Occupational Health Management™

A monthly advisory for occupational health programs

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INSIDE

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Don't settle for second-rate data on wellness, safety programs

You may be surprised what you learn

If you assume that your workforce has better than average health statistics due to programs for nutrition, fitness and smoking cessation, you may be sadly mistaken. On the other hand, you may have far fewer obese employees than the national average.

Either way, this information should drive your wellness programs. "Data should drive your decisions about program delivery. It's always better to do it that way, than to have a shotgun approach," says **Jonathan Dawe**, director of safety, health and workers' compensation at Atlanta, GA-based Simmons Bedding Company.

Having strong data can help you to do more with less. It can possibly save a program — or even your job.

"Occupational health is feeling the same pressures as everybody else in the business world. So we shouldn't feel victimized or special in any way," says Dawe. "But, we do need to communicate continuously where we can drive down costs and add value to the business."

The problem, says Dawe, is that occupational health is "usually focused on clinical outcomes only. They are caught up in day-to-day prevention and treatment activities. They are not necessarily focused on communicating the broader results of their efforts to the executives in charge of the organization."

Do you feel you are lacking enough information to make good judgment calls? "It's a myth that there's not data readily available," says Dawe.

EXECUTIVE SUMMARY

Data on health care utilization rates, health risk assessments, and informal employee surveys can all help to target occupational health efforts. To save programs from being cut:
- Share "good news" stories with senior executives.
- Offer incentives to get better participation for surveys.
- Do long-term evaluations to measure progress.

Dawe says to first look at health care utilization rates available from your insurer, to learn more about which diseases and conditions are most frequent in your workplace, and the costs associated with them. Next, perform health risk assessments. Look for conditions that are precursors of chronic—and costly—diseases such as diabetes or cardiovascular illness.

At very little cost, you can put together a simple employee health risk survey. Ask workers to report on smoking, diet, exercise and their general feeling of well-being. "All of those are data points that impact productivity, medical utilization, and performance on the job," says Dawe. "Most wellness efforts are not high dollar expenses. Most involve education and minor incentives. And there's not an executive in this country that doesn't understand that nothing can bankrupt a company quicker than the cost of health care inflation." Here are some approaches:

• Offer incentives to encourage employees to complete surveys.

For instance, randomly pick five survey participants who will be given a 20% discount on health premiums for the year, or offer every tenth (or hundredth) person a $50 gas card.

• Don't make assumptions.

Dawe says that every time a health risk assessment or survey has been done at Simmons, he's been surprised by something. For example, a recent detailed survey revealed that a larger percentage of the workforce than expected was obese, used tobacco, and didn't obtain preventative care.

'We are in the budgeting and planning process right now, deciding what to ratchet up," says Dawe. "If we didn't know this information, then we wouldn't know where to target our efforts."

• Make it personal.

If you've got some examples of employees whose health has changed because of an occupational health program, this is powerful information. It may just change the mind of a senior leader who is thinking about cutting resources in your department.

"Nothing resonates with people better than a good story," says Dawe. "People like good news. At a very human level, most people like to feel like they are making a difference."

• Develop tools for long-term evaluation of return on investment.

Short-term evaluations may give you false

SOURCES

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low or high cost savings, 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.

Often, individuals make changes during the programs that aren't sustained. Without ongoing support and mentoring, any gains may be lost.

"It is essential to plan for follow-up and continuous improvement with ongoing evaluation, not a one-time flurry," says Mastroianni. "An important piece of this should include is the person feeling better? Absent less? Getting their work completed and helping other employees more? These gains are priceless. ■

MSD complaints fall sharply with stretching program

Team effort is key

When occupational health professionals at Replacements, a Greensboro, NC-based supplier of old and new china, crystal, silver, and collectibles with 550 employees, did a review of their Occupational Safety and Health Administration 300 log of work-related injuries and illnesses, they found that their largest worker's compensation numbers were coming from musculoskeletal (MSD) complaints.

"Our approach was to look at our opportunities, not the potential problems," says **Carol S. Harris**, RN, BSN, COHN-S/CM, an occupational health nurse. A goal was set to reduce MSD complaints while maintaining or increasing productivity.

The order processing and silver polishing departments were chosen for the initiative. Each had about 25 employees with about the same number of MSD complaints.

"Both departments were given instruction by me on stretching exercises," says Harris. "I demonstrated them and explained the benefits of the exercises with an interpreter for non-English speaking folks. I assisted each department in setting up a schedule that would accommodate department production needs."

Each department did the exercises five times a day: At the beginning of their shift, when they returned from their first break, after lunch, after their second break and then at the end of the day before leaving to go home.

There was an important difference, however, while the silver department did their exercises on the honor system using a self-report system monitored by the department supervisor, the order processing department exercised as a group.

"These were the same exercises that the silver department was doing, on the same timetable," says Harris. "But this department actually exercised together. A supervisor took part each time, and the group added music for the last exercise routine of the day. It became a fun event, not just something that the occupational health nurse said needed to be done."

From 2005 to 2008, both departments decreased the number of reported MSD complaints—the silver department from eight to one, and the order processing department from thirteen to zero.

"This resulted in decreased employee injury, decreased workers' comp premiums, and decreased loss of production due to light duty needs and the other multitude of costs that are not so visible with an employee injury," says Harris. These include travel time to physician and physical therapy visits, time lost away from work, restricted duty which causes loss in productivity, and job transfers to cover light duty loss time.

Two other surprising gains were noted: Order processing employees increased productivity about 20%, and many decided to participate in other wellness and disease management programs.

"Our workers' comp premiums received a credit of a significant amount," says Harris. "This has been a really wow moment for our senior team." ■

EXECUTIVE SUMMARY

Musculoskeletal complaints in two departments were cut from 23 to just one at Greensboro, NC-based Replacements, after a stretching program was implemented.

- The same exercises were done five times a day.
- The department that did team exercises got better results.
- Worker's compensation premiums were reduced.

SOURCE

For more information on reducing musculoskeletal complaints, contact:

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Step in to switch donuts to healthy snacks at meetings

Don't reward employees with junk food

You spent all your resources and time encouraging employees to make healthy lifestyle choices. Then, he or she is offered free donuts at every meeting and candy baskets during the day.

"Management frequently will reward goals met by supplying pizza for lunch," says **Catherine Rausch**, MN, RN, senior occupational health nurse at Marathon Petroleum Company's St. Paul Park, MN refinery. "It is a favorite food of the staff, partially because it is easy. Donuts are a morning meeting staple, although they have begun to add muffins, which are the size of the state of Texas."

Rausch says that some of the administration assistants ordering meals for lunch meetings do make an effort to choose healthy foods, "but not all of them and not all the time. It definitely takes extra effort to support healthy eating. Sometimes it is easier to order the easy thing that everyone likes." Here are some ways to counter this:

• **Make "invisible" changes.**

"We call some of our programming "stealth health," where we make changes in our food environment that employees do not even realize," says **Mary Jane Rink**, RN, FNP-C, CWWC, assistant vice president of the LiveWELL Carolinas! program at Carolinas HealthCare System in Charlotte.

