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Being there: Building a trusting relationship with your workers

Meet people "where they are" culturally

Honest answer: Do employees consider you to be trustworthy? Virtually everything you do—returning employees to work quickly and safely, preventing injuries, and reducing health care costs—hinges on trust, according to 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.

"A trusting relationship allows you to be a more effective coach," she says. "It encourages workers to share ideas on how to maintain a healthy, safe workplace." Workers need to be able to do this without fear of reprisal, says Weiss.

She recommends the following practices:

- Use many communication vehicles to promote health, wellness and safety in the workplace.

Do this via written newsletters, oral communications at meetings, briefings, training sessions, and social media sites, Weiss recommends.

- Be consistent in how you deliver healthcare services and messages.

This is necessary whether you are interpreting policies or providing services, says Weiss. "Consistency within the organization is very important," she says. "What is the mission and vision of the company? Do the leaders walk-the-talk?"

- Demonstrate respect for each individual's personal situation.

Meet people "where they are," and consider their personal, cultural and ethnic beliefs, says Weiss. "At all times, encourage workers to gain knowledge and skills to enhance their ability to care for their health and safety," she adds.

EXECUTIVE SUMMARY

Gaining the trust of employees can help occupational health to prevent injuries and reduce health care costs. Some approaches:

- Be consistent in your message.
- Respect each individual's personal situation.
- Remind employees that you are there for them.

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Put yourself out there

The key to establishing trust with employees, says **Susan L. Zarzycki, RN,COHN,CM**, an occupational health manager at Finch Paper LLC in Glens Falls, NY, is to “put yourself out there. I believe it’s important for employees to know who the nurse is.”

Zarzycki attends employee and committee meetings as much as possible. “We make it a point to go out to their areas for activities such as blood pressure and flu clinics, because employees are somewhat tied to their machines here,” she says.

You can learn a lot about employees just in the course of seeing them every day, she says. “We also have worked their shifts, if something is going

on that doesn’t occur on the typical day shift,” she says.

Above all, make it clear to employees that you are there for them anytime they need you. “I must say to people 100 times a day, ‘If you need anything, let us know. We’ll be there,’” she says.

If Zarzycki sees an employee for a work issue, or a serious non-work related issue, she gives him or her a business card with a cell phone number. “The cell phones are provided by the company,” she says. “I have had several employees call when I am not in the office to follow up, or to ask questions.”

Recently, Zarzycki sent an employee to the emergency room, gave him her card and told him to follow up. “He was admitted to the hospital later that evening, and his wife used the card to call my cell phone to let me know,” she says.

SOURCES

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- **Susan L. Zarzycki**, RN,COHN,CM, Occupational Health Manager, Finch Paper, Glens Falls, NY. Phone: (518) 793-2541 ext. 5389. Fax: (518) 793-1872. E-mail: susan.zarzycki@finchpaper.com. ■

Reassure workers that health info is confidential

But be honest if you need to report

Fear that their health and medical information will be shared with others is usually the “biggest concern” that employees have,” says **Judy A. Garrett**, health services manager at Syngenta Crop Protection in Greensboro, NC.

EXECUTIVE SUMMARY

Employees may have misconceptions about whether information they provide to occupational health is confidential. To avoid misunderstandings:

- Inform workers that their previous medical information is confidential.
- Be clear about what information will be communicated to management.
- Explain that on-the job injuries don’t fall under the Health Insurance Portability and Accountability Act.

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EDITORIAL QUESTIONS

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

“The biggest comment that you hear back from people is that they fear that their personal health information will be given to their managers or to human resources,” she says. “Employees may say, ‘I’m not going to go to occupational health, because I don’t want to the company to know about my health.’”

You need to correct this misconception. “One of the first things we do when anybody comes to us is hand them a piece of paper. It essentially tells them that their medical information is not going outside these doors,” she says.

Word of mouth will get out that you can be trusted, says Garrett, after employees see that their health information is indeed confidential. “An employee will tell others, ‘I went there for a personal problem and they never told anybody about it,’” she says. “Eventually, they learn that they can trust you. They see their confidentiality wasn’t violated.”

