Occupational Health Management™

A monthly advisory for occupational health programs

AHC Media LLC

INSIDE

■ Learn the skills needed in today's economy . . . . . cover

■ The lowdown on certifications that could save your job. 3

■ Steps to take if your wellness program is going nowhere . . 5

■ Program gets half of workers back earlier than expected . . 7

■ California drafts the nation's first aerosol transmissible diseases standard. 9

■ Proposed aerosol transmissible diseases standard. . 10

■ **Inserted in this issue**:
— *2008 Salary Survey results*

Statement of Financial Disclosure: Stacey Kusterbeck (Editor), Coles McKagen (Associate Publisher), Joy Dickinson (Senior Managing Editor), and Grace K. Paranzino (Nurse Planner) report no consultant, stockholder, speaker's bureau, research, or other financial relationships with companies having ties to this field of study.

JANUARY 2009
VOL. 19, NO. 1 • (pages 1-12)

You must have these business skills to survive in today's tough economy

(Editor's Note: This is the second of a three-part series on how occupational health professionals can survive in a down economy. This month, we cover business skills that you must obtain. Last month, we covered how to promote yourself and your expertise. Next month will give steps to take if you suspect your company is going to outsource occupational health or cut programs.)

If you were trying to persuade senior management to purchase a piece of lift-assist equipment, would you try to get them to sympathize with the workers who go home with aching backs? Or would you determine the cost of the average back injury at your organization, and divide that figure into the cost of the equipment?

By doing this, you can come up with the number of back injuries it will take to "pay back" the cost of the equipment. "You can then determine how many back injuries you have had over a certain period of time. From there, you can determine the length of time for ROI [return on investment] in that piece of equipment," says **Pam Hart**, MPH, RN, COHN-S, CSP, director of safety and wellness at Doherty Employment Group in Edina, MN.

Whether you're a novice or an expert, business skills are required as companies look to cut costs anyplace they can, says Hart. "It is not enough to be an excellent nurse. You also have to be able to 'sell' your message to the decision makers. There are always other things competing for the same budget funds you need."

Chris Kalina, MBA, MS, RN, COHN-S/CM, FAAOHN, director of

EXECUTIVE SUMMARY

Today's occupational health professionals need to "speak the language of business" to show their value in the workplace, according to experts in occupational health. Some strategies:

- Ask for help from individuals with business skills.
- Use specific metrics instead of vague terms.
- Base your recommendations on measurements of value in your company.

global occupational health programs and services at Wm. Wrigley Jr. Company in Chicago, says that early in her career, she was unable to convey the value of occupational health programs in business terms during meetings.

"Nobody cared about the medical reasons for doing things," Kalina says. "They cared about how it benefited the business. I was really frustrated that I wasn't able to articulate the value of occupational health and safety programs and services, beyond what is required for compliance with laws and regulations." She obtained a master's degree in health care administration, but she decided it wasn't enough, and went on to get her MBA.

The first step is to decide how far you want to go. Consider taking courses in management, benchmarks, and the use of technology to display data, as well as obtaining a master's degree or enrolling in a certificate program, says **Susan A. Randolph**, MSN, RN, COHN-S, FAAOHN, clinical assistant professor of the Occupational Health Nursing Program at the University of North Carolina at Chapel Hill. **(See story on ways to improve your business skills, p. 3)**

Talk in terms of numbers

Use metrics instead of vague terms when communicating about your programs.

"We all understand that nurses do the right thing and are caring and compassionate people," says Kalina. "But when it comes to business, that is a whole other thing. We have to demonstrate that the investment in the occupational health provider is also valuable to the business."

Get accustomed to speaking in terms of how prevention of injury saves worker's compensation costs, how prevention of illness saves disability costs and lost time, and how targeted health promotion programs prevent illness.

"All these programs can save costs to the company," says Kalina. "The savings is a return on the company's investment in you as the occupational health provider." ■

Occupational Health Management™ (ISSN# 1082-5339) is published monthly by AHC Media LLC, 3525 Piedmont Road, Building Six, Piedmont Center, Suite 400, Atlanta, GA 30305. Telephone: (404) 262-7436. Periodicals Postage Paid at Atlanta, GA 30304 and at additional mailing offices.

POSTMASTER: Send address changes to ***Occupational Health Management***™, P.O. Box 740059, Atlanta, GA 30374.

AHC Media LLC is accredited as a provider of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation.

This activity has been approved for 15 nursing contact hours using a 60-minute contact hour.

Provider approved by the California Board of Registered Nursing, Provider #14749, for 15 Contact Hours.

This activity is intended for occupational nurses, occupational health managers and directors. It is in effect for 36 months from the date of publication.

Subscriber Information

Customer Service: (800) 688-2421 or fax (800) 284-3291, (customer service@ahcmedia.com). Hours: 8:30-6:00 M-Th; 8:30-4:30 F.

