance Agenda, August 18, 2009**

I am writing on behalf of the NYS Public Employees Federation, AFL-CIO (PEF). PEF is the labor union that represents 59,000 State of New York agency employees who work in professional, scientific, and technical titles. We work side by side in a workforce of just under 200,000 state government employees in institutional, field, and administrative worksites. I applaud the Sector Council for its important work of defining the national research agenda. I would like to suggest that it would add to the depth of the agenda to characterize some of the differences between private and public employment in the sector and especially the differences in occupational safety and health hazards and protections for each group.

### **Workplace Violence**

The omission of workplace violence prevention as a strategic goal is a major flaw in the draft. Clearly, research has shown that workplace violence is a priority hazard in healthcare and social services. The Department of Justice Crime Victim Survey report for 1993 – 1999 (latest available) indicates that although public employees are 16% of the nation's workforce, they are 33% of the victims of workplace violence. In New York State's recent report summarizing state agencies' workers' compensation experience for 2008/09, it was estimated that 12% of all workers compensation cases were a result of workplace violence. This report confirmed PEF's experience, that violence is THE major occupational hazard in settings such as psychiatric hospitals, nursing homes, facilities that provide programs and care for the mentally retarded, juvenile justice facilities, and certain departments in general hospitals such as emergency rooms and psychiatric wards. Verbal abuse is a major issue and stress factor in most social service agencies. Workplace violence has a debilitating effect on clients, patients, and other recipients of services as well as for caregivers. There is an urgent need for increased research in workplace violence prevention to better characterize the prevalence and severity in various sectors and, more importantly, to evaluate the effectiveness of different intervention strategies.

### **Employee Involvement in Safety and Health Programs**

The section on Safety & Health Programs should place more emphasis on establishing effective joint labor/ management health and safety committees. As with much of the overall economy, healthcare and social assistance organizations are experiencing severe fiscal cuts. There also is a paucity of occupational safety and health professionals employed within this sector. Too often, Safety and Health Programs are treated as merely an added task for Human Resource Managers, Fire Safety Personnel, or others who often have neither the knowledge nor interest

in moving the program forward. It has been our experience that front line staff have extensive knowledge of the hazards they face and often are able to identify feasible and effective prevention strategies. Having a process where these workers and their elected representatives are able to fully participate in an organization's safety and health program can be extremely productive. Without robust employee involvement, the expectation that organizations will create a safety culture, develop systems, and implement best practices is likely to be unfulfilled.

### **Other Comments and Suggestions**

One of the trends in healthcare and social services, in response to cutbacks, is to reduce interactive face-to-face training, replacing it with computer or video-based training. The effectiveness of this remote, generic training should be a subject of research.

Unions should be listed as a potential partner in Activity/Output goal 1.7.2.

The performance measure of reducing by 25% the rates of sprains and strains is the old "management by objective" approach. It is not mirrored in many of the other five priority areas. How was "25%" selected as the goal? The real determinant of whether these injuries will be reduced is more likely to be the promulgation of enforceable standards at the state and national levels.

Activity/ Output Goal 2.2.11 should be given lots of emphasis. The issue of organizational barriers is a major factor in why programs don't get started. NORA should look at the impact of staff cuts, hiring freezes, mandatory overtime, etc. Similarly, organizations that are significantly safer than their sector counterparts should be studied to identify the factors that led to their success.

Regarding bloodborne pathogens, there should be more emphasis on evaluating product evaluation programs, their involvement of frontline workers and union representatives, and how frequently they evaluate new products. Activity/ Output Goal 4.3.3 should include unions as a collaborative partner. This section should also address working with manufacturers to end the use of unsafe pre-filled syringes, perhaps working with FDA to make it a requirement.

Goal 5 again uses the management by objectives approach of increasing vaccination of healthcare workers to 60%. Some facilities already attain a higher rate. This approach doesn't reflect how organizations change their performance. Instead there should be an emphasis on getting healthcare organizations to do effective vaccination campaigns that include education, campaign materials, providing the vaccination at a time and place that is convenient to workers, and addressing myths around vaccine efficacy and safety. Activity/Output Goal 5.9.1 should include "selection" of PPE and also compliance with OSHA requirements.

There should be a separate section on respiratory protection since this is a stand alone program that has detailed elements and doesn't easily mix with PPE programs. Conversely there should be some specific mention of evaluating PPE such as glove, gowns, bonnets, and face shields.

The section on infection should address the importance of systems for "early identification and isolation" of infectious or suspect cases.

Thank you for the opportunity to comment. We welcome the opportunity to assist the Sector Council in any way.

Submitted by:

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