Explain exceptions

There are important exceptions to confidentiality, such as an employee’s injury which is covered by worker’s compensation. “If you have an on-the-job injury, that doesn’t fall under [Health Insurance Portability and Accountability Act] guidelines,” she says.

To avoid misunderstandings, be clear on exactly what information you are going to communicate to management, says Garrett. For instance, she says, explain that while an incident report is shared with managers giving details on an employee’s fall injury at work, this won’t include the worker’s previous medical history.

An employee may disclose to you that they have a medical problem that compromises their ability to perform a task, she says, or you may learn that a worker poses a serious threat to themselves or others.

“Be honest with them, if you come across something that you have to report,” says Garrett.

SOURCES

For more information on confidentiality of employee information, contact:

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Get out “where the action is” during walkthroughs

Mitigate the risks you see

Violations of Occupational Safety and Health Administration standards may be occurring in plain sight, but someone has to go look in order to find them.

“You should never spend your whole day in the office. You should be out there where the action is, seeing what employees are doing,” says **Christine M. Kalina**, MBA, MS, RN, FAAOHN, COHN-S/CM, director of global occupational health at MedImmune, a Gaithersburg, MD-based developer of formulations for use in immunization products.

Walkthroughs are the best way to identify and mitigate risks, she says.

“You can read accident reports, but that won’t help you understand the environment in which these things take place,” she says. “I can’t emphasize enough how important this is.”

“You should never spend your whole day in the office. You should be out there where the action is, seeing what employees are doing.”

ID unsafe practices

You may notice exposures you were previously unaware of or practices of employees that are unsafe. “This is one means to establish a stronger relationship with the employee, and also with environmental safety and health professionals,” she notes.

By seeing what an employee does every day, you may identify specific return-to-work challenges for that person. Ideally, environmental health and

EXECUTIVE SUMMARY

Do safety walkthroughs to identify and mitigate risks in the workplace. To get the best results:

- Note specific return to work challenges for employees.
- List three to five major hazards.
- Ask workers to name the biggest risks in their jobs.

safety and occupational health will collaborate on ways to reduce risks.

Health surveillance testing, such as hearing testing, is driven by compliance or regulations and safety, she explains. While doing hearing testing tells you whether the personal protective equipment (PPE) being used is effective, she says, in order to find out what areas require protection, and whether the employee is using the PPE correctly, you'll need to walk through the plant.

"You have to get out there and see what the employee is doing," says Kalina.

Do the following to get the most out of your walkthroughs:

- Communicate clearly that a walkthrough benefits everyone.

Explain to employees that walkthroughs "greatly enhance the understanding of workplace hazardous risks," says **Rod R. Hart**, RN, COHN, manager of health promotion and wellness at ODS Health, a Portland, OR-based provider of health plans.

- After your walkthrough, list three to five major hazards.

Hart says to then answer the following questions for each hazard: "What is the likelihood of exposure?" "How dangerous is the hazard?" "How many people are at risk?" and "How easy would it be to remediate?"

- Do walkthroughs on different days and times.

"Gather first-hand observations, based on direct experience with the work environment," says Hart.

- Talk to employees.

"Ask them what they see as the biggest risks in their job," says Kalina. By doing this, you may be able to suggest a better way of doing the job, such as preventing ergonomic injury with proper lifting, she notes.

If you have already established trust with employees, they won't see your comments as punitive, she says. "It's a way to raise the bar and say, 'Look, there's a better way to do this. If you don't wear your hearing protection, you are going to lose your hearing,'" she says.

SOURCES

For more information on safety walkthroughs, contact:

• **Christine M. Kalina**, MBA, MS, RN, FAAOHN, COHN-S/CM, Director, Global Occupational Health, MedImmune, Gaithersburg, MD. Phone: (301) 398-2805. E-mail: cmkalina@sbcglobal.net.