Subscription rates: U.S.A., one year (12 issues), $489. Add $17.95 for shipping & handling. Outside U.S., add $30 per year, total prepaid in U.S. funds. Discounts are available for group subscriptions, multiple copies, site-licenses or electronic distribution. For pricing information, call Tria Kreutzer at 404-262-5482. Missing issues will be fulfilled by customer service free of charge when contacted within one month of the missing issue date. **Back issues**, when available, are $82 each. (GST registration number R128870672.)

Editor: **Stacey Kusterbeck.**
Associate Publisher: **Coles McKagen**, (404) 262-5420, (coles.mckagen@ahcmedia.com).
Senior Managing Editor: **Joy Dickinson**, (229) 551-9195, (joy.dickinson@ahcmedia.com).
Production Editor: **Ami Sutaria**.

AHC Media LLC

Editorial Questions

For questions or comments, call **Joy Dickinson** at (229) 551-9195.

SOURCES

For more information on skills and training needed during a challenging economy, contact:

- **Pam Hart**, MPH, RN, COHN-S, CSP, Director of Safety and Wellness, Doherty Employment Group, Edina, MN. Phone: (952) 832-8324. E-mail: pahart@dophertyemployment.com.
- **Chris Kalina**, MBA, MS, RN, COHN-S/CM, FAAOHN, Director, Global Occupational Health Programs and Services, Wm. Wrigley Jr. Company, Chicago. Phone: (312) 645-3770. E-mail: ckalina@wrigley.com.
- **Susan A. Randolph**, MSN, RN, COHN-S, FAAOHN, Clinical Assistant Professor, Occupational Health Nursing Program, University of North Carolina at Chapel Hill. Phone: (919) 966-0979. Fax: (919) 966-8999. E-mail: susan.randolph@unc.edu.

Creative ways to obtain better business skills

Some approaches are no-cost or low-cost

Developing business skills is more important than ever in this down economy, but occupational health professionals often lack these skills, says **Chris Kalina**, MBA, MS, RN, COHN-S/CM, FAAOHN, director of global occupational health programs and services at Wm. Wrigley Jr. Company in Chicago.

"Nobody can do this for you. It's up to you to seek out these types of courses from various professional organizations and then plan to attend them," says Kalina. "You have to be motivated to do this and take the accountability." Here are some ways to improve your business skills:

• Find a mentor at your company who can guide you in presenting your message in the way it is done at your company.

A mentor is typically someone in a higher position than you at the company, but it could be anyone with skill sets that you don't have who is willing, says **Pam Hart**, MPH, RN, COHN-S, CSP, director of safety and wellness at Doherty Employment Group in Edina, MN. "Approach them and ask them for help," Hart says.

If you attend a company meeting where the presenter requests a decision and is successful in obtaining that decision, approach the presenter after the meeting and ask for time to meet with him or her. "Then when you go to that meeting, be prepared with a possible message you want to deliver. Ask the mentor to review and give feedback," says Hart.

Susan A. Randolph, MSN, RN, COHN-S, FAAOHN, clinical assistant professor of the Occupational Health Nursing Program, University of North Carolina at Chapel Hill, says she has asked individuals to review her slides and observe a dry run of her presentation. "Try to anticipate the questions people might ask, and prepare for them," she says.

• Learn what metrics are valued in your organization, and communicate your recommendations in terms of those.

Look at how your organization measures other things, such as sales or hours of overtime. "This varies in each company," says Hart. "Manufacturing might measure inventory, quality, scrap, or work in progress. Service might measure complaints, service hours per client, or errors."

The company Hart works for measures sales and costs in terms of the number of hours worked. "I measured workers' compensation costs in terms of the cost per hour worked, and senior management could immediately relate to the number," she says. "They came to me and requested my metric be reported monthly on their dashboard."

Hart measures participation in wellness programs as a percentage of the total number of employees. "I also develop baselines, or I use a national benchmark for a campaign, and then measure the percentage of change after I have implemented the campaign to demonstrate success criteria," she says.

• Don't use business terms unless you understand them.

"There is nothing more of a professional killer than when a nurse comes in and starts spouting off business terms with no idea what she's talking about, and when someone calls them on it, looking like a deer in the headlights," says Kalina.

You need to be able to give intelligent answers when "speaking the language of business," says Kalina.

"Do not just use a term as a "buzzword." Always remember that you can be asked a question that is related to the terms you have been using," she says. "If you do not understand the term and how it relates to what you are speaking about, don't use it." ■

With certifications, you're a 'lot more marketable'

Send a signal that occ health is a career path

Certifications in occupational health nursing are not just alphabet soup. These can save your job in today's economy.

Certifications include certified occupational health nurse (COHN), certified occupational health nurse specialist (COHN-S), case management (COHN/CM or COHN-S/CM), and safety management (COHN/SM or COHN-S/SM).

