

Attachment F. Public comments from the Federal Registry Notice, 60 Day

Comment 1 from Caitlyn Tiedemann (ID CDC-2021-0048-0002): Hello, as a bachelor-prepared registered nurse in the state of New York, I support this notice and would be excited to see this pass. Sleep is very subjective and can be difficult to assess. With that said, I believe the NIOSH did a great job designing the study to address the information they need to receive. It is essential the study keeps the open-ended questions that include the barriers of adoption. Potentially adding more or an open comment section at the end. This will help identify the subjective influences on the information they need to gather. This notice affects me at a personal level. I began my nursing career at the age of 22 in an intensive care unit working the overnight shift from 7 pm to 7 am. Fast forward three years later, I am burnout emotionally and physically. I was barely getting 4 hours of sleep a “night” and hardly was it ever uninterrupted (waking up prematurely constantly). I am not the only one who suffered this sleep deprivation. Almost all my fellow co-workers could attest to the lack of sleep and the overall negative impact on physical and emotional well-being. This has caused most of my co-workers to seek other positions. Creating new problems of short staff issues. Which further endangers the health and well-being of nurses and patients. There is a desperate need for this study to be conducted and for the strategies to be useful and effective. Nurses are getting burnout too early in their careers. In addition, these issues increase the risk of human errors and jeopardize patient safety. I assure the OMB will find the data and information selected is absolutely necessary and will provide practical use.

Response: We appreciate the comment but were unable to respond due to no contact information provided.

Comment 2 from Galvin Seamus (ID CDC-2021-0048-0004): I am making comment on the CDC proposed project on "Nurse fatigue-Mitigation Education: does it change nurse behaviour? The topic is Important to the writer since it is my lived experience. As a former night shift registered nurse, it is an important factor in safety for all.

Comment On CDC proposed Data collection on project titled “nurse Fatigue-Mitigation Education: Does it change Nurse sleep Behavior.

It is well documented that achieving 6-8 hours of sleep in 24 hours is important to a person mental and physical health. As a shift worker, nurses have attempted to adapt to an adjusted Circadian rhythm. As we are human, not everybody easily adjusts to altered sleep hygiene.

It is a study worth conducting to evaluate the program, whose intent is to change Nurse sleep behavior. The online resource “training for Nurses on Shift Work and Long Work Hours”, is available for past 5 years. As in the nursing process, we assess, plan, intervene and EVALUATE the outcome. The importance of this cannot be understated. By doing quantitative research in this area is important as, research itself has become a hallmark of our data driven practice.

I question whether 50 respondents in study 1 and 2 will gather enough effect size, for inferential statistics. Increasing the sample size will increase the power, to minimize the risk of making a type 2 error.

Will taking this class change behavior in a positive way. The outcome to reduce sick time, increase retention, increase safety and patient satisfaction is our goal.

Response: We appreciate the comment but were unable to respond due to no contact information provided.

Comment 3 from Kirsten Dahlberg (ID CDC-2021-0048-0005): Swing shift schedules in bedside nursing is all too common in the hospital setting. As a previous ICU nurse, my first ICU position I was required to work 12hr day and night shifts in the same week. This drastic schedule adjustment took a physical toll, especially when trying to learn a new role as an ICU nurse. Sleep deprived RNs with less than a year of experience were left to care for high risks, critically ill patients. Not only is this a safety concern for patients, but a health concern for new grad RNs. Sleep deprivation was part of being an ICU nurse. You were expected to get on board or find another position. Even on my days off, my sleep was

poor, consistently waking up or having trouble falling asleep. Waking up feeling unrested became the norm.

Once I became a nurse practitioner, I returned to normal daytime work hours, but my sleep patterns never returned to normal. It is essential that we educate all nurses on how to get adequate sleep. The risks to patients along with the longstanding health risks to nurses is critical. Healthcare Organizations need to take responsibility to protect their staff through proper education, staffing and scheduling along with appropriate rest and compensation for challenging shifts. I fully support this healthcare initiative, the more research we can gain the better.

Response: We appreciate the comment but were unable to respond due to no contact information provided.

Comment 4 from the American Nurses Association (ID CDC-2021-0048-0003): Please see below

June 29, 2021

Jeffrey M. Ziger
Information Collection Review Office
Centers for Disease Control and Prevention
1600 Clifton Road NE, MS-D74
Atlanta, GA 30329

Submitted electronically to per@cdc.gov

Re: Proposed Data Collection Submitted for Public Comment and Recommendations; Docket No. CDC-2021-0048

Dear Mr. Ziger:

The American Nurses Association (ANA) respectfully submits these comments on the above-captioned notice. The notice indicates that the National Institute for Occupational Safety and Health (NIOSH) is planning to review Training for Nurses on Shift Work and Long Work Hours, NIOSH's web-based program to improve health care providers' sleep.