• **Rod R. Hart**, RN, COHN, Manager of Health Promotion & Wellness, ODS Health, Portland, OR. Phone: (503) 219-3672. E-mail: hartr@odscompanies.com. ■

Check please. List helps walkthroughs

Lists are available on line

Use a checklist that is unique to your work environment when doing safety walkthroughs, advises **Rod R. Hart**, RN, COHN, manager of health promotion and wellness at ODS Health, a Portland, OR-based provider of health plans.

"This is extremely useful in documenting and demonstrating workplace hazards," says Hart.

It is important to base the checklist on your individual workplace, stresses **Christine M. Kalina**, MBA, MS, RN, FAAOHN, COHN-S/CM, director of global occupational health at MedImmune, a Gaithersburg, MD-based developer of formulations for use in immunization products. "A manufacturing environment is different from an office environment," she says. "Understand your industry thoroughly."

After using the checklist, Kalina says to keep a record of them. "Track whether there are any changes from week to week," she says.

New set of eyes

Safety walkthroughs are conducted every month at SAIF Corporation, a Salem, OR-based workers' compensation company with over 800 employees, at each of the company's six sites, reports **Linda Meuleveld**, RN, COHN-S, CCM, OH, consultant and trainer.

"They are done by members of the safety committee and the facilities manager," she says. "We alternate our participation. It is always good to have a new set of eyes on the safety walkthrough."

As an advisor to the safety committee, Meuleveld has participated in many walkthroughs. "We check every aspect of the organization," she says. The walkthroughs are based on checklists provided by Oregon Occupational Safety and Health Administration, adds Meuleveld. (*See example checklist, p. 53.*)

"There is a formal walkthrough form that is used and submitted to the safety committee," adds Meuleveld. "It notes the area of concern, and asks for comments."

Next, says Meuleveld, the safety committee discusses the areas of concern. This discussion sometimes leads to safety recommendations, she says,

such as posting a monthly safety tip online that reminds employees that daisy chaining electrical cords is an unsafe practice.

“Safety committees benefit from the expertise provided by occupational health,” she says. “Consider joining one. Become another voice for safety in your organization.”

(Editor’s note: For access the OR-OSHA check-

lists used by the SAIF Corporation go to: <http://www.cbs.state.or.us/external/osha/standards/checklists.html>.)

SOURCES

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Electrical safety

This checklist applies to general industry workplaces

- Are only qualified persons allowed to work on electrical equipment *and* are they familiar with Oregon OSHA electrical safety rules?
- Are lockout/tagout procedures required when electrical equipment is being serviced?
- Are portable hand-held electrical tools and equipment grounded or double-insulated?
- Are electrical appliances – such as refrigerators, coffee pots, vacuum cleaners, polishers, and vending machines – grounded?
- Do extension cords have a ground prong?
- Are ground-fault circuit interrupters, which are not a part of the permanent wiring of the building, installed on 125-volt, single phase, 15-, 20-, and 30 ampere receptacles?
 - If not, do you have an assured equipment-grounding program?
- Do you repair or replace damaged wiring or frayed cords promptly?
- Do flexible cords or cables have strain relief at plug ends *and* is the cord jacket securely held in place?
- If you work in damp or wet areas, are your electrical tools and equipment approved for that kind of work?
- Are metal ladders prohibited from use in areas where there could be exposure to energized parts of equipment, fixtures, or circuit conductors?
- Are all disconnecting switches labeled to indicate their use or the equipment they serve?
- Are energized parts of electrical equipment operating at 50 volts or more enclosed in approved cabinets?
- Is there sufficient access and working space around all electrical equipment?
- Are all unused openings in breaker boxes appropriately plugged or covered?
- Is the use of each circuit breaker properly labeled?
- Do switches, receptacles, and junction boxes have tight-fitting covers or face plates?
- Are employees forbidden from working within 10 feet of high-voltage (over 600 volts) lines?