If you haven't yet taken the COHN exam, you "should seriously consider doing so," advises **Kay N. Campbell**, EdD, RN-C, COHN-S, FAAOHN, president elect of the American Association of Occupational Health Nurses (AAOHN). "It really is a standard of quality that nurses should have.

EXECUTIVE SUMMARY

Continuing education in occupational health nursing demonstrates competency and can move your career forward, whether this means taking online courses, attending seminars, or obtaining certifications or higher degrees.
- You can facilitate early return to work processes and reduce legal exposure.
- Employers are more likely to give raises, bonuses and promotions.
- Increased confidence means you can communicate as a partner with your employee.

It can give you a huge benefit in trying to get a job," says Campbell. **(See facts about the ABOHN exam, and tips on how to prepare for exams, p. 5.)**

Continuing your education is a "critical tool" in today's economy, whether doing online coursework, attending seminars, or obtaining higher degrees, she says. "It is your responsibility to take that initiative and move your career forward," Campbell says.

Credentials are "a critical must"

Prospective employers are looking for some type of standard or measure of quality when they make hiring decisions. "Certification shows that you have a certain level of proficiency," says Campbell. "There is really no downside, other than you need to study. If you don't pass, it's a frustrating experience, but that will allow you to go back and relearn what you don't know."

Certification indicates "motivation, engagement in the field, transferrable skills, and knowledge," says Campbell. "In this economy, when people are looking to add value to their business, that certainly would be an indicator of that. It is a critical must."

Campbell says when hiring, she always looks to see whether a nurse has this credential. "To me, it signals a desire for occupational health to be a career path," she says.

Campbell obtained certification because she thought that it would demonstrate competency to employers. "As far as getting positions over my career, I am sure that it opened doors that would not have been there otherwise," she says.

Ann M. Lachat, RN, BSN, COHN-S/CM, FAAOHN, executive director of the American Board of Occupational Health Nurses, says the certified occupational health professional is a "good investment for the company's financial bottom line" because he or she can do the following:

- facilitate early return to work processes, with knowledgeable management of occupational injuries and illnesses;
- reduce the employer's legal exposure through management of regulatory requirements such as the Occupational Safety and Health Administration (OSHA), the Family and Medical Leave Act (FMLA), the Americans with Disabilities Act (ADA), and the Health Insurance Portability and Accountability Act (HIPAA).

According to **Tamara Y. Blow**, RN, MSA, COHN-S/CM, CBM, FAAOHN, manager of occupational health services for Altria Client Services in Richmond, VA, the benefits of certification are "both tangible and intangible." The tangible benefits are that many employers give raises, bonuses, and/or promotions to employees who have acquired certification. "I have noticed in my 22 years of experience as an occupational health nurse that large employers promote employees with the COHN designation," says Blow. Blow says that in her department, employees who want to enter into a supervisory or case management position initially must have the COHN certification.

Confidence is an intangible benefit, says Blow, which "translates into communicating with the employer on a different level as a partnering expert.""In retrospect, my career boosted signifi-

SOURCES

For more information on how certifications can help you demonstrate value, contact:

- **Tamara Y. Blow**, RN, MSA, COHN-S/CM, CBM, FAAOHN Manager, Occupational Health Services, Altria Client Services, Richmond, VA. Phone: (804) 274-5805. Fax: (804) 274-5489. E-mail: tamara.y.blow@altria.com.
- **Kay N. Campbell**, EdD, RN-C, COHN-S, FAAOHN, Global Health and Productivity, GlaxoSmithKline, Research Triangle Park, NC. Phone: (919) 483-2185. Fax: (919) 483-8535. E-mail: kay.n.campbell@gsk.com.
- **Ann M. Lachat**, RN, BSN, COHN-S/CM, FAAOHN, Executive Director, American Board of Occupational Health Nurses, Hinsdale, IL. Phone: (630) 789-5799. Fax: (630) 789-8901. E-mail: amlachat@abohn.org.

cantly after I obtained the COHN certification. I was promoted one month after achieving the certification and received a raise," says Blow. "I then began interviewing for COHN positions at other companies and realized that I was a lot more marketable." ■

Know these facts on certification exams

Here are some facts to consider before taking the American Board of Occupational Health Nurses (ABOHN) certification examinations, from **Ann M. Lachat**, RN, BSN, COHN-S/CM, FAAOHN, executive director:

Applications can be completed online at the ABOHN web site (www.abohn.org). The application charge is $125.00. In January 2008, the board of directors changed the eligibility requirements for each of the core examinations. "Now eligibility no longer includes requirements for continued education," says Lachat.