Changes include switching to 90% lean ground beef from 78%, and decreasing the size of serving utensils in cafeterias. "These small changes can add up to real benefits over the long term," says Rink.

• **Stop ordering junk food for meetings.**

"We have developed and distributed healthy snack lists, catering menus and beverage options for departments to use. They are really taking off," reports Rink.

Rausch says that she recently met with administrative assistants who order meals for meetings, to urge them to order fruit instead of chips and muffins with complex carbohydrates instead of donuts. "Our county health department has a web site listing local restaurants that offer heart-healthy choices. I am trying to encourage ordering from them," she says. "You have to keep explaining why these small choices can make a big difference."

• **Ask employees what they eat.**

Would you guess that most of the employees at your workplace eat a fairly healthy diet? If so, you may be assuming too much. When occupational health nurses at Alexandria, LA-based RoyOMartin asked this question as part of a health culture audit, they were dismayed to learn that 94% reported eating an unhealthy diet.

"This was a wake-up call which prompted new efforts around providing healthy food and vending choices at our manufacturing locations, and a re-focus of our nutrition education program," says **Collene Van Mol**, BSN, RN, COHN-S/CM, the company's occupational health manager. **(See sidebar on getting healthy food in vending machines, p. 5.)**

• **Teach employees to fix healthy food.**

At RoyOMartin, lunch and learns were given by nutrition consultants from a local university where healthy, easy-to-prepare meals were served. "We had great participation," says Van Mol. "Surveys showed employees learned a lot

EXECUTIVE SUMMARY

Getting assistants to order healthy choices, teaching employees to fix healthy meals, and surveying workers about their diet can drive employees to make better dietary choices and avoid junk food. Some good approaches:
• Give "healthy snack" lists to departments.
• Provide lists of restaurants offering healthy choices.
• Give cooking demonstrations.

SOURCES

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about food preparation, portion control, how to count calories, and how to determine their daily caloric needs based on activity level, height and weight. "

A company chef provides a healthy cooking demonstration during a quarterly Fun Fitness Night held at a local athletic club. Employees can bring their entire family to swim, work out, and play basketball or racquetball. "Fun is centered on exercising together and preparing healthy food together," says Van Mol. "Desserts are always kid-friendly and low sugar. Kids can assemble their own fruit and granola parfaits or fruit ball cups and make their own vegetable skewers." ■

Get healthy choices into your vending machines

Imagine a diabetic worker leaving a "lunch and learn" on how to control her blood sugar who feels hunger pangs. As he or she walks past the vending machine, is that worker faced with a choice between a candy bar and a sugary pastry?

"Ultimately, the goal would be to create a healthy food environment through partnerships with food service vendors," says Mary Jane Rink, RN, FNP-C, CWWC, assistant vice president of the LiveWELL Carolinas! program at Carolinas HealthCare System in Charlotte. These include cafeteria vendors, vending machine vendors and the various sales representatives that bring in food for employees.

"Our approach has been a stepwise one. We have started with the vendor for our cafeterias, and are now working with the vending machine contractor to offer healthy food," says Rink. Here are three approaches:

1. Get some competition going.

At Carolinas HealthCare System, several of the company's departments instituted healthy snack baskets. Employees use the honor system to pay 25 or 50 cents for fruit or healthy granola bars.

"The vending machine company saw a sharp decrease in sales and began adding healthier options to the vending machines," says Rink. "Now, we have a companywide vending contract 'war' to see which company can really deliver healthy items!"

2. Flag healthy choices.

Rausch says that as the company doesn't have a cafeteria onsite, hourly workers bring in their meals. However, there are healthy choices offered in vending machines onsite.

"We 'push' healthy choices by having the healthy snacks marked with a heart sticker," says Rausch. "Also, the healthier foods are placed at eye level. You have to look to the bottom to find the Snickers bar. Water, green and iced tea are at the top, and Coke is at the bottom."

Rausch says that another way to encourage healthy choices is to "subsidize" these by making them a little cheaper, while increasing the price of less healthy choices.

3. Work directly with vendors.

At Alexandria, LA-based RoyOMartin, occupational health nurses worked closely with leadership and purchasing staff, to encourage the company's snack and food vendor to put healthier snacks in break rooms. However, "this was only moderately successful," says **Collene Van Mol**, BSN, RN, COHN-S/CM, the company's occupational health manager.

Now the company is dealing with a different vendor who provides fresh salads, healthy sandwiches, and a machine filled with healthy snacks. "Machines with a fresh new look, new foods focused on health and a simple marketing plan for employee buy-in has doubled the purchase of healthy choices," says Von Mol. "We worked with the vendor to remove high fat and high sugar snack and meal choices, as well as energy drinks. We found these were causing blood sugar and blood pressure problems among our employees working in the heat." ■

Use these return-to-work strategies for flu, H1N1

Consistency is key

As H1N1 and flu absences crop up in the workplace, your goal is twofold. You want employees to stay out only as long as necessary to limit lost productivity, yet you must keep them out of the workplace while infectious so they don't get others sick.

Jonathan Dawe, director of safety, health and workers' compensation at Atlanta-based Simmons Bedding Company, says that there have been only seven H1N1 cases out of 150 employees in the corporate office. He credits this to the company following its own policies consistently for staying home when sick, and managers diligently sending workers home if they display signs of infection.

When an associate recently came down with swine flu, she was told to stay out of work for seven days as per the company's policy. However, she had already used up all her sick and vacation days. "As a non-salaried employee, it would have posed a financial hardship to her to stay out," says Dawe. "So in cases of confirmed flu illness, we make an exception to our normal policy and cover that employees pay, so as to not bring people back to the workplace prematurely. You don't want to bring people back when they're acutely infectious. That is the key."

Dawe says that the company's manufacturing employees were hit less hard than the corporate office, which he attributes to a lack of close quarters to facilitate spread. "We stayed ahead of this. We have had a plan in place for years. We haven't had any impact on our business and it hasn't been any different than a typical flu season," says Dawe.

MD notes not required

"We have been very fortunate thus far this year, in that we have had no more than 20 cases of H1N1," reports **Carol S. Harris**, RN, BSN, COHN-S/CM, an occupational health nurse with Greensboro, NC-based Replacements, which has 550 employees. "We attribute this to our proactive approach to wellness. Our exercise program has many of our folks in good physical condition."

For the past two years, employees have been educated about hand washing, cough etiquette, and symptoms of illness. If employees are out sick, they return to work through occupational health services.

"We are following the CDC recommendations regarding health status," says Harris. "If our folks have been fever-free for 24 hours without medication, they are considered eligible to be evaluated for return to work."

However, employees must be seen by the occupational health nurse prior to clocking in and must be totally symptom-free for this to happen. "We are not requiring doctor's notes for H1N1, realizing that many doctors are not testing due to the large number of cases," Harris says. "To date, none of our folks that have returned to work have experienced any additional illness."

