# The Role of National Institute for Occupational Safety and Health Hazard Evaluations in Reducing Ergonomic Injury among Interventional Pulmonologists

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*To the Editor*:

Thank you for the publication of "The Need for Ergonomics Training in Interventional Pulmonary Fellowship" (1), which identified the need for ergonomics training during interventional pulmonology (IP) training. In their publication, the authors discussed how the National Institute for Occupational Safety and Health (NIOSH) "hierarchy of ergonomic control" can be used to reduce ergonomic injury. We agree with the authors and want to highlight how the NIOSH Health Hazard Evaluations (HHE) Program may contribute to reducing ergonomic injury among interventional pulmonologists. NIOSH ergonomic research has identified risk factors for musculoskeletal disorders and developed engineering controls and administrative recommendations that are applicable to a range of settings to reduce musculoskeletal disorders (1, 2). Healthcare workers historically have faced high rates of occupational musculoskeletal disorders, such as back pain (2, 3); therefore, safe patient handling has long been an emphasis of NIOSH

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and other healthcare-related professional societies (4).

The occupational safety needs of the interventional pulmonologist, however, may have unique aspects that differ from those already explored in safe patient handling research and in related fields such as endoscopy and surgery. To fully understand the ergonomic needs of the interventional pulmonologist requires a detailed understanding of the job tasks performed. In many cases, this may be accomplished by local occupational safety and health professionals; however, if desired, three employees, a union representative, or a management representative can request a NIOSH HHE at no cost to the requester or the workplace through the HHE program's website (5). During an HHE, NIOSH personnel can carry out site visits to analyze workplace health hazards, including ergonomic concerns, and can identify solutions to reduce risks. An HHE to address ergonomic hazards in IP could potentially include experts such as certified ergonomists, industrial hygienists, medical officers, and epidemiologists to assess the worksite, identify tasks that cause the most stress on the musculoskeletal system, and provide worksite-specific, evidence-based recommendations to foster an ergonomically sound work environment. Furthermore, NIOSH experts can also assess other hazards encountered by interventional pulmonologists, such as noise, radiation, infectious pathogen exposures, and stressful work environments. Although primarily intended to help the workplace requesting an HHE, information gained through an HHE is often more widely applicable and could inform ergonomic training curricula for fellowship programs.

As technologic advancements in IP increase in the type and number of robotic procedures performed (1), ergonomically sound working environments are important to help interventional pulmonologists and procedural suite staff maintain career longevity and quality of life. NIOSH may be a great resource to help the IP profession improve work practices through existing research products and knowledge gained from HHEs.

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