The handbooks for the exams give important information about the blueprint and core content on all exams. There is no charge for the handbook. It can be downloaded from www.abohn.org/SafetyManagementHandbookPearson%2005-10-07.pdf. T

Individuals can take the safety exam Monday through Saturday. They choose the date to take the exam. There are more than 150 sites through out the United States to sit for the exam. The examination fee is $275.

The examinations are composed of 150 multiple-choice questions based on ABOHN's most recent practice analysis.

Scores are immediately given to the candidate at the completion of the exam. Scores are immediately given to the candidate at the completion of the exam. A passing score is approximately 65% of scored items. ■

Do this to prepare for examination

In addition to taking a certification review course, **Tamara Y. Blow**, RN, MSA, COHN-S/CM, CBM, FAAOHN, manager of occupational health services for Altria Client Services in Richmond, VA recommends doing these things to prepare for your American Board of Occupational Health Nurses (ABOHN) certification exam:

- Begin studying three to four months before the exam.
- Choose a regular study time and stick to it.
- Utilize the ABOHN certified occupational health nurse candidate specifications within the Occupational Health Nursing Safety Management Examination Handbook as a guide.
- If you need someone to keep you focused, partner with another nurse to study for the exam.
- Focus on the theory and concepts behind the questions. "Don't just rely on rote memory," says Blow.

What if you don't pass the exam? "The occupational health nurse may become discouraged and feel like they aren't 'smart enough' or 'worthy enough' to be promoted or recognized as an expert," says Blow. "I have encouraged OHNs who have not passed the exam to give themselves positive self-talk and remind them that they know their stuff. They just have to figure out how to take the test. I always encourage them to try again because the benefits far outweigh the risks." ■

What *if* occ health program isn't getting good ROI?

Low participation and poor survey responses. These are two indicators that an occupational health program may require re-design.

Patti Clavier, BSN, RN, COHN-S, senior project manager of Intel Corp.'s Global Health for

EXECUTIVE SUMMARY

If an occupational health program isn't getting good return on investment (ROI), as evidenced by low participation and poor survey responses, involve an integrated team to re-design the program.

- Use health risk assessment results to target wellness program initiatives.
- Work with management, benefits, communications, and finance.
- Remember there might be short-term cost increases before long term savings are noted.

Life Wellness Program, has worked with a team of occupational health nurses for the past 10 years on wellness program initiatives. "We typically look at health risk assessment [HRA] results to target such initiatives," she says. "If a program is not having solid participation, we have typically met as a team and looked at new ways to communicate the program, incentivize a program, or re-design the program."

In 2002, the company offered its first HRA as an online program, which was used by about 10% of the population. "The next two years we improved communications, offered a drawing for prizes, and saw continued increase in participation," says Clavier.

During the first four years, employees who took the HRA were entered into a prize draw, with bikes, iPods and other fitness-centric distributed. Participation was 10-20% during these years.

In 2006, increased management support and incentives resulted in even higher participation. "The participation rate is now at the 30-40% level," says Clavier. To further increase participation, an additional incentive is now being offered, based on reward points earned through taking the HRA and through achieving other healthy behaviors.

If a program is just not a success, however, Clavier recommends working with the right people to re-design it. These staff might include management, benefits, communications, and finance. "An integrated team approach to wellness program design, implementation, and program maintenance is essential to success," she says.

What to investigate first

When faced with an unsuccessful program, the first place you should investigate is your needs assessment and planning process, according to **Karen Mastroianni**, RN, MPH, COHN-S, FAAOHN, co-owner and health and safety strategist for Raleigh, NC-based Dimensions in Occupational Health & Safety, which provides integrated health, safety and wellness solutions for businesses .

Answer this question, says Mastroianni: If all stakeholders were involved and the program was well-planned and implemented, was the return on investment (ROI) realistic and within a realistic time frame?

Evaluating a program's success is complex and is impacted by multiple factors, says Mastroianni. "All of the evaluation markers taken along the way should indicate a pattern or paint a picture. I can't stress enough that evaluation should be continuous, or at least planned at regular intervals, so that there are no surprises at the end," she says. "There should never be surprises at the end."

Mastroianni recommends you do the following:

- Build flexibility into programs, so needed adjustments can be made. For example, programs should be evaluated on an ongoing basis by managers and employees, with the information should be used to revise the actual design when necessary, and sometimes even the expected outcomes.

"If the program is not working and if it's not meeting participants' needs then a change is not only essential, but healthy," says Mastroianni.

- Involve management and employees in evaluation processes to ensure open communication and input.
- Ensure that evaluation criteria are based on established objectives derived from the needs analysis and the data gathered during the planning phase.
- Include the "organizational climate" in the program objectives and the evaluation process.