Key rule:

- Division 2, Subdivision S, *Electrical*

SOURCE:

Oregon Occupational Safety and Health Administration

Improve respiratory safety with 5 steps

Most violations of Occupational Safety and Health Administration's respiratory protection standard are from wearing respirators without the required employee elements completed prior to use, says **Mary Gene Ryan**, BSN, MPH, RN, COHN-S/SM, FAAOHN, executive director of MGRyan & Co. Inc., a Ventura, CA-based occupational health and safety consulting firm.

"Workers are found wearing respirators without being medically evaluated and fit-tested," she says. In most cases of violations, adds Ryan, they fail to follow a written respiratory protection program. Take these steps before any employee wears a respirator, she advises:

1. Do an exposure assessment. "You need to know the hazard is to engineer it out, [and/or] select and provide the correct respiratory protection," she says.
2. Provide a health evaluation/medical clearance. "Not everyone may be cleared to wear certain levels of respiratory protection," says Ryan. "Each employee must have medical clearance prior to wearing a respirator."
3. Select the correct level and type of respirator, based on the measured or known hazard. "If the hazard is unknown, you have to use the highest level," she says.
4. Provide respirator training and fit testing. "Each form-fitting mask needs fit testing, but all respirators, including hooded air-line or powered air purifying respirators, require training," she says.
5. Perform cleaning, inspection, maintenance and storage. "All respirators need this. Employees need to be trained on how this is done," says Ryan.

ID violations

To identify violations and improve compliance, occupational health professionals should walk around sites periodically, she adds. Consider these steps:

- Assure that all control measures are being used, and that written program elements are being followed;
- Check engineering issues such as ventilation systems, substitution of chemicals, and enclosing hazardous operations;

EXECUTIVE SUMMARY

Most violations of the Occupational Safety and Health Administration's respiratory protection standard are due to employees wearing respirators without the required elements completed. To reduce risks:

- Do an exposure assessment.
- Provide respirator training and fit testing.
- Train employees on cleaning, inspection, maintenance and storage.

- Check on training completion, and correct use of procedures such as user fit checks and medical clearance;

- Ensure that workers are using the correct level for the job task with correct filters or cartridges, and that respirators are stored clean, inspected, and worn correctly;

Before you do the walkthrough, it is a good idea to review existing program action plans and efforts, inspection checklists and internal respiratory protection audits, she observes.

This will give you an understanding of how previous inspectors or auditors viewed the program, says Ryan. You will learn what actions were recommended and where the company is in implementing recommendations, she adds.

At least annually, attend a staff meeting where respiratory protection is the topic. "Have each employee discuss barriers with the current program," she says. "Develop an action plan for improvement with the employee group."

SOURCE

For more information on respiratory protection, contact:
• **Mary Gene Ryan**, BSN, MPH, RN, COHN-S/SM, FAAOHN, Executive Director, MGRyan & Co., Inc., Oxnard, CA. Phone: (805) 658-9622. E-mail: osh@maci.us. ■

How to stop spread of misinformation

Give an immediate response

Is someone in your workplace claiming that occupational health programs are a waste of money and resources?

"Opponents can include middle and upper management, who are focused on the bottom line. They may not see the end product of saving money in the long run, by addressing early symptoms,"

EXECUTIVE SUMMARY

Management may be too focused on the bottom line to comprehend the value occupational health programs. To refute objections:

- Ask opponents direct questions.
- Use actual cases as examples.
- Respond to objections as they occur.

says **Pam Dannenberg**, RN, COHN-S, CAE, ergonomic and occupational health services consultant at EK Health Services, a San Jose, CA-based provider of utilization review and case management services.

Dannenberg says to address this by looking at the direct costs of actual claims in your company and adding the indirect costs, which are typically two to ten times as much as the direct costs. “Show a graph of direct and indirect costs over time,” she says. “Compare that to early intervention, and the cost of implementing these strategies early.”

