

# Occupational Health Management™

*A monthly advisory for occupational health programs*

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## Walkabout: To gain invaluable info observe, listen closely to employees

*Don't hesitate to "get out on the floor"*

If employees routinely put themselves at risk for injury by lifting improperly just to get a job done as quickly as possible, how would you know about this?

Michelle L. McCarthy, RN, COHN, on-site medical case manager for Genex Services in Wayne, PA, says she has learned about dangerous shortcuts several times, just by walking around talking to employees.

"One of the most effective ways that I have found to obtain this information is just being available," says McCarthy.

Improper lifting is a common problem. "With a majority of our associates being on production, they worry about getting the job done as quickly as possible by whatever means," McCarthy says. "Sometimes this is difficult, if cases are stacked really high or low."

Workers will take shortcuts such as grabbing as many cases as possible instead of only one. They may jump to grab a case instead of using a pull hook, or lean over to grab a low-lying case instead of bending at the knees.

Seeing this first-hand allowed McCarthy to make changes such as providing additional pull hooks, lowering or lifting racks, installing roller bars, and using nets to catch light but bulky cases.

### Don't wait for injury

Workers can and will tell you how to make the workplace safer, but only if they are asked. "An occupational health professional does not have to wait for an injury to occur to get out on the floor," says Peggy Ann Berry, MSN, RN, COHN-S, SPHR, president of the Ohio Association of Occupational Health Nurses. "The idea is prevention of injuries and ill-

## EXECUTIVE SUMMARY

Employees have a lot of information to share with occupational health professionals about potentially dangerous processes. To solicit their input:

- Ask representatives to give safety recommendations.
- Look for hazards during walk-throughs.
- Ask specifically about personal protective equipment.



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nesses of the employee.”

You may be surprised, for example, what you learn by making daily rounds. “It doesn’t matter if it is on the factory floor or office. No one knows the job, and the injuries that can occur from that job, better than the employee doing the job,” says Berry.

Berry says that while she’s asking how an employee is doing on the job, workers sometimes tell her about their health concerns. “Knowing what is going on personally with that employee will better direct case management needs for any future injury and medical leave,” says Berry.

During Berry’s walkthroughs, workers have asked questions about medical procedures, immu-

nizations, how to control blood pressure, and how to access healthcare benefits.

While long-term employees can tell you how they meet safety requirements, new hires are likely to learn something from *you*. “When talking with the new folks, they are more apt to ask questions about why processes are set up the way they are,” says McCarthy. Injured employees also have valuable information to share, and may tell you they got hurt because of poor lifting technique or faulty equipment. (*See related stories, p. 87.*)

To obtain input from employees, use these approaches:

- **Give workers a specific time to give input.**

For example, have a safety team meet monthly during each shift. “It is a time where the associates can talk freely about their concerns and offer recommendations,” says McCarthy.

She also suggests pulling a representative from a certain shift or area to talk about safety concerns. “These issues should be taken very seriously, and posted for everyone to see, along with management responses,” says McCarthy.

- **Look for hazards.**

McCarthy says, “As I am walking through the building, I can recognize hazards that the associates take for granted because they have become accustomed to being around them.”

For example, she’s seen workers driving or walking over debris, such as wood or plastic wrap. “This is a problem because it can cause slips, trips, and falls. This debris can also get caught in equipment, causing it to malfunction or break,” says McCarthy.

Also, when wood breaks on a pallet, there can be large splinters or nails sticking out. “If they don’t take the time to report the issue and get a new pallet, each person that passes is at risk of injury,” says McCarthy.

If McCarthy notices hazards like these, she stops to discuss the safety issues with employees. “I point out why prevention or extra attention is important, and demonstrate or educate them on proper lifting, carrying, or ergonomics,” she says. “This is also an opportunity to come upon them to see what they ‘really’ do when they don’t think anyone is looking.”

McCarthy often sees associates lifting with one arm or lifting multiple cases at once. “Or, I see them ‘swinging’ cases and twisting at their waist, instead of leading with their feet and turning their legs to prevent back injuries,” she says.

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## EDITORIAL QUESTIONS

For questions or comments, call Gary Evans at (706) 310-1727.

