## Miller, Diane M. (CDC/NIOSH/EID)

From:

Lisa Thiemann [Ithiemann@aana.com]

Sent:

Monday, June 30, 2008 11:34 AM

To:

NIOSH Docket Office (CDC)

Cc:

Lisa Thiemann

Subject:

135 - NIOSH Healthcare Workers Survey

Attachments: Microsoft Word - AANA Comments NIOSH 135.pdf

#### To Whom It May Concern,

Please accept the attached PDF file as official comments from the American Association of Nurse Anesthetists (AANA) regarding the recently posted National Institute for Occupational Safety and Health's (NIOSH) proposed surveys of healthcare workers and management health and safety practices. Please don't hesitate to contact me for any questions or difficulties in receipt of the file. The AANA thanks NIOSH for this opportunity to comment. Sincerely,

# Lisa J. Thiemann, CRNA, MNA Acting Senior Director, Professional Practice Division American Association of Nurse Anesthetists

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Comments of the American Association of Nurse Anesthetists Regarding The National Institute for Occupational Safety and Health's Proposed Surveys of Healthcare Workers and Management Health and Safety Practices

June 30, 2008

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NIOSH Mailstop: C-34 Robert A. Taft Lab. 4676 Columbia Parkway Cincinnati, Ohio 45226

Re: NIOSH-135

The American Association of Nurse Anesthetists (AANA) is the national professional organization for more than 36,000 nurse anesthetists and student nurse anesthetists dedicated to providing quality anesthesia care in the United States. Nurse anesthetists provide approximately 27 million anesthetics each year in this country, and are the sole anesthesia providers in approximately two-thirds of all rural hospitals in the United States.

### **Executive Summary**

The AANA appreciates this opportunity to comment regarding the National Institute for Occupational Safety and Health's (NIOSH) proposed surveys of healthcare workers and management health and safety practices. Our comments predominantly concern issues of clarity surrounding certain items within the following modules:

- Employee Core Module;
- · Worker Core Module;
- Module F: Surgical Smoke (from Lasers or Electrosurgery Devices);
- · Module G: Anesthetic Gases (Administration); and,
- Module H: Anesthetic Gases (Bystanders who do NOT Administer).

We do not have comments regarding the remaining proposed survey modules associated with this project (i.e., modules A, B, C, D, E, I, or J).

## General Comments:

In several of the modules (i.e., Employee Core, F, G, and H) the term "respirator" is used; however, the term is not clearly defined within the proposed surveys. For example, in question 54 on page 19 of the Employee Core Module, surgical masks are clearly listed to not be an example of a respirator; however, in question 56 on page 20 of the same module surgical masks are listed as an example of a respirator. This may lead to respondent confusion in completing the survey. We request NIOSH define this term more clearly in order to facilitate respondent understanding.

Contained within several of the modules (i.e., F, G, and H) there appears to be a consistent typographical error. Towards the end of each module an instruction box directs respondents to "skip to question XX." In each of these modules, the question

number referenced does not exist. This situation may lead to confusion or frustration on the part of survey respondents.

#### Worker Core Module

Certified registered nurse anesthetists (CRNAs) have a long standing history of delivering high quality anesthesia services, and as such are proud of the credential CRNA. In the subheading titled "Nurses and Nursing Support" within section "Job and Facility Description" on page four of the proposed Worker Core Module, CRNAs are listed as "Nurse Anesthetist." We respectively request NIOSH use the complete credential (i.e., Certified Registered Nurse Anesthetist) when listing nurse anesthetists in this module.

## Module G: Anesthetic Gases (Administration)

Anesthesia services which require the administration of anesthetic gases may be delivered under a variety of different staffing models. For example, certified registered nurse anesthetists may personally deliver anesthetic gases without the participation of another anesthesia professional, such as an anesthesiologist. In a similar fashion, an anesthesiologist may personally deliver anesthetic gases without the participation of other anesthesia professionals. In yet another care delivery model, CRNAs and anesthesiologists may work collaboratively in order to provide anesthesia services. In this collaborative model of care, the CRNA often is personally administering the anesthetic gases and the anesthesiologist is not. We have concerns that Module G's proposed language may not accurately capture these care model differences, and lead to discrepancies in data collection.

In order to maximize the accuracy of data collected, we suggest the following change to Module G's title:

Module G: Anesthetic Gases (Personally Administer)

### Module H: Anesthetic Gases (Bystanders who do NOT Administer)

In order to accurately answer many of the questions contained within Module H, a thorough understanding of the anesthesia process is required by the "bystander." "Bystanders" without knowledge of the anesthesia process may misinterpret or misunderstand anesthetic gas-related activities, and may not be able to identify whether inhalation anesthetic gases are actually being administered or whether oxygen is the only gas being administered. For example, it is possible for an anesthesia professional to induce and maintain general anesthesia without the use of inhalational anesthetic gases. In this situation, a patient would still receive oxygen using the same delivery apparatus as that used during an inhalational general anesthetic. A bystander may not be aware of this anesthetic technique because it appears very similar to one using inhaled anesthetic gases. This lack of knowledge may lead to inadvertent inaccurate responses to question numbers 11 thru 17 in Module H.

We suggest further clarifying "anesthetic gases" in order to highlight these possible care differences for respondents by inserting the following language into the module's title section:

This module is directed toward individuals who work in area(s) while anesthetic gases (i.e., gases in addition to oxygen) are being administered, <u>but who are not administering the gases themselves</u>. You are considered to be in the area if you are in the same room and within five (5) feet of where anesthetic gases are being administered.

Note: Do <u>not</u> complete this section if you actually administer the anesthetic gases.

The AANA appreciates this opportunity to express our concerns to NIOSH regarding the proposed survey modules. If NIOSH has any questions or comments that it would like to discuss with the AANA regarding our comments, please contact Lisa J. Thiemann, CRNA, MNA, the AANA's Acting Senior Director, Professional Practice at (847) 655-1136 or <a href="mailto:lithiemann@aana.com">lthiemann@aana.com</a>.

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