



August 22, 2012

NIOSH Docket Office
Robert A. Taft Laboratories, MS-C34
4676 Columbia Parkway
Cincinnati, OH 45226

Docket Number: CDC-2012-0008

Dear Sir or Madam:

The Association of Occupational Health Professionals in healthcare is pleased to have the opportunity to comment on the request for information for the *Collection and Use of Patient Work Information in the Clinical Setting: EMR*. Our members are occupational health providers, primarily nurses, in healthcare settings. We are most often based in hospitals or other types of healthcare facilities. Generally, we are a non-revenue generating service and often called Employee Health Services (EHS) or Occupational Health Services (OHS).

Work history information is obtained during the post-offer, pre-placement health examination. If the new hire candidate has a prior work history this information is gathered. If the work history is healthcare related, information is gathered about exposures to blood/body fluids, patient handling injuries, slip/trip/fall injuries, any injuries with penetrating metal to the eye (MRI safety), respirator use, latex allergy and any other type of exposure or injury. If the candidate has worked in another industry the candidate is also asked about other appropriate exposures and injury information. The assessment of occupational history is recommended in the AOHP *Getting Started Occupational Health in the Healthcare Setting*, a principal publication for new occupational health professionals in healthcare.

Recording the work history information may be either manual or electronic depending on the office and would be available on subsequent visits to the EHS/OHS office. Manual information is often kept in facility-specific format. Registered nurses are the primary clinicians who would collect this type of information.

EHS software is on the market. We are not familiar with the individual vendor products to address whether there is a specific area for occupational history. Our recommendation would be that a combination of drop-down box with a space for narrative comments be included in an electronic program.

A challenge that AOHP would be concerned about would be how the employee's primary care-provider (PCP) would use work history information to determine the work-relatedness of a condition without full information or understanding of the patient's job. It is important that the PCP have information about, and, an understanding of the patient's job and how it relates to treatment, especially if the patient works in healthcare. Healthcare personnel who provide patient care or ancillary patient services often work beyond eight hour shifts and rotate shifts. In addition, some PCPs may not be aware of the patient's state's worker compensation (WC) laws and how his/her treatment may affect the outcome from a WC perspective if the patient is reporting a work injury. One must also keep in mind that PCPs strive to make their patients, who are their customers happy, so their objectivity may be compromised. If linkages between the patient's occupational health record and personal health record are developed, caution must be taken to protect the confidentiality of both types of information, yet maintain the ability to share certain information, for example, annual influenza vaccine. Both healthcare employers and private practitioners will need to be able to accurately reflect their vaccination rates in the near future for reimbursement purposes.

The Genetic Information Nondiscrimination Act (GINA) may become a factor in how we handle EMR data security in the future. GINA is primarily aimed at the workplace, as its purpose is to bar an employer from requesting or obtaining an individual's genetic information at *any stage of employment*. This act protects both

the results of genetic tests and any information related to family medical history. Therefore, providers who do not provide occupational medicine services may have some serious data security issues to consider. The Equal Employment Opportunity Commission recently concluded in an informal discussion letter, that if personal health information and occupational health information are stored in the same electronic medical record, it's probably a violation of *both* HIPAA and the Americans with Disabilities Act (which also restricts health data access).

AOHP is a national association with more than 1,000 members who serve as leaders in championing the vital role of occupational health professionals in healthcare today. Through their active involvement at local, state and national levels, AOHP has become the defining resource and leading advocate for occupational health and safety in healthcare, representing tens of thousands of healthcare workers throughout the nation. AOHP promotes health and safety for healthcare workers through: advocacy; occupational health education and networking opportunities; health and safety advancement through best practice and research; and partnering with other invested stakeholders.

Thank you again for the opportunity to comment on this important topic. If you have additional questions or comments, please contact MaryAnn Gruden, Association Community Liaison by email, magaohp@yahoo.com or phone 412-578-6792.

Sincerely,

A handwritten signature in black ink that reads "Dee Tyler". The signature is cursive and somewhat stylized.

Dee Tyler, RN COHN-S FAAOHN
Executive President