## Tips to get better PPE compliance

When Michelle L. McCarthy, RN, COHN, on-site medical case manager for Genex Services in Wayne, PA, does walkthroughs, one of the things she looks for is appropriate use of personal protective equipment (PPE). “One of the biggest problems with PPE is the use of hearing protection. It is very important to make sure that the foam ear plugs are worn properly,” she says.

If the ear plugs are easily visible, they are probably not worn correctly, says McCarthy. That gives her the chance to stop and demonstrate the proper way to roll the ear plug, open the ear canal, and fit the plug.

Another common problem is ear muffs that do not fit properly. This may be because the worker is also wearing eye protection such as glasses or goggles.

“In these instances, I will discuss why muffs are not appropriate,” says McCarthy. “Also, unless designed to be worn behind the head, the band

should be snug across the top of the head with the outside of the ear completely covered by the muff. You cannot remove one side for talking!”

Peggy Ann Berry, MSN, RN, COHN-S, SPHR, president of the Ohio Association of Occupational Health Nurses, says that getting input from workers is “especially important” when it comes to PPE.

“Employee choice of safety glasses or hearing protection creates active engagement in the process,” she says. “This increases awareness and compliance with mandatory safety programs.”

Berry says that focus groups are an excellent way to determine the right fit for PPE. “Employees are given multiple choices about PPE,” she says. “This involves them in the decision-making process and increases compliance.”

Recognition of those participating in the PPE focus groups is important. “This can be done through company newsletters, or giving shirts or caps as a way of expressing appreciation for their effort,” says Berry. ■

### SOURCES

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## What you *must* find out from injured workers

*Watch for details that don't seem to fit*

You're in a unique position to obtain details about an injured worker that others may miss, for several reasons. “The occupational health/employee relationship is built on trust,” says **Kathy Dayvault**, RN, MPH, COHN-S/CM, an occupational health nurse at PureSafety in Franklin, TN. “You will take the time to listen. And typically, occupational health does not discipline employees, meaning there is no reason not to

tell.”

When a worker is injured, this type of open communication can help you really get to the bottom of what happened, and why.

“Employees tend to provide details that allow the nurse to pick up on things that others might not think are relevant,” explains Dayvault. “Listening to the details provides a picture of what occurred. Things that do not seem to fit in the picture can be addressed at that time.”

For instance, a report might say that workers assumed a position that you know was impossible, given the work space and the task involved. He or she may claim, “I got down on my knees” when there is insufficient room in the area to do so, or “I was cleaning this area of the equipment when I cut my hand” when that area of the equipment is not accessible.

You might learn that an assembly line worker's

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### EXECUTIVE SUMMARY

Interviewing injured workers can shed light on the true root cause of the incident. Ask about:

- The hardest part of the job.
- Anything out of the ordinary.
- Whether the same thing has ever happened before.

back injury was actually caused by repetitive bending over to pick up materials or parts in a large container. “The lower the level becomes in the container which supplies the parts or materials, the more difficult the task becomes, with hyperflexion of the back or neck,” she says.

Once you find this out, then you can intervene to prevent continued strain. For example, placing parts on a spring-loaded platform which rises incrementally to the worker’s height prevents hyperflexion from occurring, says Dayvault.

Unless the worker’s injury requires immediate medical attention, start the interview process right away, or do so as soon as the worker has received appropriate care.

“Once the interview process is completed, review the area where the injury occurred,” she says. “It is more helpful if the employee is able to participate and demonstrate what they were doing at the time.”

## Observe workers

Some important post-injury information can only be gleaned by real-time observation. Dayvault says to check the worker’s body position while performing tasks, the areas of the body that are used more frequently, and the presence of poor posture.

“Also take into account the tools used, and the work habits and rotation of workers,” adds Dayvault.

Always ask injured workers how long they have been doing the work, what the hardest part of the job is and the factors that contribute to this, Dayvault recommends. “It is also good to know what job tasks are easiest for the worker,” she says. “Take in the work surface and height, the height of the worker and any awkward postures or positions noted while performing the job.”

Following data or guidelines in the workplace can’t replace your firsthand knowledge of the workplace, she says. “If you are not knowledgeable about the workplace and the physical requirements of the job tasks needed to perform the job, you cannot be effective in treatment, reduction and prevention of workplace injuries and illnesses,” she says.