To keep illness to a minimum onsite, break rooms and restrooms are being cleaned very frequently. Hand sanitizer stations are at each employee entrance, throughout the building, at the showroom entrance, and the reception area. "We have hand washing and cough etiquette posters in multiple locations throughout the building," says Harris. "Education year round is essential!"

Contacts are screened

Bev Hagar, BSN, COHN-S, supervisor of employee health at Virginia Mason Medical Center in Seattle, says a system was developed where employees could call to be screened for influenza-like illness. "Managers were notified of the employee illness and expected return to work date, so they did not encourage the worker to return more quickly than appropriate," says

EXECUTIVE SUMMARY

Companies with few H1N1 cases credit this to close adherence to policies for sending workers home when sick and keeping them out until they are no longer infectious. Other strategies include:
- Cover an employee's pay if necessary for the seven-day period out of work required for confirmed flu cases.
- Clean break rooms and restrooms more frequently.
- Do post-exposure follow-up on co-workers in contact with symptomatic employees.

SOURCE

For more information on return to work strategies for H1N1, contact:

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Hagar.

In addition, PCR testing was offered through employee health to determine if the staff member was H1N1 positive. "If not, we were able to return the employee back to the job site in a timely manner," says Hagar. If positive, post-exposure follow-up is done for co-workers the positive employee may have been in contact with, if they worked while symptomatic. "Employees are screened for level of contact, and offered antivirals when appropriate," says Hagar. ■

Don't overlook indirect costs of presenteeism

Assess mental health

What would you say are the two strongest drivers of lost productivity due to a health-related problem at your workplace? According to **Lisa Jing**, program manager of integrated health at San Jose, CA-based Cisco Systems, these are depression and anxiety.

"Indirect health costs due to presenteeism are greater than direct costs due to medical and pharmacy claims," says Jing, who says that this conclusion is based on both industry data and Cisco-specific data for the past four years.

"We know that 25% of our San Jose-based workforce is co-morbid, with five or more medical conditions," says Jing. "Mental health is usually one or more of the co-morbid conditions."

Regardless, however, most companies focus on direct medical costs such as claims, pharmacy, and disability due to chronic diseases like cancer, heart disease, and musculoskeletal problems, says Jing. Indirect costs, such as presenteeism among the larger population, are overlooked.

"Mental health issues, depression and anxiety in particular, often occur in combination with medical conditions," says Jing.

Jing says that the mental health issue must be treated along with the medical condition to obtain a sustained positive outcome. This is true regardless of whether the mental health issue is the presenting issue or co-morbid with a medical condition.

As an occupational health professional, you can play a critical role in this. "Conduct thorough assessments to detect mental health factors," says Jing. "Coordinate an integrated approach to treatment which considers the whole person."

Jing says that Cisco has "excellent utilization" of its Employee Assistance Program (EAP). This provides a wide range of confidential psychological and emotional support resources to employees and members of their immediate households, at no charge to the employee.

At the LifeConnections Health Center, Cisco's onsite medical facility in San Jose, physicians and various allied health professionals representing a wide range of clinical services provide holistic and integrated treatment for employees and their dependents. These include health coaches, condition management nurses, EAP counselors, chiropractors, acupuncturists, physical therapists, and pharmacists. "Cisco also offers generous mental health and substance abuse coverage through the behavioral health component of the medical plan," says Jing.

Jing says that the company's onsite health center, web-based health enhancement programs, health coaching, condition management, resilience and stress management programming,

EXECUTIVE SUMMARY

Indirect costs due to presenteeism are greater than direct costs due to medical and pharmacy claims, and these costs are largely linked to depression and anxiety. To help workers with co-occurring medical and mental health conditions:

• Treat the mental health issue along with the medical condition.

• Conduct thorough assessments to detect mental health factors.

• Coordinate an integrated approach to treatment which considers the whole person.

and EAP all contribute to health improvement, better quality of life, increased productivity, and lower costs for employees and the company.

"Many companies are unaware of the indirect costs because they don't know how to measure these," says Jing. "So, there is a great opportunity to demonstrate significantly more cost savings and ROI." ■

Corporations got H1N1 vaccine before hospitals

Hospitals wrestle with tight supply of H1N1 vaccine

When this pandemic influenza season eases and there is time to ponder lessons learned, here's one question on the top of the list: Why did some corporations, such as Goldman Sachs and Citigroup, obtain vaccine before hospitals? Delays in production of H1N1 vaccine left many hospitals with few doses, which were reserved for high-risk patients and their health care workers. Other health care workers had to wait for vaccine to become available. Yet some state and local health departments provided vaccine to workplace-based vaccine clinics in the corporate world.

"Hospitals were highly prioritized by the majority of states," **Anne Schuchat**, MD, director of the Center for Disease Control's National Center for Immunization and Respiratory Diseases, told reporters at a briefing. But she defended the use of workplace-based clinics as a way to reach an at-risk population, such as pregnant women and caregivers of young children. "The key thing is to vaccinate as many people in the groups as effectively as possible. Sometimes, focusing on putting the vaccine in the path of where people will be is the strategy," she said.

CDC director **Thomas Frieden**, MD, sent a letter to state and local health departments urging them to target vaccine only to priority groups, including pregnant women, health care workers, caregivers of infants less than 6 months old, children and adults with underlying health conditions such as asthma and diabetes, and people under 25.

"While vaccine supplies are still limited, any vaccine distribution decisions that appear to direct vaccine to people outside the identified priority groups have the potential to undermine the credibility of the program," he said in the letter. ". . . I ask each of you to review your plans immediately and work to ensure that the maximum number of doses is delivered to those at greatest risk as rapidly as possible."

As of mid-November, CDC estimated that 8 million children under the age of 18 had been ill with novel H1N1 influenza, 36,000 hospitalized, and 540 children had died in the first six months of the pandemic. Among adults 18 to 64 years of age, CDC estimated there were 12 million cases, 53,000 hospitalizations, and 2,900 deaths. Fewer people 65 and older were affected; CDC estimated about 2 million cases, 9,000 hospitalizations and about 440 deaths.

Meanwhile, hospitals were forced into a tight prioritization mode for novel H1N1 vaccine and revealed weaknesses in the process of producing flu vaccine.

By the end of October, despite pronouncements from the Centers for Disease Control and Prevention that about 27 million doses had been delivered to states, some hospitals still had no vaccine. Others had only partial orders plus the FluMist nasal spray, which is contraindicated for people 50 or older as well as pregnant women or those with underlying medical conditions — the very people who are at high risk for complications from the flu.

"It creates a nightmare because you are taking care of ill patients with H1N1 in the hospital and you can't protect your staff," says **Chris Horan**, RN, FNP-C, COHN-S/CM, MSN, director of employee health at Athens (GA) Regional Medical Center.

The Athens hospital finally received 1,000 doses of injectable H1N1 vaccine on Oct. 29 and immediately began vaccinating in priority areas, including the emergency department, urgent care clinics, maternity and the special care nursery, and intensive care units. Meanwhile, the hospital had only received half of its seasonal flu vaccine, with no word as to when the remainder would arrive.