ANA thanks NIOSH for reviewing this online training program. Impaired sleep and fatigue are important issues that must be addressed as a matter of nurse safety and quality of patient care. The American Academy of Sleep Medicine and Sleep Research Society recommend seven or more hours of sleep per night for adults.¹ Experts have found that adults who sleep less than the recommended amount on a regular basis have adverse health outcomes, along with impaired performance and increased errors.²

Nurses may be at risk for sleep impairment and fatigue, with implications for nurses' well-being and that of their patients.³ Data from the HealthyNurse[®] Survey⁴ (a component of ANA's Healthy Nurse Healthy Nation Initiative) are illustrative. Among the 6,654 nurses and nursing students who completed the survey between March 2020 and May 2021, 37 percent reported sleeping only six or fewer hours out of 24 hours. This shows elevated risks for nurses, compared to 33 percent among employed adults in 2018 who report sleeping six or fewer hours.⁵ One out of four nurses in the HealthyNurse[®] Survey report that they are at significant risk for "excessive fatigue" that impacts their quality of life.

¹ Recommended Amount of Sleep for a Healthy Adult: A Joint Consensus Statement of the American Academy of Sleep Medicine and Sleep Research Society. *Journal of Clinical Sleep Medicine*. 2015.

² *Ibid.*

³ American Nurses Association (ANA). Addressing Nurse Fatigue to Promote Safety and Health: Joint Responsibilities of Registered Nurses and Employers to Reduce Risk. Position Statement. September 2014. Accessible online at <https://www.nursingworld.org/practice-policy/nursing-excellence/official-position-statements/fat/addressing-nurse-fatigue-to-promote-safety-and-health/>

⁴ The HealthyNurse[®] Survey⁴ is a component of ANA's Healthy Nurse Healthy Nation Initiative.

⁵ CDC <https://www.cdc.gov/mmwr/volumes/68/wr/mm6806a5.htm>

Sleep impairment and fatigue in nurses are attributed to shift work and long hours.⁶ One study of hospital-based nurses found that “the risks of making an error were significantly increased when work shifts were longer than 12 hours, when nurses worked overtime, or when they worked more than 40 hours per week.”⁷ In the HealthyNurse[®] Survey, 31 percent of respondents say they work more than 40 hours per week. Around half say their shifts are 10 hours or more; and 41 percent worked overtime at least 4 times in the preceding month.

ANA believes that reducing nurse fatigue is a shared responsibility of nurses and their employers.⁸ In our 2014 Position Statement, ANA recognized that nurses “have an ethical responsibility to address fatigue and sleepiness in the workplace that may result in harm and prevent optimal patient care.” Meeting this obligation includes practicing healthy behaviors that promote good sleep, and even refusing assignments that undermine sufficient sleep and recovery from work.⁹

The NIOSH training supports education of nurses so that they are informed and knowledgeable of methods and strategies to prevent sleep impairments and fatigue, reducing risks to patients and themselves. The training has been online for five years. A timely evaluation is necessary to assess the effectiveness of the program and identify areas for improvement. ANA stands ready to help promote the proposed study among nurses through various communication channels at the appropriate time.

ANA also believes that employers have a responsibility to establish a healthy work environment, including nursing work schedules that improve alertness.¹⁰ Employers can do more to prevent sleep impairments and fatigue. For instance, health care employers should adopt, as official policy, the position that registered nurses have the right to accept or reject a work assignment on the basis of preventing risks from fatigue. Employers should have staffing policies that promote hours and shifts that are safe for nurses, and conduct regular audits to ensure these policies are maintained. Appropriate staffing policies can assist in nurse fatigue prevention by ensuring reasonable workloads, assuring adequate meal and bathroom breaks, and allowing nurses to leave on time.

ANA encourages NIOSH to explore the existence and impact of employer policies and practices as part of its evaluation of nurse training resources. It would be valuable to have an understanding of the extent to which employer policies enable or hinder nurses from optimizing their sleep health on the job. This information can lead to improvements in nursing training that will empower nurses to engage with employers to address fatigue. NIOSH should also consider a companion training program for employers, for instance, disseminating best practices for scheduling and staffing to prevent fatigue.