Investigating processes and procedures in the workplace “paints the whole picture” so you can keep workers safe and healthy in the workplace, says Dayvault.

## SOURCE

For more information on learning from injured workers, contact:

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## 10 questions to ask after injury

If a worker is injured, ask him or her the following questions, recommends **Kathy Dayvault**, RN, MPH, COHN-S/CM, an occupational health nurse at PureSafety in Franklin, TN:

1. How did the injury occur?
2. What were you doing at the time?
3. Did anything out of the ordinary happen when your injury occurred?
4. How was the day that your injury occurred different from all the other days?
5. Is this your regular job? If not, when was the last time you performed it?
6. How much training did you receive and when?
7. Was the process going as usual?
8. Were there any problems with tools, machinery, equipment or the environment?
9. Has this ever happened to you or other employees before? If so, did you report it? Was anything done about it?
10. Can you show me what you were doing at the time? ■

## Dig a little deeper after a near-accident

*There may be more to the story*

If you can discover *why* an employee performed a job incorrectly, which caused a near-miss accident that could have been fatal to other workers, wouldn’t this information be priceless to you?

Employee X was a general production worker performing duties of lifting a full beam of material with a manual overhead hoist, recalls **Kathy Dayvault**, RN, MPH, COHN-S/CM, an occupational health nurse at PureSafety in Franklin, TN.

The beam weighed approximately 1200 pounds.

At this manufacturing site, general production workers were to be trained in at least three jobs. Lifting a beam required correct placement of straps on the floor, rolling the full beam off the loom, lowering the hoist and hooking the straps to the hoist, and lifting the roll with the power control.

On this particular day, a co-worker had observed employee X doff the roll onto the straps. He began to lift the roll with the hoist, while holding the hoist cable above the hook, and started raising the beam. The full beam began lifting from the floor with the employee holding onto the cable, who was being lifted as well.

“A different co-worker saw the employee being lifted. He yelled for him to stop the hoist and let go,” she says.

The employee let go, but did not stop the hoist. Suddenly the full roll slipped out of the straps and fell to the floor from a height of approximately four feet.

“Fortunately, no one was injured,” says Dayvault. “The second co-worker noticed the straps were placed incorrectly, as well as the employee being lifted from the floor.”

## Underlying reasons

Initially, it was felt the employee failed to perform his job safely, placing himself and others at risk for substantial harm including death. Upon questioning the employee, however, Dayvault learned some additional information.

“I learned that he spoke poor English, had not had training in greater than two years and had not done the job in at least three years,” she says.

She also learned that a prior similar incident has occurred about four months earlier to a different worker, resulting in a fracture to his finger. At that time, company officials advised that all workers should be re-trained. However, only the workers who performed maintenance work had been re-trained.

“Employee X had just moved from a night shift position to a day shift position, and had been out of work for a substantial amount of time due to a workers’ comp injury to his arm,” she says.

A forklift physical completed after the incident revealed that the man suffered from poor vision. He wore glasses, but had not seen a physician for a vision exam in five years.

“We then found that other employees performing the job did not follow a standard procedure for doffing full rolls of material,” says Dayvault.

There was one loom where the correct procedure could not be used due to lack of physical room. Also, a general production worker might be needed on any job, but was only trained on three.

“All the above issues were addressed. Appropriate workers were trained, and the employee obtained stronger corrective lenses,” she says. ■

## Would you like a 96% participation for HRAs?

*Offer eye-catching discounts*

Do you think that better health is enough of a reward for employees who choose to take a health risk assessment? That may not be sufficient, if you want participation rates to brag about.

Talei Akahoshi, director of occupational health at Piedmont Healthcare in Atlanta, says that her department took the leading role in developing the organization’s Your Health Matters program.

The program gave employees discounts on health plan premiums for participating in Health Risk Assessments (HRAs). Employees were offered a discount of \$20 per pay period, or \$520 per year, if they took a HRA. To receive the discount the following year, they had to participate in both the HRA and biometric screens.