"Many programs only focus on individual biological health, but health is much more than this," says Mastroianni. "Social and organizational factors can be critical barriers or motivators in decisions to participate in wellness programs." These include coworker participation and health habits, management style, employees input in decisions, and availability of candy or other

SOURCES

For more information on evaluating a program's return on investment, contact:

- **Patti Clavier**, BSN, RN, COHN-S, Manager, Global Health for Life Wellness Program, Intel, Colorado Springs, CO. Phone: (719) 273-1027. E-mail: patti.clavier@intel.com.
- **Karen Mastroianni**, RN, MPH, COHN - S, FAAOHN, Co-Owner and Health & Safety Strategist, Dimensions in Occupational Health & Safety, Raleigh, NC. Phone: (919) 676-2877 Ext. 12. E-mail: karenm@dimensions-ohs.com.

unhealthy foods.

• Determine whether the program was successful by all indications, including testimonials, but appears unsuccessful due to extenuating circumstances, such as an employee diagnosed with cancer or heart disease. It might be worthwhile to exclude extenuating circumstances and compute the ROI, says Mastroianni.

If all evaluation indicators are positive, yet there isn't an ROI at the end, consider the fact that employees may have sought preventative care and health screenings as a result of information learned in the wellness initiative. "Often, there may be short-term increases before long-term savings are noted," says Mastroianni. ■

Program gets ill, injured patients back to work

Proactive approach helps health plan exceed

The award-winning medical and disability case management program developed by Blue Cross and Blue Shield of Texas has shown a significant impact in getting employees back to work in a timely manner.

In the first year of the program, more than half of the participants returned to work earlier than expected, based on national averages for their type of injury.

"Statistics show that the longer an employee remains off the job, the less likely he or she is to ever return. The key to our success is that we begin coordinating the care of members early on in their illness and injury and ensure that they get all the services they need to recover and go back to work, says **Patricia Sumner**, RN, CCM, COHN-S, disability nurse case manager with Blue CareLink Disability Case Management.

For example, after six months of disability, the worker's chance of not returning to work is about 50%, Sumner says. After nine months, the figure climbs to 90%, she adds.

The program has received a BlueWorks Award from the Blue Cross Blue Shield Association for its success in decreasing the time that injured or ill patients need to return to their job, reducing costs, and increasing employee productivity.

The Richardson, TX-based health plan started the disability case management program in 2005 to help members who are ill or injured get well and back to work as soon as possible. The program emphasizes early intervention and coordination between the medical benefit and the disability carrier as well as proactive patient management across the spectrum of care, Sumner says.

Before the program, injured and ill members were eligible for case management, but there was limited coordination with the disability carriers, Sumner points out.

Most members enroll in the volunteer program after they file claims for short-term disability. However, in the first year, 24% of participants entered the program before they filed a claim. Those members were identified through the health plan's predictive modeling, which mines claims data to identify members who have the benefit through their employer and who have an illness or injury that is likely to result in a short-term disability. Other members are referred by their disability carrier or by referrals from other Blue Cross and Blue Shield of Texas programs.

"The beauty of this program is that through our internal processes and predictive modeling, we identify members as early as possible and can start them on the road to recovery earlier," she says. For example, real-time referrals identify members who have had a recent hospitalization for catastrophic injuries, such as those who have suffered a stroke or have been involved in a motor vehicle or other type of accident. The predictive model identifies those who are at risk for joint replacement surgery, such as members who are older, are taking anti-inflammatory medications, or are receiving frequent physical therapy.

"By identifying them in the early stages of their illness or injury, we can see that they receive appropriate care by the right providers, help them understand and adhere to their treatment plan, and make sure they know how to file for disability benefits if they need them," she says.

If the member needs to file for short-term disability, the case managers can help them do so. "If they need help with community resources, we help them find what they need. We work in any way possible to help them get moving and back to work," Sumner says.

If they have complications or comorbidities, the case managers also refer them to other Blue Cross Blue Shield of Texas programs. If patients aren't appropriate for the disability management program, the case managers refer them to programs where they can get assistance. For example, if the disability carrier refers a member with a spinal cord injury to the program, the disability

case manager would refer him or her to the catastrophic case management programs so the patient can get the help he or she needs, she says.

The program's focus is on early intervention with members who are likely to file to have a temporary disabling condition and are likely to be able to return to some type of employment within six months after their injury or illness. Most members are in the disability case management program for a maximum of six months.

The care for catastrophically injured or more seriously ill patients who will need more long-term management is coordinated by the company's catastrophic case managers.

When members are identified as eligible for the program, they are contacted by a disability case manager who offers them the option to enroll. When members enroll, they work with the disability case manager to define their goals. "We want to ensure that realistic and appropriate treatment, financial, and psychosocial needs are identified and met. Our goal is for the patient to achieve maximum health benefits and be able to return to work," she says.

The disability case manager works with the physicians and other medical providers to coordinate the plan of care and treatment plan and ensure that the ill or injured worker receives timely assessments and referrals for necessary medical, surgical, and/or rehabilitation services. At the same time, the disability case managers work with the patient, helping him or her comply with the treatment plan and ensuring that he or she is progressing according to expectations.