"We are working very closely with the manufacturers and the states and the private sector to make vaccine available as quickly as it's produced," Schuchat said. The H1N1 vaccine was not growing as well as had been hoped, leading to slower production, she said.

Frieden cited unprecedented demand for seasonal flu vaccine. "The projected total of 114 million doses may not be enough to meet the demand," he said in a briefing. "This year looks like it will be the highest ever uptake of seasonal

flu vaccine," he said.

Slow-grow for flu vaccine

Influenza vaccines are notoriously problematic. They must be grown in eggs, so slow growth means slow production. Vaccine delays or shortages occurred in 2000, 2001, 2004 and 2005. This fall, as vaccine manufacturers focused on processing H1N1 vaccine, production of seasonal vaccine became secondary. A new push for mandatory vaccination of health care workers lost steam in the midst of supply delays. New York State Department of Health, for example, suspended its emergency rule requiring the state's health care workers to receive both influenza vaccines.

Patients take precedence

"These circumstances set up a dynamic where health care personnel covered under the regulation might compete for vaccine with persons with underlying risk factors for adverse outcome of influenza infection," Health Commissioner **Richard F. Daines**, MD, said in a letter to hospital administrators. "In a situation where the choice to vaccinate is between health care personnel and persons at risk, I have always held that patients take precedence," he said. "Maintaining the health care personnel vaccination requirement would delay persons in need from being vaccinated. For these reasons, I have determined that there will not be sufficient supplies of either vaccine to meet the intent of the regulation in the 2009-2010 influenza season."

New York state will pursue a mandatory rule for future influenza seasons, he said.

Some health care systems or hospitals have backed off the mandatory approach. Marshfield (WI) Clinic had planned to require unvaccinated health care workers to wear surgical masks during the flu season, but then decided to allow employees to decline the vaccine due to medical or religious reasons or "personal conviction." Ironically, the concerns about H1N1 and the tight supply helped boost demand for the shots. By the end of October, the Marshfield Clinic vaccinated about 75% of its employees with seasonal vaccine — then ran out. About 50% had received H1N1, including priority areas such as urgent care, the laboratory and radiology and at-risk workers, such as pregnant employees, says **Bruce Cunha**, RN, MS, COHN-S, manager of employee health and safety. In setting priorities, he considered the clinic's day-to-day needs: "What are the critical functional areas? What areas do we absolutely need to protect to keep functioning so we can take care of patients?"

Hope for future in cell-based technology

The ultimate answer to influenza vaccine shortages lies in new, cell-based technology. "(W)e acknowledge the limitations of the old manufacturing sites and technologies for influenza vaccines to rapidly respond to the needs of a pandemic," **Andrin Oswald**, CEO of Novartis Vaccines and Diagnostics of Cambridge, MA, said in a statement. Novartis initially had a yield of just 23% of that seen with typical seasonal flu vaccines. A new seed virus produced a higher yield, though still 63% of normal. Meanwhile, Novartis planned to open the nation's first cell-based flu vaccine manufacturing facility in Holly Springs, NC, by the end of November. It would be fully operational by the end of 2010, the company said.

"Cell culture (and the related approach, production of recombinant protein in insect cells), offer some significant advantages in terms of ease of production and scale-up," says John Treanor, MD, chief of the division of infectious disease at the University of Rochester (NY) Medical Center and professor of Medicine, and of Microbiology and Immunology at the University of Rochester. "These process changes don't solve all of the issues in getting from a new strain to a finished product in less than six months, but they probably will save some time and also be less susceptible to disruptions related to the supply of embryonated eggs," he says. However, Frieden cautioned not to expect the new flu vaccine technology any time soon. "We do hope and need to have better vaccine production methods but they're not ready yet," Frieden said. "This is an investment in the future." ■

EEOC: Pandemic rules based on 'direct threat'

Employers still must consider ADA limits

By law, how far can you go in screening employees or altering leave policies during pandemic? The Americans with Disabilities Act

(ADA), privacy and state leave laws still apply, limiting what employers can do, advises **Nina Massen**, JD, senior associate with the disability, leave and health management practice group of Jackson Lewis LLP in White Plains, NY.

"That's what makes managing through a pandemic rather more challenging for hospitals," she says. "The burdens on them are greater but the legal constraints are not fewer."

The Equal Employment Opportunity Commission (EEOC) released guidance to clarify the ADA-related constraints on employers during a pandemic (Pandemic Preparedness in the Workplace and the Americans with Disabilities Act, www.eeoc. gov/facts/pandemic_flu.html).

According to the EEOC guidance, employers may not engage in "disability-related inquiries or medical examinations" unless the employee poses a "direct threat due to a medical condition . . . that cannot be eliminated or reduced by reasonable accommodation."

Whether an influenza pandemic poses a "direct threat" depends on its severity, the EEOC says: "If the CDC or state or local public health authorities determine that the illness is like seasonal influenza or the 2009 spring/summer H1N1 influenza, it would not pose a direct threat or justify disability related inquiries and medical examinations.

By contrast, if the CDC or state or local health authorities determine that pandemic influenza is significantly more severe, it could pose a direct threat. The assessment by the CDC or public health authorities would provide the objective evidence needed for a disability-related inquiry or medical examination."

The "direct threat" analysis may be different from community to community, as a wave of influenza hits and produces a greater burden, notes Massen. "A hospital would have to be able to make the argument that screening people was still job-related and consistent with business necessity," she says. Unionized hospitals need to make sure they have an open dialogue with union representatives, Massen advises. Collective bargaining agreements may limit what the hospital can do to alter work shifts and hours or even whether managers can work as frontline staff, she says. Hospitals also need to make sure they don't inadvertently create barriers for ADA-covered employees, Massen says. For example, if a separate dining area is created for employees working in an H1N1 unit, and there are steps leading to the area, the hospital must be able to accommodate employees with disabilities, she says.

Here is an excerpt from the EEOC guidance:

May an ADA-covered employer send employees home if they display influenza-like symptoms during a pandemic?

Yes. The CDC states that employees who become ill with symptoms of influenza-like illness at work during a pandemic should leave the workplace. Advising such workers to go home is not a disability-related action if the illness is akin to seasonal influenza or the 2009 spring/summer H1N1 virus. Additionally, the action would be permitted under the ADA if the illness were serious enough to pose a direct threat.

During a pandemic, how much information may an ADA-covered employer request from employees who report feeling ill at work or who call in sick?

ADA-covered employers may ask such employees if they are experiencing influenza-like symptoms, such as fever or chills and a cough or sore throat. Employers must maintain all information about employee illness as a confidential medical record in compliance with the ADA. If pandemic influenza is like seasonal influenza or spring/summer 2009 H1N1, these inquiries are not disability related. If pandemic influenza becomes severe, the inquiries, even if disability-related, are justified by a reasonable belief based on objective evidence that the severe form of pandemic influenza poses a direct threat.