ANA is the premier organization representing the interests of the nation’s 4.2 million registered nurses (RNs) through its state and constituent member associations, organizational affiliates, and the individual members. ANA advances the nursing profession by fostering high standards of nursing practice, promoting a safe and ethical work environment, bolstering the health and wellness of nurses, and advocating on healthcare issues that affect nurses and the public. RNs serve in multiple direct care, care coordination, and administration leadership roles, across the full spectrum of health care settings. RNs

⁶ ANA, *Addressing Nurse Fatigue to Promote Safety and Health*.

⁷ <https://pubmed.ncbi.nlm.nih.gov/16388582/>

⁸ ANA Position Statement

⁹ *Ibid.*

¹⁰ *Ibid.*



provide and coordinate patient care, educate patients and the public about various health conditions including essential self-care, and provide advice and emotional support to patients and their family members. ANA members also include the four APRN roles. ANA is dedicated to partnering with health care consumers to improve practice, policies, delivery models, outcomes, and access across the health care continuum.¹² If you have any questions, please contact Brooke Trainum, Director of Policy and Regulatory Advocacy, at Brooke.Trainum@ana.org or (301) 628-5027.

Sincerely,

A handwritten signature in black ink that reads "Debbie Hasmaker".

Debbie Hasmaker, PhD, RN, FAAN
Chief Nursing Officer/CVP

cc: Ernest Grant, PhD, RN, FAAN, ANA President
Lorena Cole, DNP, MBA, RN, NEA-BC, FACHE, FAAN, ANA Chief Executive Officer

¹² The consensus model for APRN regulation defines four APRN roles: certified nurse practitioner, clinical nurse specialist, certified nurse-midwife and certified registered nurse anesthetist. In addition to defining the four roles, the Consensus Model describes the APRN regulatory model, identifies the titles to be used, defines specialty, describes the emergence of new roles and population foci, and presents strategies for implementation.

Response:



DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

Centers for Disease Control and Prevention (CDC)
National Institute for Occupational Safety and Health (NIOSH)
Robert A. Taft Laboratories
1000 Tusculum Avenue
Cincinnati, OH 45226-1988
PHONE: (513) 533-3302

October 8, 2021

Debbie Hatmaker, PhD, RN, FAAN
American Nurses Association
8515 Georgia Ave., Suite 400
Silver Spring, MD 20910

Re: NIOSH Response to ANA Comments on Proposed Data Collection Submitted for Public Comment and Recommendations; Docket No. CDC-2021-0048

Dear Dr. Hatmaker,

Thank you for the American Nurses Association (ANA) comments submitted to [regulations.gov](https://www.regulations.gov) for Docket No. CDC-2021-0048 on the Federal Register Notice regarding the upcoming National Institute for Occupational Safety and Health (NIOSH) project, "Nurse Fatigue-Mitigation Education: Does It Change Nurse Sleep Behavior?" ([Fed. Reg. 86\(92\): 26517](https://www.federalregister.gov/documents/2021/09/26/2021-26517)). NIOSH would like to thank ANA for their expressed support for this proposed project that will evaluate the effectiveness of the online NIOSH curriculum, "[Training for Nurses on Shift Work and Long Work Hours](#)".

NIOSH agrees that sleep and fatigue are important issues to be addressed for nurses. NIOSH also agrees that employers are responsible for a safe and healthy work environment, and that reducing nurse fatigue is the responsibility of employers and employees. The NIOSH online "Training for Nurses on Shift Work and Long Work Hours" is designed to educate not only nurses on the health and safety risks associated with work hours but also provides an educational component specifically for nurse managers on workplace systems contributing to nurse poor sleep and fatigue (please see [Part 2, Module 5](#) and [Part 2, Module 7](#) of the NIOSH training program). These modules include suggested fatigue mitigation (e.g., scheduling practices) strategies for managers to adopt in an effort to reduce the risks nurses face when working shift work and long work hours.

We appreciate ANA's suggestion to explore employer policies and procedures which may contribute to nurse poor sleep and fatigue. We will consider this for future studies. We value ANA for their insights into the needs of the nursing population and look forward to continued communication on efforts to protect nurses from the risks related to poor sleep and fatigue.

We want to thank you for your support of this project and your offer to promote and disseminate it to the nursing community. We will contact Brooke Tramm, as suggested, for future collaboration on these outreach efforts.

Sincerely,

Paul A. Schultz, PhD
Director, Division of Science Integration