“I presented the incentive campaign to our executive team under the leadership of our corporate VP of human resources, and gained executive approval,” she says. “Once approved, I worked with marketing to develop the slogan, and assisted with the communication campaign.”

Akahoshi made it her mission to make sure everyone knew what had to be done for the incentive.

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## EXECUTIVE SUMMARY

Giving discounts on health plan premiums can dramatically improve participation in health risk assessments. Some successful approaches:

- Make sure everyone knows what has to be done for the incentive.
- Ask managers for their support.
- Do screenings onsite and offsite, and during evenings, weekends and night shifts.

“I feel that it was successful because we expressed the need for the screenings, and of course, that they were confidential,” she says. “I asked managers for their support, to be sure they delivered the message back to their employees.”

The occupational health team did all the screenings on and off-site, plus entered all the lab results. “We did health fairs and were available in the evenings, night shift and weekends,” she says. “We even sent out letters to those who completed their screenings.”

Providing periodic updates on participation rates spurred competition and increased participation rates. The team also e-mailed or called employees during the ending phase to make sure they were aware of the incentive.

“We really attempted to talk to each employee,” says Akahoshi. “We had a 96% participation rate for those in our health plan. Everyone got to know their numbers.”

Akahoshi credits the high participation rate to the high dollar amount of the incentive, and “pure determination.”

“In hard economic times, we wanted to make sure people had the opportunity to meet the requirement,” she says. “It’s not about the money. It’s about getting the HRA assessment and screenings done, to hopefully help them with their health status.” (See related story, right.)

Health premiums are reduced for employees of the Mars/Wrigley Company in Gainesville, GA who participate in an annual HRA.

“The HRA is designed to help associates understand their health status, and provide tools and resources to improve their well-being,” says **Paula Hopkins Clay**, RN, MPH, COHN/CM/SM, the company’s health and wellness manager.

This past year, 89% of associates participated in the HRA. “We also offer personalized health coaches that guide and support associates when making changes in their lifestyles,” says Clay.

## SOURCES

For more information on incentives for participating in occupational health programs, contact:

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- **Barbara Hayden**, RN, COHN-S, U.S. Department of the Interior, Main Interior Building Health Unit, Washington,

## Poor compliance? This might be why

*Money does matter*

When **Barbara Hayden**, RN, COHN-S, an occupational health nurse with the U.S. Department of the Interior’s Main Interior Building Health Unit in Washington, DC, started a weight loss program in January 2009, she expected to see big results.

The group of 30 employees all had the same stated goal: To lose at least 30 pounds in 30 weeks. “We called it the ‘30/30 Club’” Hayden reports. “This was my first attempt at such a thing, and I was such a rookie!”

Hayden assumed that losing the weight would be reward enough. She expected that all that was needed was the moral support of weekly meetings and weigh-ins to motivate everyone.

“I was wrong! Half the group faded away after six weeks, and only two people permanently lost weight,” she says. “I learned that there have to be stronger incentives to help people lose weight. Obesity is such a stubborn and multi-factorial problem.”

Hayden says that if she tries this again, she will partner with a wellness coach, “and would definitely use some irresistible incentives. Without an incentive of any kind, I’ve found that weigh loss clubs do not work.”

**Talei Akahoshi**, director of occupational health at Piedmont Healthcare in Atlanta, GA, says, “What I have learned over the last several years is that money *does* matter. You get better results if incentives are tied to health plan benefits. Everyone wants to know what’s in it for them.” ■

## More employees defined as disabled under the law

*It can be almost any condition*

A disability is now interpreted as any impairment that “substantially limits a major

## Unsure of compliance? Revise your policies

**K**athleen Liever, an employment law associate at Fowler White Boggs in Tampa, FL, says to make these changes to comply with the Americans with Disabilities Act Amendments Act (ADAAA) of 2008:

**1. Review and update job descriptions so that the essential functions for each position are accurately described.**

“Not all job functions are essential,” notes Liever.

**2. Develop customized pre-employment physicals**

to make sure that the company you work with is hiring the right employees.

“This means those who can meet the physical requirements of each position,” says Liever.

**3. Develop and implement a reasonable accommodations policy, and provide it to employees.**

“Focus attention on the interactive process used to address applicant or employee requests for reasonable accommodations,” says Liever.