She recommends these other strategies:

- Ask opponents direct questions about their concerns.
- “Walk them through some actual cases,” she says. “Answer their questions. Allay their fears at the earliest opportunity.”
- Answer objections and false statements right away.
- “Do research to ensure you know the facts,” says Dannenberg. “When someone is saying something that you know to be false or that you disagree with, speak up directly to the person who is expressing these thoughts.”
- Make a counter suggestion.
- If your solutions for a safety issue are criticized unfairly, for example, don’t just let the ideas drop. “Instead of going along with what is said, you can say, ‘At least give the ideas an opportunity. Let’s try them out,’” she says.

On the other hand, carefully consider solutions offered by others. “Ideas that may seem strange to you may be the ones that work, because the people most affected have thought of them,” she says. “They now have a stake in how successful these ideas are, and in how well they are implemented.”

SOURCES

For more information on promoting occupational health, contact:

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Education key to fewer MSD injuries

Take safety moments, know the cause

“Musculoskeletal injuries are a large driver of injuries here,” reports **Janice Hartgens**, UPS’s corporate occupational health manager. For this reason, she says, the company’s Knee, Back and Shoulder Injury Prevention program gives workers specific ways to prevent these injuries.

This training can be conducted in a designated “safety zone,” a space set aside just for safety training, says Hartgens. If an employee reports shoulder soreness, a safety committee member will sit down and explain how to prevent a re-injury, she adds, regardless of how minor or severe the injury.

“Somebody is going to educate that person, so he or she can understand how to prevent that injury from happening again or making the current injury any worse,” says **Steve Vaughn**, UPS’s Comprehensive Health and Safety Process manager.

Drivers are given five keys to avoiding slips and falls and eight keys to safe lifting and lowering, says Hartgens. By following these closely, she says, employees can prevent musculoskeletal injuries-- both at work and at home.

“It transcends the work area and takes you right into your home,” she says. “In your everyday life, you can safely handle whatever load you have to.”

Workers are quizzed

During quality training assessments, says Hartgens, non-management employees go out and ask other non-management employees questions on safety. Employees are quizzed on their own blood pressure and cholesterol levels, she adds.

“The employee might not know that their systolic blood pressure should be 120 or less,” she says. “This raises awareness, and might make someone seek information.” Every committee member is given training in how to do observations and how to give feedback, says Hartgens.

This is helpful whether workers did something right or if they noticed at-risk behaviors, says Vaughn. Each group of 20 committee members has just one management person, and the rest are non-management employees, he adds.

“The management person is there to coach and

guide, but our injury reductions are because of the non-management people going out and doing the things they do,” says Vaughn.

A moment for safety

Call it continuing education. Before a UPS driver heads off to deliver hundreds of packages on a hot summer day, he or she may hear about the importance of drinking enough water through the day and avoiding caffeinated drinks.

A daily communications meeting is held every day for every single employee in the company, on a safety or health topic. “At least a few minutes a day is dedicated to nothing but safety,” Vaughn says.

Every day, safety committee members offer a different safety or wellness tip, such as the danger of using cell phones while driving or home heating safety, he says. If it’s snowing outside, for instance, drivers will be instructed to increase their following distance right before they head out, he says.

“Everybody is a captive audience for that time, at the meeting,” Hartgens adds. “You are fostering the wellness piece without having to spend a lot of money.” UPS employees often add wellness tips to the bottom of their e-mail communications, she adds, or on their voicemail messages.

Each of the 3700 CHSP safety committees has a wellness champion. “Each year they put together a 15-month plan of all the activities they will get accomplished, with the help of the rest of the members of that safety committee,” she says.

The planning begins in October of the previous year, so the committee has three months to get prepared, Hartgens notes. Activities are scheduled daily, she says, such as having a member of the local fire department give a presentation on smoke detectors.

What was cause?

If a driver trips and falls, was the true cause of the injury that the driver didn’t look where he was going, or was it something else? At UPS, a detailed injury investigation process answers the question in depth. There may have been a roll of fabric lying behind a package cart that should not have been there, says Vaughn, or the floor may have been slippery because the mechanic changed the oil in the truck the previous day and didn’t clean up properly.