During a pandemic, may an ADA-covered employer take its employees' temperatures to determine whether they have a fever?

Generally, measuring an employee's body temperature is a medical examination. If pandemic influenza symptoms become more severe than the seasonal flu or the H1N1 virus in the spring/summer of 2009, or if pandemic influenza becomes widespread in the community as assessed by state or local health authorities or the CDC, then employers may measure employees' body temperature. However, employers should be aware that some people with influenza, including the 2009 H1N1 virus, do not have a fever.

When an employee returns from travel during a pandemic, must an employer wait until the employee develops influenza symptoms to ask questions about exposure to pandemic influenza during the trip?

No. These would not be disability-related inquiries. If the CDC or state or local public health officials recommend that people who visit

specified locations remain at home for several days until it is clear they do not have pandemic influenza symptoms, an employer may ask whether employees are returning from these locations, even if the travel was personal.

During a pandemic, may an ADA-covered employer ask employees who do not have influenza symptoms to disclose whether they have a medical condition that the CDC says could make them especially vulnerable to influenza complications?

No. If pandemic influenza is like seasonal influenza or the H1N1 virus in the spring/summer of 2009, making disability-related inquiries or requiring medical examinations of employees without symptoms is prohibited by the ADA. However, under these conditions, employers should allow employees who experience flu-like symptoms to stay at home, which will benefit all employees, including those who may be at increased risk of developing complications. If an employee voluntarily discloses (without a disability-related inquiry) that he has a specific medical condition or disability that puts him or her at increased risk of influenza complications, the employer must keep this information confidential. The employer may ask him to describe the type of assistance he thinks will be needed (e.g., telework or leave for a medical appointment). Employers should not assume that all disabilities increase the risk of influenza complications. Many disabilities do not increase this risk (e.g., vision or mobility disabilities). If an influenza pandemic becomes more severe or serious according to the assessment of local, state or federal public health officials, ADA-covered employers may have sufficient objective information from public health advisories to reasonably conclude that employees will face a direct threat if they contract pandemic influenza. Only in this circumstance may ADA-covered employers make disability-related inquiries or require medical examinations of asymptomatic employees to identify those at higher risk of influenza complications.

May an employer encourage employees to telework (i.e., work from an alternative location such as home) as an infection-control strategy during a pandemic?

Yes. Telework is an effective infection control strategy that is also familiar to ADA-covered employers as a reasonable accommodation. In addition, employees with disabilities that put them at high risk for complications of pandemic influenza may request telework as a reasonable accommodation to reduce their chances of infection during a pandemic.

During a pandemic, may an employer require its employees to adopt infection-control practices, such as regular hand washing, at the workplace?

Yes. Requiring infection control practices, such as regular hand washing, coughing and sneezing etiquette, and proper tissue usage and disposal, does not implicate the ADA. ■

CNE Objectives / Instructions

The CNE 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

- Be sure your good outcomes will last for the long term
- How to use data to target your wellness efforts
- Collaborate with safety to get eye-catching results
- Ergonomics interventions that are a waste of money

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CNE *Questions*

1. Which is recommended for occupational health professionals to justify wellness programs:
   A. Avoid using personal stories of employees.
   B. Do only short-term evaluations of ROI.
   C. Do ongoing evaluation of programs to track continuous improvement.
   D. Do health risk assessments only if a specific problem is identified with health care utilization rates obtained from your insurer.

2. Which was part of a program which dramatically reduced musculoskeletal complaints at Greensboro, NC-based Replacements?
   A. Employees did stretching exercises only if they reported a previous complaint.
   B. Exercises were done only if an employee requested participation.
   C. Departments were instructed not to exercise as a group.
   D. In the department that got the best results, a supervisor took part and the group exercised as a team.

3. Which is recommended for occupational health professionals to encourage employees to eat healthier?
   A. Do not make healthy choices cheaper than unhealthy choices.
   B. Avoid flagging which snacks are healthy choices.
   C. Omit questions which ask employees whether they eat an unhealthy diet as part of health culture audits.
   D. Provide healthy cooking demonstrations.

4. True or false: Regarding employees with co-occurring medical and mental health conditions, researchers are finding that depression and anxiety are not a significant factor in lost productivity.
   A. True
   B. False

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

Occupational Health Management™

A monthly advisory for occupational health programs

Occupational health salary increases "minimal" but role continues to cross boundaries

Take a risk on new skill sets

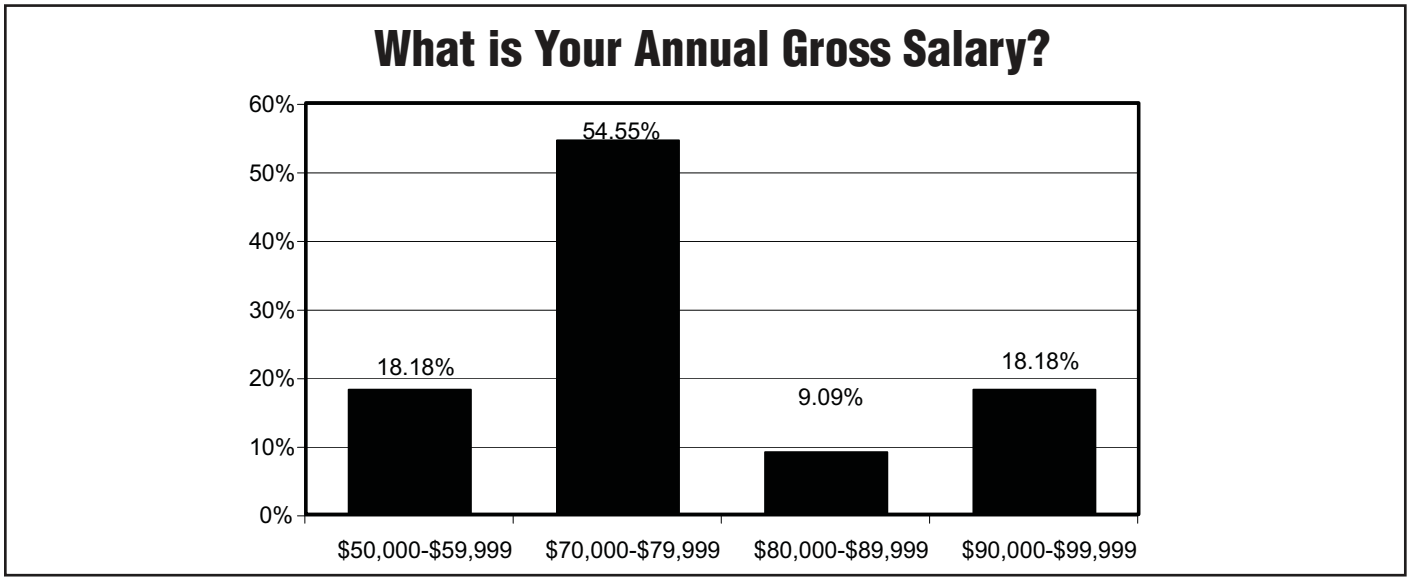
During a meeting with an employee about a worker's compensation issue, you encourage him to take advantage of a discounted YMCA membership.