**4. Promptly address applicant and employee requests for accommodation.**

“Engage in a thorough interactive process in response to accommodation requests,” says Liever. “Remember to document the interactive process, all potential accommodations considered, and all offers of reasonable accommodation.” ■

life activity,” according to the Americans with Disabilities Act Amendments Act (ADAAA) of 2008.

Since this legislation substantially expands the definition of “disability,” more employees are now protected by the American with Disabilities Act of 1990 (ADA.)

“Under the ADAAA, almost any mental or physical condition can fall within the definition of ‘disability,’” says **Kathleen Liever**, an employment law associate at Fowler White Boggs in Tampa, FL.

Consequently, more injured workers will assert a right under the ADA to a ‘reasonable accommodation.’ “This is irrespective of any rights under workers’ compensation or the Family Medical Leave Act,” says Liever.

Liever adds, “Occupational health providers play a critical role in this area by providing medical recommendations, such as restrictions and accommodations. Employer and employee fear of re-injury can hamper these efforts.”

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### EXECUTIVE SUMMARY

You can expect to see more injured workers asserting a right to a reasonable accommodation under the Americans with Disabilities Act Amendments Act of 2008. To ensure compliance:

- Remember that almost any mental or physical condition can fall within the definition of “disability.”
- Communicate with employees about their comfort level with assignments.

Accurately describe essential job functions in job descriptions.

### Determine comfort level

On the other hand, many employers have reduced their workforces and you may be pressured to return injured employees to full duty as soon as possible. “Try to be proactive and stay in touch with employees about their comfort level with assignments,” says Liever. “Many physicians and nurses do not have essential information about workplace policies, job demands, and the availability of light duty work.”

**Barbara Daugherty**, RN, Ph, DATP, a senior health care specialist for PRO Physical Therapy’s Industrial Services Division in Newark, DE, says, “In my position as an occupational health consultant, I have the opportunity to visit and discuss health concerns with many businesses, both small and large.”

Daugherty says that the ADAAA has been a topic of discussion with some of the larger corporations. These companies have made process changes for individuals identified as potentially being covered.

“For the most part, cases are handled on a case by case basis,” she says. “The cases I have been involved with since 2008 are being handled with a little more caution by human resources departments.”

Daugherty predicts that conflicts will arise between the ADAAA and other regulations. “I think we will see increased issues with how this new regulation will impact other regulations,” she says.

She gives the example of a truck driver with high blood pressure or sleep apnea, now poten-

tially protected, who can't pass the Department of Transportation's driving examination. "Employers may find this an issue, as will those who need to administer the exam and certify the drivers as safe," she says.

## SOURCES

For more information on compliance with the Americans with Disabilities Act Amendments Act (ADAAA) of 2008, contact:

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## 'Green' revolution boosts employee health efforts

*Efforts to reduce hazardous chemicals*

The "greening" of American hospitals may be a golden opportunity for employee health.

Six major health systems have joined together to promote "green" purchasing and sustainability that promises to substantially reduce health care worker exposure to hazardous chemicals.

This Healthier Hospitals Initiative offers a new role for employee health professionals as they help reshape the environment for employees, patients, and the community, says **Anna Gilmore Hall**, RN, CAE, co-executive director of Health Care Without Harm, an international coalition based in Arlington, VA.

"We can improve patient outcomes, occupational health and safety, community health and environmental health," says Hall. "We're encouraging other hospitals and health care systems to adopt this agenda [of sustainability]. If we all work together and leverage the purchasing power and the status health care has in our community, we can reduce our own footprint in a way we think will save money in the long run for the health care sector."

The Healthier Hospitals Initiative will share best practices that redesign processes to reduce waste, substitute safer materials, and conserve energy. The goals include altering food choices by reducing meat purchases, buying local and organic

products, and eliminating soft drinks.

"What we really want to do is improve the environmental performance of the health care sector. That's our aim," says **Kathy Gerwig**, vice president for workplace safety and environmental stewardship officer at Kaiser Permanente in Oakland, CA.