In either case, says Vaughn, “We’re going to let every driver in the facility know that we had an

injury or crash, so that it doesn’t happen to anyone else,” he says.

Employees get a lot of safety information in a group setting, says Hartgens, but “it is all based on things that happened to an individual. We try to keep what happened to that person in our minds.” ■

Pay attention to what workers are doing right

Don’t forget the power of a compliment

A driver stops his truck, pulls the key out of the ignition, steps out of the vehicle holding onto the handrail, uses a load stand to get closer to the top of the trailer, selects a package, and closes the door. If a UPS driver does all of this using safe practices, he or she is going to hear about it.

The Atlanta, GA-based company credits careful observation and positive feedback for its 33% reduction in auto accidents and 40% drop in injuries since 2006, according to **Steve Vaughn**, UPS’ Comprehensive Health and Safety Process (CHSP) manager.

“A lot of times, it’s easier to tell someone they did something wrong. We want to recognize you for doing it right,” he says.

Positive observations

Members of the CHSP committees observe their fellow drivers, looking for safe driving and safe work practices. This is done routinely for 30 minutes to an hour, he explains, occasionally due to a particular trend identified, such as more accidents occurring at a certain time of the week.

“Maybe you are observed for 15 stops, and every time you used the handrail getting out of the vehicle,” says Vaughn. “We will tell that driver, ‘You did a great job of using the handrail.’ We talk about the positive observations that we saw.”

For every one time you critique someone for

EXECUTIVE SUMMARY

UPS employees are observed by fellow drivers for safe work practices and given positive feedback. These approaches are used:

- Employees are informed why a particular practice could result in an injury.
- The most frequent and severe injuries are focused on.
- Wellness education is given on knee injury prevention.

doing something, you should be giving 20 times as many compliments. “We did well over 100 million observations in 2010,” he says. “Positive recognition goes a long way.”

If a driver is recognized for doing something correctly, other drivers will want the same recognition, he adds.

On the other hand, if the observer notices that the driver does the wrong thing more often than the right thing -- such as using a lift stand only once or twice out of 15 stops -- the observer points it out. Here are some other steps that UPS has taken to reduce musculoskeletal injuries:

- Steps are taken if at-risk behaviors are noted.

If observers notice an employee failing to use the load stand, they explain why this could result in an injury, and how that injury would affect their lives, says Vaughn. The committee analyzes results of the observations each month. If trends in at-risk behaviors are noted, such as failing to use load stands, the committee gets together to determine what needs to be done about it, he says.

“Members will talk to loaders to find out why they are not using them,” he says. “It may be that supervisors didn’t make them available.”

- The committee concentrates on the same behaviors for an entire year.

“If we are 42% safe one month, we want to get to 46% safe the next month, then 80% and 90%,” says Vaughn. “We concentrate on no more than six behaviors at a time. We want to eliminate all injuries, but we focus on the most frequent and most severe.”

Six behaviors are linked to each of those injuries, and that is what committee members look at during their observations. “It may be that an accident occurred because a driver failed to clear an intersection looking left, right, left,” he says.

When a particular driver group was getting a lot of knee injuries, occupational health supervisors put together a wellness education week on how to avoid these, says **Janice Hartgens**, UPS’s corporate occupational health manager.

“Drivers were reminded about the importance of pivoting, not twisting, and what happens to their bodies if they don’t use three points of contact when exiting the vehicle to relieve pressure on the knee,” she says.

SOURCES

For more information on promoting employee health and safety, contact:

- **Janice Hartgens**, Corporate Occupational Health Manager, UPS, Atlanta, GA. E-mail: jhartgens@ups.com.

• **Steve Vaughn**, Manager, Comprehensive Health and Safety Process, UPS, Atlanta, GA. E-mail: svaughn@ups.com. ■

Take the ‘pulse’ of your safety culture

Surveys provide anonymous feedback

The first step toward building a safety culture may be taking the “pulse” of the one you’ve already got. Do your employees believe that managers care about employee safety? Do they feel comfortable alerting managers to hazards? Do they use personal protective equipment when it’s recommended?