While doing an environmental assessment for toxic chemicals, you teach workers about Material Safety Data Sheets. At the same time, you mention some ways to reduce exposure to pesticides in the home.

After working with the safety committee on ways to decrease trip and fall injuries, you find yourself recommending some of the same strategies during a "lunch and learn" on making homes safe for the elderly.

These are all examples of the kind of "boundary spanning" that is done on a daily basis by occupational health professionals, says **Margie Weiss**, PhD, CEO and community health advocate at the Weiss Health Group, a Neenah, WI-based consulting company that works with companies and communities on health and wellness.

In your workplace, people are almost certainly being challenged to do more with less. That is why the "boundary spanning" you routinely do is



a big trump card to play right now.

"One of the biggest challenges occupational health is currently facing is breaking down the silos between health and wellness and safety," says Weiss. "You need to promote linkages."

Not surprisingly in this economic downturn, **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, says that we are seeing "modest increases, if any" for occupational health nurses.

According to the 2009 *Occupational Health Management* Salary Survey, over half (55%) of respondents fell into the $70,000 to $79,000 range, with 18% earning less than that amount. Another 9% earn between $80,000 and $89,000, and 18% make over $90,000. Nearly half of respondents (45%) reported a 1-3% increase in salary in the last year, and 27% received no increase at all.

The survey, which was administered in August and tallied, analyzed, and reported by AHC Media, publisher of Occupational Health Management, identifies some of the factors impacting salaries and benefits in occupational health. Other key findings of the survey:

Almost half of respondents (45%) work less than 40 hours a week, 27% work between 41 and 45 hours, 18% work between 46 and 50 hours, and 9% put in over 50 hours.

About one quarter (27%) of respondents have worked in occupational health for only one to three years, with another 18% in the field for between four and six years.

The vast majority of respondents (82%) supervise a small staff of between one and three employees.

Over three-quarters (82%) of respondents said they had no changes in the size of their staff in the past year, while 9% lost positions.

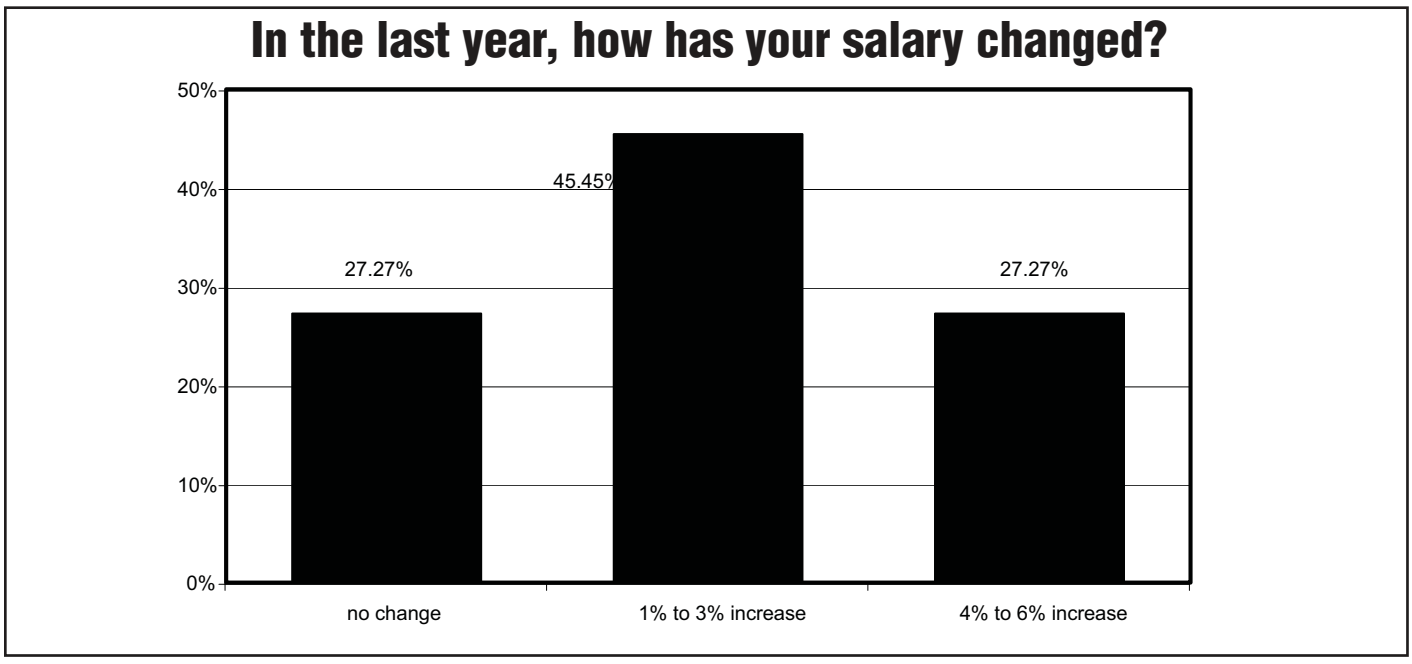
Act as a leader

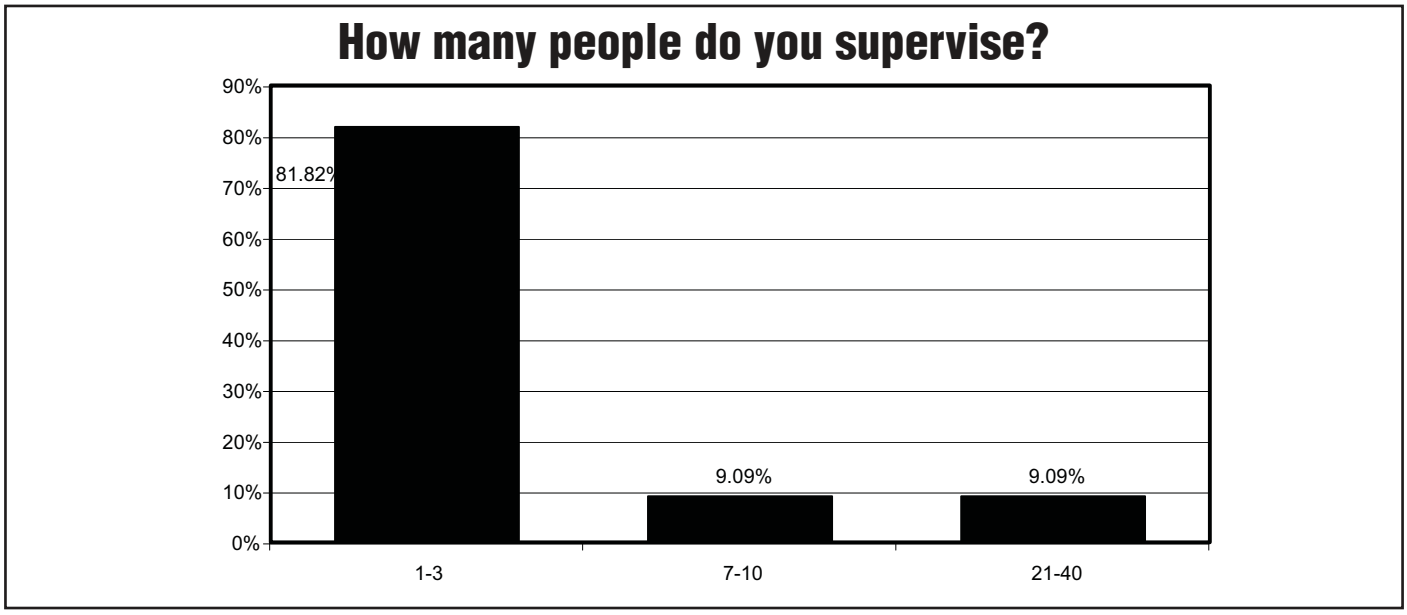
Without question, the occupational health role is continuing to expand and overlap. Randolph says that she is seeing an increased emphasis on occupational health playing a "public health" role. One example of this is educating the workforce in prevention of diseases such as influenza and antibiotic-resistant infections.