The interventions are based on standard guidelines for treatment of the patient's condition, the severity of the injury or illness, and the patient's progress.

The case managers use national standardized measurements, such as the Workloss Data Institute's Official Disability Guidelines, to develop their plan of care. The guidelines include evidence-based medical treatment guidelines and an estimated time of duration of each condition, allowing the case managers to track the patient's progress.

The program integrates the health plan's medical management and disability management program. The disability case managers are able to access the claims system for the disability carrier to determine patient demographics, physician contact information, and claims status. Case managers add current case management notes to the system, which allows the claims handler to expedite the processing of the patient's return-to-work status.

"The disability case management program addresses any medical and psycho-social needs of the patients with interventions that assist them in moving efficiently and facilitating early return to work" Sumner says. For example, when appropriate, the case managers refer the members to a mental health provider or their employee assistance program for help with mental health issues.

"Statistics reveal that depression and other mental health disorders may be brought on by a potentially disabling physical illness, and progress toward recovery depends on early treatment of mental health issues," Sumner says.

When the case managers talk with the members, they identify what other comorbidities they might have and refer them to other programs that are part of the medical plan. For example, if a member has had a stroke and has hypertension, the case manager would link the patient with the health plan's wellness initiative, which would help the patient control his or her blood pressure and develop an exercise and weight loss plan, if needed.

"We want to create a continuum of care so once we have gotten them through the process of getting back to work, they can continue with the other wellness programs and stay healthy," Sumner says.

The case managers help members connect with community support programs, such as those provided by the American Cancer Society. They also provide the member with access to resources available through their company's employee assistance plan.

The disability management team coordinates with all other programs offered by the health plan, including the wellness initiative, catastrophic case management, and specialty programs such as disease management or behavioral health management. When appropriate, the member is co-managed by the disability case manager and a case manager from a disease management and behavioral health management program.

"An integrated medical and disability management program promotes early identification of patients with conditions that may place them at risk for prolonged disability," Sumner says. "Our wellness initiative programs, predictive model tool, and trigger diagnosis reports allow us to identify and reach out to members and provide them with tools that may help them maximize their health benefits and minimize or prevent a permanent disability." *(For more information, contact Patricia Sumner, RN, CCM, COHN-S, disability nurse case manager, Blue Cross and Blue Shield of Texas. E-mail:Patricia_Sumner@BCBSTX.com.)* ■

Airborne rule could lead to state, national standards

CA provision: Fit-testing every 2 years for some

California might once again be setting a trend that could influence protection of workers who are exposed to infectious diseases — this time with a bold proposed standard to prevent aerosol transmissible diseases.

Like the bloodborne pathogen standard, which also originated in California, the proposed standard requires an exposure control plan and annual training — though the specific requirements differ based on the employees' potential for exposure. As opposed to annual fit testing, the state rule would allow testing every two years for some workers. However, it would require the use of powered air-purifying respirators (PAPRs) with most high-hazard health care procedures. Those procedures include bronchoscopy and sputum induction, unless PAPR use would interfere with the accomplishment of the task. Respiratory protection would be required when dealing with "novel or unknown pathogens," including pandemic influenza. The standard specifically applies to a variety of employers, including laboratories, home health, and long-term care agencies, homeless shelters, and first responders such as firefighters and police.

Groups that have typically been at odds over respiratory protection have expressed support of the California proposal. Representatives of the hospital association, labor unions, infection control, occupational health, and industrial hygiene worked together on an advisory panel as the standard was drafted.

"The standard is comprehensive and will close a lot of the gaps in the protection of health care workers with potential exposure," says Mark Catlin, an industrial hygienist with the Service Employees International Union (SEIU) in Washington, DC.

Roger Richter, senior vice president for professional services with the California Hospital Association in Sacramento, notes that the standard goes far beyond fit-testing in "addressing various risks for airborne transmissible disease. The whole standard is based on risk management, while the fit-testing, no pun intended, is one size fits all," he says.

The lengthening of the period between fit-tests (after an initial fit-test) was a carefully crafted provision. It was designed to encourage hospitals and other health care employers to prepare for health care surge events, such as possible pandemic flu, by preparing additional employees for respirator use, says **Deborah Gold**, MPH, CIH, senior safety engineer in the research and standards health unit at Cal-OSHA in Oakland.

The biannual fit-testing provision automatically reverts to annual fit-testing in 2015. At that time, Cal-OSHA could revise the fit-test requirement based on new research from the National Institute for Occupational Safety and Health (NIOSH) on appropriate intervals of fit-testing. Employers are loath to spend a substantial amount of time and money on a provision that hasn't been scientifically validated, says Gold. "It's hard to enforce a regulation on a regulated public that doesn't understand the basis for it," she says. "We try to make our regulations scientifically sound."