The other participating health systems are also among the largest in the country: Advocate Health Care, an Oak Brook, IL-based system of nine hospitals, two children's hospitals, and 200 sites of care; Catholic Healthcare West, based in San Francisco with hospitals in California, Arizona, and Nevada; Hospital Corporation of America (HCA, Inc.) of Nashville, TN, the nation's largest hospital system with 163 hospitals and 105 freestanding surgery centers in 20 states; MedStar Health, a network of nine hospitals and 20 other sites in the Maryland and Washington, DC region, and Partners Healthcare, a Boston-based health system founded by Brigham and Women's Hospital and Massachusetts General Hospital.

The initiative has a broad aim to reduce environmental hazards, but it also directly impacts health care workers. The potential occupational hazard of chemical exposures was underscored in a recent report that identified 401 cases of injuries linked to anti-microbial pesticides, or disinfecting chemicals, in a five-year period. There was one fatality due to acute asthma. (*See related article on p. 94.*)

## Environmentally preferred purchasing

At Kaiser Permanente, environmental and sustainability concerns are an integral part of the purchasing process. Kaiser adopted an "Environmental Performance" scorecard as a part of product evaluation.

When soliciting bids, Kaiser asks suppliers about the content of products, such as if they contain mercury or polyvinyl chloride or one of hundreds of chemicals identified by California as causing cancer or reproductive harm, and the proportion of recycled materials. Multi-use items are favored over single-use, and latex-free are preferred over those with latex.

"The environmental considerations are never going to trump something like patient safety considerations," Gerwig says. "We're never going to go for a product where we're compromising on safety to meet environmental goals."

But Kaiser has been emphatic about the desire to reduce exposure to toxic substances. Gerwig

testified before the U.S. Senate subcommittee that is reviewing the Toxic Substances Control Act.

“In the U.S. today, it is perfectly legal and commonplace for manufacturers to use known hazardous ingredients in the products we all buy,” she says. “We think the chemical ingredients in products ought to be tested for their safety in human health prior to being put into products.”

Glove purchases provide one example of Kaiser’s approach. When the health system decided to eliminate latex exam gloves due to concerns about latex allergy, vinyl gloves were not considered a preferred alternative. Kaiser uses tens of millions of gloves per year, and dioxin is released when those gloves are produced and when they are incinerated in their disposal, says Gerwig. Instead, Kaiser selected nitrile gloves.

“Kaiser Permanent was the first large health care system to move to nitrile gloves. It really changed the marketplace,” she says.

More recently, Kaiser selected a rigid endoscope that can be steam sterilized and doesn’t require chemical disinfecting. “We’re removing hazards from the workplace, and we’re getting the same efficacy. Why wouldn’t you choose that?” says Gerwig, who notes that clinicians were involved in the selection.

Kaiser also substituted vinyl flooring with rubber, which meant it didn’t require harsh cleaners and strippers, she says. As a side benefit, nurses reported that they had fewer foot problems as the rubber was more comfortable.

Now the health system is reviewing its flooring options again. “New materials have come on the market that we think might be even better than rubber and have more advantages for workers, patients and the environment,” she says.

Cost has not been a barrier to this environmentally-conscious approach, says Gerwig. “We’ve not found that picking the sustainable products costs us more. In most cases, it ends up being cost-neutral or it saves us a little money,” she says.

## **EH can build awareness**

The Healthier Hospitals Initiative plans to share and promote best practices, such as those of Kaiser. “We’re trying to establish a system where we can share this information in a non-competitive way,” says Hall. Hospitals around the country can sign a pledge of endorsement as part of the initiative.

Employee health professionals can play an

# **Healthier hospitals initiative agenda**

## **Improve Environmental Health and Patient Safety**

1. Design and operate healthier and safer facilities for patients and employees
2. Purchase safer and more sustainable products and materials
3. Support the use of safer chemicals and green chemistry
4. Promote nutritious, sustainable food choices

## **Reduce Health Care’s Use of Natural Resources and Generation of Waste**

1. Reduce the consumption of energy, Support the transition to renewable energy sources
2. Conserve water
3. Minimize waste and emissions; decrease / eliminate incineration
4. Address pharmaceutical waste
5. Improve transportation strategies for patients and staff

## **Institutionalize Sustainability and Safety**

1. Make sustainability and safety a strategic imperative
2. Promote environmental health literacy internally and through community programs
3. Invest in sustainability research and innovation
4. Engage in public policy to promote sustainability and safety

important role in their hospitals, Hall says. For example, they can promote product selection that reduces hazardous exposures, such as the purchase of greener cleaning products. Resources and a list of safer alternatives are available from the Lowell, MA-based Sustainable Hospitals Project, at [http://www.sustainablehospitals.org/cgi-bin/DB\\_Index.cgi](http://www.sustainablehospitals.org/cgi-bin/DB_Index.cgi).