One growing challenge for occupational health is dealing with an aging workforce. This means ever-growing numbers of employees with chronic illnesses, such as heart disease, cancer, chronic obstructive pulmonary disease, diabetes, asthma, arthritis, obesity, and hypertension.

"Although chronic diseases are among the most common and costly health problems, they are also the most preventable," says Randolph.

With these challenges in mind, Randolph advises nurses to become certified both in occupational health nursing and other areas that apply to your practice. Some examples of these are case management, safety, hearing conservation, or spirometry. "Take the lead on projects at work to demonstrate your skills," says Randolph. "Be willing to take a risk and learn new skill sets. Take on new responsibilities and keep current with technology."



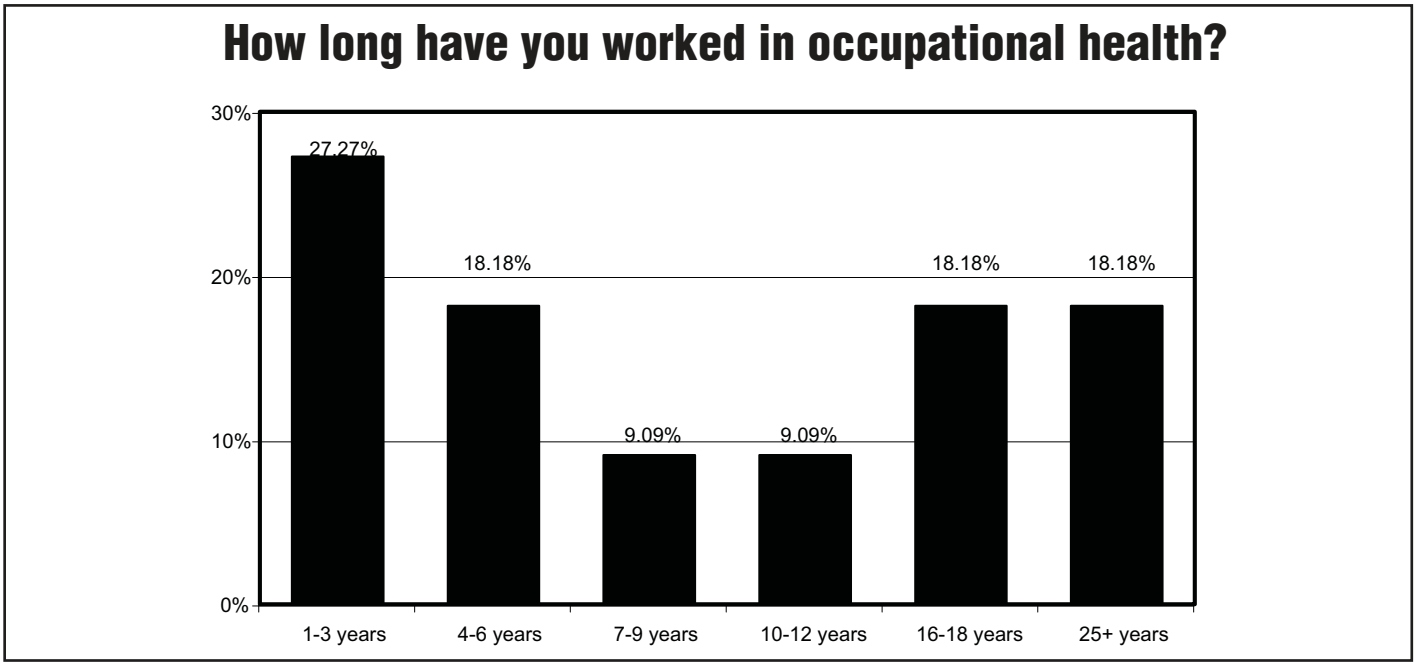


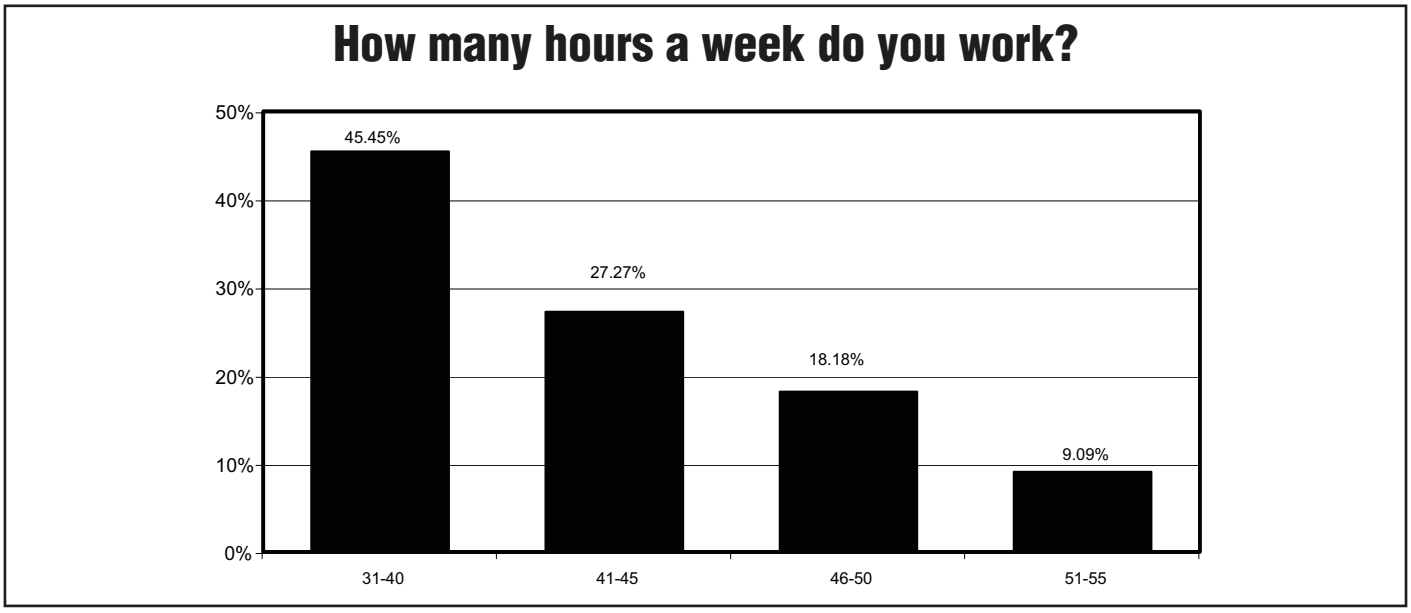
More occupational health physicians are taking a leadership role in population health management. "They are leaders in designing health enhancement programs and working with employers and their management teams to develop a culture of health," says **Pamela Hymel**, MD, MPH, FACOEM, president of the American College of Occupational and Environmental Medicine in Elk Grove Village, IL. "As we look at the aging of our population and poorer health, this is a very important role for occupational medicine for the future."

