

Docket Office  
Docket No. GE2002-1, Room N-2625  
Occupational Safety and Health Administration  
U.S. Department of Labor  
200 Constitution Avenue, NW  
Washington, D.C. 20201

October 30, 2002

Dear Secretary Chao:

Thank you for the opportunity to submit comments on the first set of industry-specific ergonomics guidelines, "Ergonomics for the Prevention of Musculoskeletal Disorders - Guidelines for Nursing Homes".

The Association of Occupational Health Professionals in Healthcare (AOHP) is a non-profit, voluntary organization comprised of health care professionals whose primary responsibility is protecting and enhancing the health and safety of employees in healthcare facilities. Our association represents approximately 1,000 members in the United States and Bermuda. Our membership is comprised of professionals such as registered nurses, nurse practitioners, licensed practical or vocational nurses, physicians, risk managers, safety officers, and human resource specialists. The members of AOHP are frequently responsible for establishing compliance efforts for OSHA standards as well as performing the testing, education, assessment, etc., as required by a standard.

HCWs in nursing homes suffer high rates of injuries compared to other industries. Efforts to proactively reduce the risk of developing any injury will aid nursing homes to reduce worker's compensation costs and days away from work that would lead to increased retention of HCWs for a facility and lowered costs. Many nursing homes operate on a tight budget related to lowered reimbursement from governmental sources, leaving limited funding to implement employee injury reducing strategies. A strong

ergonomic program focusing on employee and resident satisfaction, job designs, risk assessment and specific training related to job duties will result in improved employee health, increased employee morale, increased productivity with the ultimate reduction of healthcare costs that will benefit the employees, employers and residents.

AOHP supports the three parts of the guidelines: Management Practices, Worksite Analysis, and Control Methods. Our comments will be focused on the management practices section.

Education is one part of an effective ergonomics program. We question the ability of nursing homes to be able to train and educate **all** employees about the risk of development of MSDs and ergonomics before any contact with residents. Due to HCW shortages for direct patient care, many nursing homes rely on temporary staff from staffing agencies. It is an expectation that this type of staff be able to function with little or no orientation. We recommend OSHA provide a clause for temporary workers requiring education prior to contact with residents.. It should be a requirement the hiring agency initially provides education and training at the time of hire with the leasing agency to provide specific training/preceptoring on the floor with the specific equipment available at the facility.

We question the ability of the charge nurses and supervisors to recognize ergonomic stressors and to control the hazards. These people may be assigned heavy patient loads or have many other responsibilities to perform while at work making it difficult to identify early signs of MSDs or to teach ergonomic stressor reduction. AOHP recommends the development of specific protocols written by an occupational health professional to give guidance to the on site nursing staff to medically manage initial

complaints of MSDs if a dedicated occupational health professional is not available on site.

AOHP also recommends that at least one ergonomic resource person be identified at each facility. This person(s) would support staff in providing a safe working environment while providing safe resident care. Roles and responsibilities would include safe resident handling and movement policy development and act as a resource, coach and team leader for the facility or unit. This person(s) would assist in monitoring and evaluating the ergonomics program. The ergonomic resource person would be assigned to mentor/precept new hires and the temporary workers in the ergonomic specifics for the job. Each facility would have to determine if the ergonomic resource person has patient care responsibilities and how that is balanced with ergonomic responsibilities.

Administrative support is essential for successful use of the ergonomic resource person. The facility can determine educational requirements as long as strong leadership and educational qualities are identified.

AOHP strongly urges OSHA to consider including stronger language for the occupational health management of MSDs to include experienced occupational health professionals. An experienced occupational professional is the person most knowledgeable to determine return to work abilities, balancing the job demands with appropriate restrictions to facilitate an early return to work while providing appropriate medical care. Members of AOHP (such as registered nurses, physician's assistants and nurse practitioners) implement a variety of ergonomic based programs in health care facilities. Our members are trained to identify and address potential hazards in the work environment.

AOHP questions the ability of nursing homes to feel comfortable with the development and measurement of leading and trailing indicators. AOHP recommends this discussion be omitted from the guidelines as we cannot be certain that nursing homes will be able to competently measure these indicators without further education and assistance from OSHA. AOHP recommends outcomes that measure incidence and severity of injuries; MSD pain/discomfort surveys; job satisfaction; adherence to the program, and cost benefit analysis.

AOHP supports OSHA in its proactive efforts to reduce the risks of musculoskeletal disorders (MSDs) in healthcare workers (HCWs) employed in nursing homes and long-term care facilities. We believe the guidelines are a step towards a safer, more productive work environment for HCWs.

Thank you for the opportunity to present our comments. If you have any questions, please contact Denise Strobe at [denise.strobe@osfhealthcare.org](mailto:denise.strobe@osfhealthcare.org)

Sincerely,

Denise K. Strobe, RN BSN COHN-S/CM

Executive Vice President

Association of Occupational Health Professionals in Healthcare (AOHP)