However, in comments to the Cal-OSHA Standards Board, NIOSH stated that "[t]he study is not designed to establish a scientifically validated periodicity for fit-testing of respirators. The study is designed to track changes in test subjects' key facial dimensions and fit factors with designated respirator models and sizes for six-month intervals over three years."

While that will provide insight into the relationship between changes in facial dimensions over time and the impact on fit, it won't analyze the effectiveness of annual fit-testing, NIOSH said. In fact, NIOSH asked the standards board to correct or remove the information about the NIOSH study from the proposed standard. However, the study protocol states that it will "provide a basis for quantifying the benefit of periodic fit-testing and determining the appropriate periodicity."

More effective than feds?

States with their own Occupational Safety and Health Administration (OSHA) plans must set standards that are at least as effective as federal OSHA regulations. Gold contends that California meets that requirement because its proposed standard is much more comprehensive than the federal respiratory protection standard.

OSHA issued a proposed tuberculosis standard in 1997 but rescinded it in late 2003, when it cited advances in controlling TB. The federal agency has never addressed the hazard of airborne infectious diseases as a broad category and has no standard related to pandemic influenza. "We're already

being considerably more protective and broader than federal OSHA is right now," Gold says.

Cal-OSHA has been in discussions with OSHA over the proposed standard and, not surprisingly, the two-year fit-testing provision has been the main area of concern. "We're working toward having a positive resolution with them," she says.

Meanwhile, employees performing high-hazard procedures who may use N95 or other tight-fitting facepiece respirators still must have annual fit-testing under this proposed standard. Employees conducting high-hazard procedures would need to use a PAPR, "unless the employer determines that this use would interfere with the successful performance of the required task or tasks."

While employers will save money with the longer period between fit-tests, other provisions actually will cost more, says Richter. "But we do know that some of the things that are being required are more effective than fit-testing, so you get a bigger bang for the buck," he says.

Conversely, the SEIU is asking Cal-OSHA to reconsider the extended fit-testing time frame. "We thought it was premature to weaken the protections first and then wait for the studies to see if that's appropriate," says Catlin. However, that isn't enough to erode the union's support for the standard as a whole. "We see that as the weakest part of the proposal, but when we look at the whole proposal together, it looks really good," he says.

SARS threat led to standard

The specter of pandemic influenza and severe acute respiratory syndrome (SARS) underlies the efforts to create an airborne transmissible diseases standard. During the SARS epidemic in Toronto in 2004, the effectiveness of N95 respirators was called into question when some health care workers contracted the infection despite their use. Many of the health care workers who wore respirators had not been fit-tested. Those performing aerosol-generating procedures were at the highest risk of contracting the virus.

SARS receded to the history books and medical journals, but pandemic influenza is a growing concern. As California emphasizes stockpiling of personal protective equipment and other preparedness measures for pandemic influenza, Cal-OSHA wants a broad number of health care workers to receive medical evaluation and training for respiratory protection and fit-testing, says Gold.

The burden of an annual fit-test rule actually leads many hospitals to limit the number of employees who are fit-tested and ready to wear a respirator, she says. "We don't want to discourage hospitals and other health care institutions from preparing to use respirators, should it be [preparedness for] pandemic flu, SARS or anything else," says Gold. "[Fit-testing] encourages them to more narrowly define respirator use. At this point, we feel it's important to broadly define respirator use.

She thinks it's a much better approach to surge to have people at least initially fit-tested and trained. "The fit-test won't be older than two years," Gold says. "We think it's a relatively good compromise."

EHPs play a large role

For employee health professionals, the proposed standard offers some subtler benefits. Occupational health plays a prominent role in many of the tasks that are required under the standard, such as immunization of health care workers, hazard assessment, medical evaluation for respirator use, and fit-testing.

Hospitals might recognize the importance of the role of employee health and provide more resources to allow for compliance, says **Sandy Domeracki Prickitt**, RN, FNP, COHN-S, executive president of the Association of Occupational Health Professionals in Healthcare (AOHP) and employee health services coordinator/nurse practitioner at Novato Community and Marin General hospitals in Greenbrae, CA. AOHP was involved with the advisory panel that provided feedback on the draft standard. "[The roles of] occupational health and employee health are more clearly addressed than in other state and federal standards," she says. "This hopefully will make [employee health] a little more visible."

For example, the proposed standard outlines the duties of the "physician or other licensed health care professional" who will conduct medical evaluations of employees who have been exposed to an airborne transmissible disease. ■

At-a-glance: CA drafts rules against airborne diseases

California's proposed aerosol transmissible diseases standard covers a range of issues, including the minimum air exchanges per hour in negative pressure rooms (12, although they can

be six if HEPA filtration is used), vaccination, and fit-testing. The standard would require employers to do the following:

• Implement "source control measures" such as a respiratory hygiene/cough etiquette program, as recommended by the Centers for Disease Control and Prevention.