One way to measure your safety climate is through a confidential employee perception survey. The National Safety Council, a non-profit, membership-based safety organization based in Itasca, IL, provides one such survey through its consulting service.

The council presents the results as percentiles, comparing the results to a database of more than 500 companies. While most of those companies are not in health care, the basic tenants of a safety culture apply across disciplines, says **Terry Miller**, manager of employee perception surveys.

“All industries are unique in certain ways when you get down to the specifics, but there are many more commonalities from one industry to another,” he says. “There are certain components or factors that separate a good safety program from one that is mediocre and poor.”

Analyzing injuries and injury rates can certainly tell you about hazards that need to be addressed, but they aren’t the best information, asserts Miller. Ideally, you want to prevent the injuries from happening in the first place. In fact, the U.S. Occupational Safety and Health Administration is in the early stages of drafting a rule that would require the identification of hazards before they cause injury. (*See related story on p.52.*)

Injuries also may fluctuate based on a variety of factors. “Safety culture is really the collective value and norms that an organization has that are more timeless and universal than a program or the way [employers] are handling a particular situation,” says Miller. “It’s an attitude that is long-lasting and pervasive. It takes longer to change culture or implement a good culture.”

The National Safety Council predominantly

uses paper questionnaires, which can be provided to employees at an orientation, staff forum, or safety event. The results show a ranking of safety issues – from those that demonstrated a strong commitment to safety to safety items that compared poorly with national norms.

For example, employees can agree or disagree (on a five-point scale) that “safety takes a back seat to everyday tasks” or that “I can protect myself and my coworkers through my actions on the job.”

Surveys can be customized to obtain employee perceptions of specific safety programs. And employees can add written comments.

Employee perception surveys provide a way to get broad employee input – beyond the handful of employees who may serve on safety committees, says Miller.

Surveys also can be a way to emphasize to employees and managers that you want to hear about near-misses and hazards so they can be addressed. That is “the hallmark of a good program,” says Miller.

(Editor’s note: More information about the National Safety Council’s employee perception surveys is available at www.nsc.org/surveys.) ■

ACIP: Vaccinate all HCWs against pertussis

Monitoring OK for some exposed HCWs

Hospitals should provide pertussis vaccines to their health care workers free of charge, but should still treat employees with antibiotics if they have unprotected exposure to patients with pertussis and work with patients at high risk, such as young infants, a federal vaccine advisory panel says.

This recommendation represents a re-emphasis of the importance of vaccination and post-exposure prophylaxis of health care workers. “I think the big message to hospitals is to get your health care personnel vaccinated against pertussis. It’s a very effective vaccine,” says Alexis Elward, MD, assistant professor of pediatrics at the Washington University School of Medicine in St. Louis and a representative of the Healthcare Infection Control Practices Advisory Committee (HICPAC) to the Advisory Committee on Immunization Practices (ACIP).

ACIP had previously expanded its Tdap recommendations to include children aged 7 to 10 who aren’t fully immunized and adults 65 and older who care for children. The idea is to “cocoon” infants among people who are all immunized against pertussis.

In addition, the American Nurses Association launched an awareness effort and rallied a coalition of nine leading professional organizations, including the American Medical Association and the American College of Pediatrics. They are urging family members, caregivers and health care providers of infants to receive the pertussis vaccine.

A study of two outbreaks in Minnesota found that health care workers are at risk from exposure, as well. In one outbreak, only 12% of cases were among health care personnel, but many of the exposed employees had received prophylaxis. In another outbreak, 52% of cases were among health care workers, who contracted the disease from co-workers or patients. There were no cases identified of transmission from health care workers to patients.¹

Pertussis epidemics are cyclical, and the disease is particularly dangerous for neonates who have not yet had their first pertussis vaccine. The Centers for Disease Control and Prevention noted the “continued resurgence of pertussis” in a February “Health Alert” that advised health care providers on using PCR tests to confirm the diagnosis. In 2010, there were 8,383 cases in California alone, including 10 deaths of infants. There also were significant outbreaks in Michigan and Ohio.

