



Annette B. Haag, RN
President

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September 10, 1993

Eileen D. Kuempel
Robert A. Taft Laboratories
NIOSH
4676 Columbia Pkwy., MS C-32
Cincinnati, OH 45226

Dear Ms. Kuempel:

Enclosed are comments for AAOHN on the draft NIOSH Criteria for a Recommended Standard: Occupational Exposures to Respirable Coal Mine Dust.

Our more than 12,500 members are registered nurses providing occupational health and safety services in a wide variety of businesses and industries in the United States. Their primary focus is health promotion and disease/injury prevention.

We appreciate the opportunity to review and comment on the document. If we can provide additional assistance please do not hesitate to contact me or Jerry Williamson, AAOHN Director of Communications and Governmental Affairs.

Sincerely,

A handwritten signature in cursive script that reads "Annette B. Haag, RN".

Annette B. Haag, BA, RN, COHN
President

cc: Board of Directors
Ann Cox, Executive Director
Geraldine C. Williamson, Director of Communications and Governmental Affairs
Peggy Rozelle, Senior Specialist, Governmental Affairs

American Association of Occupational Health Nurses

Comments on Draft

NIOSH Criteria for a Recommended Standard
Occupational Exposure to Respirable Coal Mine Dust

AAOHN strongly supports the NIOSH recommendation to prevent and control occupational respiratory diseases among underground and surface coal miners. In fact, the primary focus of our members' occupational health nursing practice is disease/injury prevention and early detection and intervention to minimize the effects of disease which may have already occurred.

It is clear that prevention, early detection and intervention are the intent of the Medical Surveillance portion of the recommended standard. Because this is where occupational health nursing practice is so strong, our comments center around this portion of the standard. Our recommendations will strengthen the recommended standard in this regard.

Section 1.4. Medical Surveillance.

AAOHN recommends a change in terminology to "health" surveillance to more clearly reflect the intent of the surveillance and the health care providers who are involved in surveillance.

Use of the term "medical" implies that an illness is already present and the purpose is to find and diagnose the illness. Clearly this is not what NIOSH wishes to convey to the employees in this industry. Rather, use of the term "health" conveys to employees the true objective of the surveillance program--to promote and protect their health.

In addition, use of the phrase "medical" implies that the surveillance is physician performed. Achieving healthy working conditions and protecting the health of the workforce requires a team of occupational health professionals, not limited to physicians.

Occupational health nurses are the largest group of health care providers at the worksite. Many of them regularly obtain health histories, including occupational history, perform physical examinations, order and/or perform additional tests (such as pulmonary function testing) and interpret results--all within the legal scope of their practice as defined by state licensure boards. They consult with and refer to other health professionals when needed. The quality of nurse provided care is well documented.

1.4.1. Medical Examinations (addressed in more detail in 8.8 Medical Monitoring).

AAOHN recommends changing terminology from "physician" to "health care provider." While this section does not explicitly require that a physician perform the examinations, this is the implication as the section talks about the "physician interview" and the "physician noting the occurrence of any occupational related disease..."

Physical assessment skills are basic to the practice of nursing; as previously noted, many nurses in occupational health settings regularly perform these examinations.

Quality, cost and access are issues. NIOSH should instead recommend the knowledge and skills which any licensed health care provider (acting within the scope of their practice) needs to assess workers exposed to respirable coal dust.

Assuming that all physicians are qualified is not accurate. In fact, an Institute of Medicine study documented lack of occupational medicine preparation among primary care physicians. The issue should be what body of knowledge and skills is required to assess these workers. Limiting examinations to physicians also has a negative effect on cost and access to care.

1.4.1.5. NIOSH-Approved Facilities (to conduct medical examinations).

AAOHN recommends that NIOSH develop criteria for measuring the capability of a provider or facility to conduct the examination, rather than get into the business of approving facilities. The criteria should apply to all providers regardless of their professional preparation. The criteria can be used as a measure of quality assurance by providers and facilities; employers can judge providers and facilities on their ability to meet the criteria when they are making decisions about using the facilities.

This process of approving facilities and providers requires a number of resources--staff, money and time. Once approved, facilities and providers must have periodic review to assure continuing competence and quality. At least one study has documented the difficulty, due to lack of funding and staffing resources, which NIOSH experiences in maintaining quality control of training courses in pulmonary function testing required under the cotton dust standard.

An additional concern under this section relates to the process and follow up NIOSH is recommending for the medical examinations. All test results are to be forwarded by the examining facility or provider to NIOSH for evaluation; NIOSH then notifies miners of examination results and recommends follow up; NIOSH also stores the data.

AAOHN recognizes the importance of a national data base, which will be achieved through this process. However, the employer who is responsible for ensuring the health and safety of the workers is effectively eliminated from the feedback loop. It is unclear how the worker who needs interpretation of results, additional follow up or counseling would receive them. It is unclear how employers who should provide interpretation, follow up or counseling would know what the employees need.

This proposal is in sharp contrast to other national standards requiring medical surveillance of workers.

AAOHN recommends that the employer have responsibility (through an appropriate health care provider) for conducting medical surveillance, reporting results to employees--and NIOSH--and providing necessary follow up for employees.

1.4.1.6. Smoking.

AAOHN recommends that NIOSH propose criteria for a standard to regulate smoking in the workplace. The recent EPA study lends strong support to the need for protecting all workers from exposure to environmental tobacco smoke. In 1992, AAOHN issued a position statement urging the Secretary of Labor to begin rulemaking to regulate environmental tobacco smoke in the workplace.

AAOHN is currently working in coalition with the American Association of Industrial Hygiene and the American College of Occupational and Environmental Medicine to push this issue forward.

In summary, AAOHN believes these recommendations will provide for quality, cost effective implementation of the recommended standard by clarifying the purpose of the surveillance, expanding access to qualified health care providers, and improving the ability of employers to promote and protect the health of the affected workers.