**Appendix B**

**60-Day Federal Register Notice and Comments**



**Public Comment**

From: Cunha, Bruce [mailto:cunha.bruce@marshfieldclinic.org]

Sent: Friday, August 19, 2011 10:01 AM

To: OMB-Comments (CDC)

Subject: Barriers to Occupational Injury Reporting By Workers.

In reading over the proposed study, I feel that CDC may be limiting the information it gets by only using emergency room visits. While I cannot speak on a national level, in our area of the country, employees are more likely to go to an Urgent Care Clinic or to their private medical provider for an injury unless the injury is serious enough to warrant a visit to the Emergency Room.

I would urge CDC to look into adding Urgent Care and walk in facilities to this study model.

Bruce E. Cunha RN MS COHN-s

**NIOSH Response**

From: Sawyer, Tamela (CDC/NIOSH/OD)

Sent: Thursday, August 25, 2011 8:52 AM

To: OMB-Comments (CDC)

Cc: Holcomb, Daniel (Dan) (CDC/OD/OADS); OMB Clearance (CDC)

Subject: RE: Barriers to Occupational Injury Reporting By Workers.

Hello,

Thank you for your comments. We acknowledge that emergency department data will not represent all work-related injuries. We also agree that a surveillance system that includes data from emergency departments as well as Urgent Care Clinics and other private medical providers would provide more comprehensive data. However, such a system does not exist. Because we are constrained by limited resources, we choose to use an existing data system that is maintained within NIOSH. This database, the occupational supplement to the National Electronic Injury Surveillance System (NEISS-Work), captures persons treated in a sample of U.S. emergency departments (EDs) and has no immediate plans or resources for expansion into other medical venues.

Past research has shown that occupational injuries treated in emergency departments represent one-third of all occupational injuries. The NEISS-Work data have been used extensively to help describe the nonfatal occupational injury picture for a variety of industries, occupations, and injury events. Like other existing nonfatal occupational injury data, they have limitations, but they have still been useful in providing key nonfatal occupational injury data. Working within our resource constraints, we deemed these data to be the best existing resource to meet the needs of this project.