A movement toward “greener” policies also requires increased awareness. For example, employees need to understand which waste needs biohazardous disposal and which does not, says Gerwig. Reducing the waste that goes into biohazard containers unnecessarily will reduce the amount of incineration, she says.

“[Employee health professionals] are positioned really well to be champions in educating workers and clinicians about the impact of chemicals in their workplace,” Gerwig says. “They can expand that view to include the health of the environment

overall.”

Hospitals can start with modest goals. “I would just encourage them to look around their workplaces and target a few products and see if they can’t make a few changes and leverage that success,” she says.

As the goals of energy conservation, sustainability, and “greener” living take center stage nationally, hospitals can become leaders in the community by taking proactive steps, says Hall. “I would argue that if you aren’t currently working on this you are way behind the ball,” she says.

[Editor’s note: More information about the Healthier Hospitals Initiative is available at [www.healthierhospitals.org/](http://www.healthierhospitals.org/).] ■

## Splashes, fumes cause injury to HCWs

*One death from asthma reported*

A laundry worker died of acute asthma after breathing bleach fumes from an open pail. Floor cleaner splashed in the eyes of housekeepers. Even bystanders suffered irritating effects of disinfecting chemicals.

An analysis of surveillance data in four states revealed 401 cases of work-related injury due to anti-microbial pesticides – cleaning or disinfecting products – from 2002 to 2007. “This is the first multi-state report looking at the magnitude from poisonings from the antimicrobial pesticides,” says **Geoffrey M. Calvert, MD, MPH**, a team leader in the Surveillance Branch of the Division of Surveillance, Hazard Evaluations and Field Studies of the National Institute for Occupational Safety and Health (NIOSH) in Cincinnati.

While most cases involved mild symptoms that quickly resolved, there were some serious incidents, the surveillance from California, Michigan, Louisiana, and Texas showed, says Calvert. Housekeepers or janitors were the most likely to be injured (24%), followed by nursing or medical assistants (16%). A majority of the incidents involved splashes to the eyes.<sup>1</sup>

The surveillance data likely underestimates the magnitude of the exposure problem because of underreporting, says Calvert. “This could be the tip of the iceberg. We have no way of knowing what the true magnitude of these poisonings is,”

he says.

The fatality occurred when a 52-year-old laundry worker was exposed to fumes from undiluted bleach that was in an open pail near a running clothes dryer. The woman, a two-pack-a-day smoker, had a history of asthma and chronic bronchitis. According to the surveillance report, she complained of shortness of breath and used her albuterol inhaler before collapsing. She was not revived and died five days later in the hospital.

The case points out the hazards inherent even in common products such as bleach, says Calvert. Health care workers have a higher rate of asthma than the general population, and some of the cleaning products can exacerbate asthma, he says.

Health care workers also may not be aware of the risks of cleaning and disinfecting products, he says. For example, a nursing assistant in Michigan was pouring a germicidal cleaner into a mop bucket when some of it spilled and soaked through her pants. She changed her pants, but didn’t clean her leg immediately. About 90 minutes later, she suffered from a skin irritation when the area began to itch and turn red, Calvert says.

In another case, a viricidal disinfectant splashed into the eye of a 43-year-old woman. She immediately rinsed her eyes, but the disinfectant had already done damage. She had a corneal abrasion caused by a chemical burn, says Calvert.

Substituting safer products may help reduce injuries, but Calvert notes that by their nature, anti-microbial products will be hazardous to humans, as well. “These antimicrobial pesticides are important for maintaining infection control in hospitals,” he says. “There’s no safe way to kill these organisms. There’s no way you can do that without having an effect on humans.”