Another trend is occupational medicine physicians in private practice acting as the health advisor for small and mid-sized employers. "The biggest challenge is getting enough residency trained physicians into the communities, or at least getting primary care physicians trained to deliver competent occupational health services," says Hymel. "Having prevention and health protection as critical elements in health plan coverage for the future, and using the expertise of occupational medicine physicians to design effective plans for patient engagement, is a great opportunity for occupational medicine in the future."

Step into new roles

Weiss says that two new areas of focus for occupational health are safety and sustainability, and recommends getting involved in both. Here are ways to do this with confidence:





• Write health and wellness messages for "toolbox talks" given to safety managers.

• Incorporate health promotion messages into safety training sessions. For instance, you might team teach cardiopulmonary resuscitation, check blood pressure of employees, or administer flu shots.

• Encourage safety trainers to approach training with a "worker as athlete" perspective. Emphasize the importance of ongoing conditioning and healthy eating.

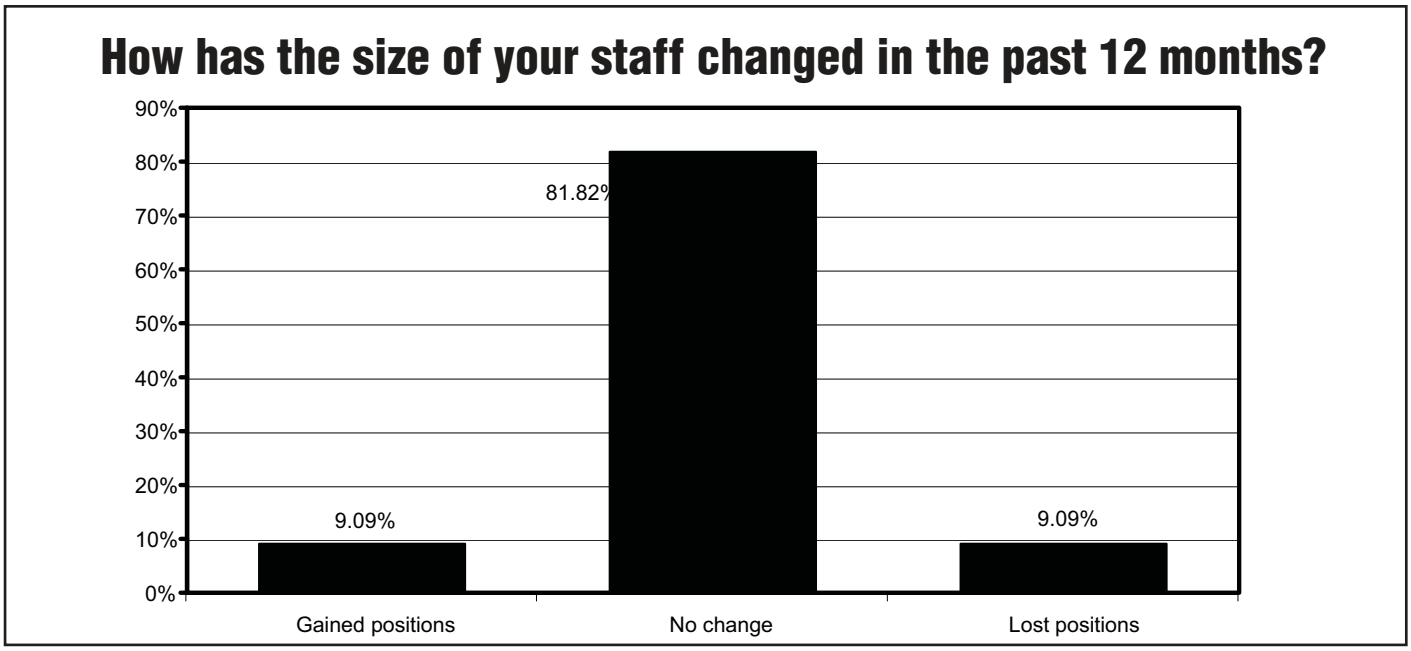
• Ask to be appointed to the company's sustainability committee. "Find ways to decrease waste in your practice," says Weiss. "Encourage biking to work, both for exercise and to decrease carbon production. Decrease energy use onsite by shutting off computers at night."

• Take a leadership role in prevention activities, such as H1N1 education.

• Go onsite and into the field more often.

Weiss recommends doing stretching exercises with construction workers or performing onsite testing services yourself. You can also combine office ergonomic assessments with environmental assessments, to address the quality of air and lighting.

In all of these endeavors, social networking vehicles such as Twitter, Facebook and blogs can be a big help to you. "These are great tools for sharing information and establishing credibility," Weiss says. "On various sites, you can get automatic alerts on a daily, weekly, or monthly basis, or every time a new posting is up. This is a great way to get health and wellness information." ■



Dear *Occupational Health Management* Subscriber:

This issue of your newsletter marks the start of a new continuing nursing education (CNE) semester and provides us with an opportunity to review the procedures.

Occupational Health Management, sponsored by AHC Media LLC, provides you with evidence-based information and best practices that help you make informed decisions concerning employee health and safety. Our intent is the same as yours: the best possible patient care.

The objectives of *Occupational Health Management* are to:
• develop employee wellness and prevention programs to improve employee health and productivity;
• identify employee health trends and issues; and
• comply with OSHA and other federal regulations regarding employee health and safety.

Each issue of your newsletter contains questions relating to the information provided in that issue. After reading the issue, answer the questions at the end of the issue to the best of your ability. You then can compare your answers against the correct answers provided in an answer key in the newsletter. If any of your answers were incorrect, please refer back to the source material to clarify any misunderstanding.

At the end of each semester you will receive an evaluation form to complete and return in an envelope we will provide. Please make sure you sign the attestation verifying that you have completed the activity as designed. Once we have received your completed evaluation form we will mail you a letter of credit. This activity is valid 24 months from the date of publication. The target audience for this activity is occupational health managers.

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