



Dedicated to the health and safety of healthcare workers

May 20, 2010

Janice Windau
Office of Safety, Health and Working Conditions
Bureau of Labor Statistics
Room 3180
2 Massachusetts Avenue, NE
Washington, DC 20212

Dear Ms Windau:

Thank you for forwarding the draft of the 2010 Occupational Injury and Illness Classification System (OIICS) Manual to the Association of Occupational Health Professionals in Healthcare (AOHP) for review. It is clear that consideration was given to all comments that were received. In particular the expansion of categories in healthcare will provide the opportunity to obtain more specific data on these hazards.

The following are comments on the spreadsheet:

Item #	OIICS Category	Subcategory	Comments
41	Nature		Consider new code for exposure only – example: TB, chickenpox. Question need for this if there was no illness that caused lost time
102	Nature		Revise MSDs – would recommend that consideration be given to developing definition that would be consistent with OSHA requirements for reporting MSDs if the MSD column would be added to the OSHA log or for the definition to be re-evaluated if OSHA does add the MSD column to the log. Consistent definitions among agencies would assist with more accurate data analysis.
283	Source	Chemical	Agree with adding separate category for vaccines
296	Source	Clothing	Agree with adding code for latex gloves
311	Source	Equipment	Agree with adding code for patient harness – usually called “sling” rather than harness
304	Source	Equipment	Agree with adding powered wheelchairs, etc
144	Source	People	Encourage further clarification of “patient handling”
329 & 330	Source	Tools	Agree with additional code for IV pole and stretchers under healthcare & orthopedic equipment
333	Source	Tools	Agree that more patient transport devices need to be added
275	Event	Exposure	Agree that blood/body fluid splash should be added
305	Event	Needlestick	Agree should have own code rather than being included with stings/venomous bites
135	Event	Overexertion	Agree that turning patient involves push/pull; however lifting patient up in bed to reposition requires more lifting
324	Event	Quasi-violence	Appropriate to add code for violent acts of unknown intent & include healthcare settings in that code

In addition, we would like to comment on the addition of MRSA, either skin or non-skin infections under the section of specific changes in the classification system. MRSA is a prevalent organism both in the community and in the healthcare setting. Occupationally acquired MRSA does not occur frequently. The cause of the infection would need to be closely evaluated before designating it occupationally acquired.

AOHP appreciates the opportunity to review and provide comments on the work that has been done thus far. We will look forward to learning about the final changes for the analysis of work-related injuries/illnesses.

Please feel free to contact me if you have any additional questions or concerns at 412/578-6792 or email at magaohp@yahoo.com.

Sincerely,

MaryAnn Gruden, CRNP, MSN, NP-C, COHN-S/CM
AOHP Association Community Liaison