To prevent exposure and injuries from anti-

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### COMING IN FUTURE MONTHS

■ Use focus groups to increase participation

■ Find OSHA violations nobody else discovered

■ How to get your message out to employees

■ Creative ways to get buy-in from senior leaders

microbials, Calverts offers these recommendations:

**Ensure employees wear eye protection when appropriate.** About half (51%) of the injury events involved splashes, and only 15% of the 265 health care workers who had exposures while handling anti-microbial pesticides were wearing eye protection, according to the surveillance report. Employee health professionals should make sure employees understand the need for eye protection and wear the appropriate personal protective equipment, he says.

**Raise awareness of chemical hazards.** Most of the incidents involved commonly used products, including quarternary ammonium compounds, glutaraldehyde, and sodium hypochlorite (bleach). Employees need training in the safe handling of those products, says Calvert. For example, they need to know the proper dilution, the possible health effects, and the recommended personal protective equipment. Employees should be encouraged to report any incidents of exposure, he says.

**Look for safety in product packaging.** The design of the containers or dispensing of products can impact the potential for exposure. For example, employees using disinfecting wipes were unexpectedly splashed in the eye when the action of pulling the wipe out of the container created a small splash. Using a container with a pump dispenser can reduce spills or splashes when employees need to dilute chemicals with water in a bucket.

## REFERENCE

1. Centers for Disease Control and Prevention. Acute antimicrobial pesticide-related illnesses among workers in health-care facilities – California, Louisiana, Michigan, and Texas, 2002-2007. *MMWR* 2010; 59:551-556. ■

## New CDC flu guidelines unmask N95s

*‘The current circumstances justify an update’*

The Centers for Disease Control and Prevention – which erred on the side of caution during the H1N1 influenza A pandemic – now concedes surgical masks are sufficient to protect health care workers. The widespread availability of vaccine made the decision to drop the recommendation for

N95 respirator use a no-brainer in new flu guidelines. On the other hand, those who thought the CDC would endorse mandatory flu vaccination of health care workers will be disappointed. Always cautious on regulatory matters, the agency seems content to let individual states fight that battle and see which side is left standing. The CDC posted the following statement on the flu new guidelines:

“When the interim infection control guidance for 2009 H1N1 was posted, substantial uncertainties existed regarding the severity of disease and health impact of the novel H1N1 influenza strain, a high proportion of the population was susceptible to the new virus, and the vaccine was not available. Circumstances have changed significantly since then. First, a safe and effective vaccine has become widely available. Second, we now have information about the number of cases of disease, hospitalizations, and deaths caused by 2009 H1N1, which can be compared to historical seasonal influenza data. The current circumstances justify an update of the recommendations. ■

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## 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 **December** 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.

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## CE QUESTIONS

5. Which is recommended when obtaining input from employees to make the workplace safer?
- A. Do walkthroughs only in the event an employee is injured.
  - B. Avoid interacting with new hires during walkthroughs.
  - C. Hold focus groups to ask employees for input on personal protective equipment.
  - D. Always notify employees when you'll be coming to do walkthroughs.
6. Which is recommended regarding incentives for employees to participate in occupational health programs?
- A. Use incentives for health risk assessments (HRAs), but not for weight loss programs.
  - B. Don't offer monetary incentives.
  - C. Give discounts on health plan premiums for participation in HRAs.
  - D. Offer either personalized health coaches or incentives, but not both.
7. Which is recommended for interviewing injured workers?
- A. Avoid getting too much detail from the employee, as this makes it more difficult to determine the root cause of the injury.
  - B. Ask whether anything out of the ordinary happened when the injury occurred.
  - C. Don't address the amount of training received by the employee with the employee directly.
  - D. If guidelines are strictly followed, walkthroughs are not necessary.
8. Which is true regarding compliance with the Americans with Disabilities Act Amendments Act of 2008?
- A. Almost any mental or physical condition can fall within the definition of "disability"
  - B. Fewer injured workers will assert a right to a "reasonable accommodation."
  - C. It is not necessary to document all potential accommodations considered, or all offers of reasonable accommodation.
  - D. Pre-employment physicals should not be customized in order to determine that employees can meet the physical requirements of each position.

**Answers: 5. C; 6. C; 7. B; 8. A.**