• Identify patients needing airborne infection isolation in a timely manner. If the facility doesn't treat patients with airborne infectious diseases, it must transfer the patient within five hours (or by 11 a.m., if the initial patient encounter occurs after 3:30 p.m.). Exceptions are provided when rooms are not available and when a transfer is medically contraindicated.

• Maintain an exposure control plan that outlines the job classifications that may involve aerosol transmissible disease exposure, high-hazard procedures, tasks requiring respiratory protection, and the control measures. The plan also must address medical surveillance, reporting of exposures, and evaluation of exposure incidents. It must be reviewed annually, and employees must be involved in that review.

• Have a system of communicating the infectious disease status of patients to which employees may be exposed that complies with medical confidentiality requirements. Employees who the evaluating physician determines might be infectious, and therefore need to be removed from their normal assignment for infection control purposes, must be provided with an appropriate alternate assignment or be paid if they are furloughed. This "precautionary removal" period ends when the person has passed the incubation period or if the employee gets sick or is otherwise unable to work.

• Provide annual training to employees with potential exposure to patients with aerosol transmissible diseases.

• Have adequate supplies of personal protective equipment.

• Provide fit-tests every two years for employees who do not perform high-hazard procedures and at least annual fit-tests for those in areas where high hazard procedures are performed. Additional fit-tests would be required for employees who have a physical change, such as significant weight gain or loss, dental changes, or cosmetic surgery.

• Provide powered air-purifying respirators (PAPRs) to employees performing high-hazard procedures "unless the employer determines that this use would interfere with the successful performance of the required task or tasks."

• Provide vaccines for susceptible health care workers with the potential for exposure. Employees who decline a recommended vaccine must sign a declination statement.

• Conduct TB tests at least annually for employees with occupational exposure (or perform annual symptoms screens for employees who are baseline positive for latent tuberculosis infection).

• Employers would be able to use a streamlined version of the respirator medical evaluation questionnaire, which would potentially reduce the number of employees who are referred to a physician for further evaluation.

As with existing regulations, the proposed rule

CE Objectives / Instructions

The CE objectives for *Occupational Health Management* are to help nurses and other occupational health professionals to:

- Develop employee wellness and prevention programs to improve employee health and productivity.
- Identify employee health trends and issues.
- Comply with OSHA and other federal regulations regarding employee health and safety.

Nurses and other professionals participate in this continuing education program by reading the issue, using the provided references for further research, and studying the questions at the end of the issue.

Participants should select what they believe to be the correct answers, then refer to the list of correct answers to test their knowledge. To clarify confusion surrounding any questions answered incorrectly, please consult the source material.

After completing this semester's activity, you must complete the evaluation form provided in the June issue and return it in the reply envelope provided in order to receive a letter of credit. When your evaluation is received, a letter of credit will be mailed to you. ■

COMING IN FUTURE MONTHS

- ■ Steps to take if you suspect programs will be cut
- ■ Use employee anecdotes and stories to promote your programs
- ■ Dramatically cut musculoskeletal injuries with low-cost programs
- ■ Turn front line staff into their own injury prevention advocates

establishes a fit factor of 100 as the minimum acceptable fit factor for quantitative testing.

(Editor's note: You can view the proposed standard and explanatory information at www.dir.ca.gov/oshsb/atd0.html.) ■

CE *questions*

1. Which is recommended regarding occupational health professionals in a challenging economy?
   A. Seek advice for making a business case only outside the company, not internally.
   B. Obtain feedback from successful presenters.
   C. Use personal stories instead of metrics when requesting funding.
   D. Avoid speaking in terms of how prevention of injury saves worker's compensation costs.

2. Which is recommended regarding evaluation of return on investment of occupational health programs?
   A. Low participation and poor survey responses should not necessarily be considered valid indications that a program may require re-design.
   B. Health risk assessment results should not be used to target wellness program initiatives.
   C. If a program is not a success, the occupational health professional should avoid involving other departments when re-designing it.
   D. Evaluation of programs should be done at regular intervals.

3. Which is true regarding the health of shift workers?
   A. Shift workers are less likely than other workers to be seriously injured.
   B. Absentee rates are lower for shift workers.
   C. Giving shift workers more control over schedules has a positive impact on their health.
   D. Lifestyle changes such as frequent exercise have less of a positive impact on shift workers.

4. Which is true regarding sleep and employees?
   A. Sleep loss is not associated with obesity or depression.
   B. There is no link between sleep loss and smoking and physical inactivity.
   C. Sleep should not be incorporated into employee wellness programs.
   D. You should assess daytime sleepiness of workers.

Answers: 1. B; 2. D; 3. C; 4. D.