

Factors VII and IX (coagulating agents which reduce the bleeding resulting from a deficiency of natural clotting agents in the blood of people with hemophilia) and infection control related to the infusion. CDC has initiated the development of a self-learning manual for nurses with responsibility of teaching hemophilia patients and their families about home infusion and infection control (HI/IC). The goals of the manual are (1) to facilitate nurses' understanding of

content that should be covered when teaching HI/IC techniques, and (2) to assist nurses in determining how they can best teach HI/IC to patients and their families. The purpose of the proposed data collection is to assess the efficacy of the manual in achieving those goals.

An experimental design will be employed in this study in which 100 randomly sampled nurses will be assigned to either an experimental condition (n=50) or to a control group

(n=50). Nurses in the experimental condition will be asked to use the manual, while those in the control condition will continue their current practices and engage in any naturally-occurring learning experiences related to HI/IC. Baseline and follow-up surveys administered to both groups will yield data that will be used to determine the difference in knowledge, attitudes, and skills that can be attributed to use of the self-learning guide.

Respondents	No. of re-spond-ents	No. of re-sponses/respond-ent	Avg. bur-den/re-sponse (in hrs.)	Total burden (in hrs.)
Nurses in experimental condition	50	2	0.50	50
Nurses in control condition	50	2	0.50	50
Total	100

3. Complications Associated with Home Infusion Therapy: The Nature and Frequency of Blood Contacts Among Health Care Workers—NEW—Occupational blood contact and the potential for transmission of bloodborne pathogens is a serious concern for health care workers (HCWs) who provide care to patients. There are no data on the frequency of occupational percutaneous injuries and mucocutaneous blood contact among HCWs who provide home infusion therapy.

The Hospital Infections Program, National Center for Infectious Diseases, will conduct prospective, active surveillance of HCWs who provide home infusion therapy. The objectives of the surveillance project are to (1) estimate the procedure-specific

frequency of and assess risk factors for percutaneous, mucous membrane, or cutaneous blood contacts sustained by HCWs during the delivery of home infusion therapy and the performance of related procedures, such as phlebotomy and blood culture collection; (2) describe and evaluate the effectiveness of infection control precautions and safety devices to prevent blood contacts; and (3) evaluate the impact of HCWs' knowledge of universal precautions on the use of protective equipment, safety devices, and the frequency of blood contacts.

The population under surveillance will be nurses and phlebotomists from three home health care agencies. Before beginning data collection, HCWs will complete a background questionnaire to provide basic demographic information

as well as information about previous blood contacts. HCWs will then complete an exposure questionnaire after each home visit for a two-four week data collection period. This questionnaire will include information about the reason for the visit, the types of procedures performed, the length of the visit, the number and types of blood contacts sustained, and the use of infection control precautions and any safety devices. At the end of their individual data collection period, each HCW will complete an infection control questionnaire to assess knowledge and attitudes related to blood contacts and the use of universal precautions. The total cost to respondents is estimated at \$24,633.

Respondents (HCWs)	No. of re-spond-ents	No. of re-sponses/respond-ent	Avg. bur-den/re-sponse (in hrs.)	Total burden
Background questionnaire	1337	1	.083	111
Exposure questionnaire	1337	41	.0167	915
Infection control questionnaire	1337	1	.083	111
Total	1137

4. Surveillance and Epidemiology Study Core Questionnaire and Supplement Modules—(0923-0010)—Revision—ATSDR is revising and renewing the project which follows populations exposed to specific hazardous substances over a period of

time to determine if they are experiencing elevated occurrence of diseases. In addition to demographic information, additional core information is collected on behavioral characteristics and health conditions. The supplemental modules are also included

in the request that may be used, depending on the organ system targeted or the type of respondent (renal, liver, occupational, respiratory, etc). The total cost to respondents is estimated at \$53,153.64.