The expanded recommendations encompass all health care workers, regardless of age or when they received their last tetanus booster. Vaccination should include volunteers, especially those working in pediatric hospitals or with pediatric patients, says Elward. Tdap is recommended

COMING IN FUTURE MONTHS

- How to compute indirect costs of injuries
- Consider offering cash incentives for wellness
- Avoid pitfalls with workers’ comp cases
- Proven ways to evaluate a program’s success

for women who are immediately post-partum but not for pregnant women.

Yet even vaccinated health care workers need to be evaluated for post-exposure prophylaxis, ACIP decided. An exposure is defined as being within six feet of coughing patients with pertussis for five minutes without wearing a mask.

Exposed, vaccinated health care workers can be monitored daily for 21 days for signs and symptoms rather than receiving post-exposure prophylaxis if they do not have contact with at-risk patients. Even slight respiratory symptoms should be considered a possible symptom of pertussis, says Elward. The employee would then need to be furloughed from work for five days and put on antibiotics, ACIP said.

Many hospitals may find it simpler to provide post-exposure prophylaxis to anyone who has an unprotected exposure, says **William Schaffner**, MD, an infectious disease expert who is chairman of the Department of Preventive Medicine at Vanderbilt University in Nashville, TN, and an ACIP representative from the National Foundation for Infectious Diseases.

There's no booster for Tdap, and it's not clear how long immunity lasts after vaccination, he notes. The bottom line: "Vaccinate everybody and if you have an exposure, give prophylaxis," Schaffner says.

REFERENCE

1. Leekha S, Thompson RL, and Sampathkumar P. Epidemiology and control of pertussis outbreaks in a tertiary care center and the resource consumption associated with these outbreaks. *Infect Control Hosp Epidemiol* 2009; 30:467-473. ■

Back injury claims drop with no-lift law

Mandate, incentives spur change in WA

The carrot and the stick have worked in Washington state to reduce the number and severity of safe patient handling injuries.

A 2006 state law requires hospitals to establish a safe patient handling program and to purchase lift equipment – and it established a \$10 million fund for tax credits to help hospitals pay for the equipment. From 2006 to 2010, the lost-time

workers compensation claims rates for back injuries related to patient handling declined by about 32% in the state's 95 hospitals, according to an analysis by the Washington State Department of Labor & Industries.

While it was difficult at first for some nurses to transition away from manual lifting, "it became just a way of doing business," says **Barbara Silverstein**, MSN, PhD, MPH, CPE, research director with the Safety and Health Assessment and Research for Prevention (SHARP) program within L&I.

The success of the Washington law is most clear when the hospitals are compared with employers who did not have a mandate. Workers' compensation claims for back injuries declined by a more modest 12.9% at Washington nursing homes, which were not covered by the law. In fact, independent nursing homes not affiliated with acute care hospitals actually had an increase in claims, the analysis found.

Mandates and incentives drove the hospitals to implement the safety program on a five-year time-frame, Silverstein says. ■

CE OBJECTIVES / INSTRUCTIONS

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

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

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

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

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

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CNE QUESTIONS

17. Which was recommended regarding health and medical information shared by employees?

A. Avoid making any statements about confidentiality of information shared.

B. Be clear on exactly what information you are going to communicate to management.

C. Inform employees that even details about on-the-job injuries cannot be legally shared with management.

D. Tell workers that in addition to details on an on-the-job injury, his or her previous medical history may need to be shared with management.

18. Which was recommended regarding safety walk-throughs performed by occupational health?

A. Occ health should only participate if specifically requested to do so by environmental safety professionals.

B. It is not necessary to do walkthroughs.

C. Ask employees what they see as the biggest risks in their job.

D. Always do walkthroughs at the same day of the week, and at the same time of day.

19. Due to the expense of follow-up, OSHA's respiratory protection standard specifies that an exposure assessment need not be performed unless the worker is symptomatic.

A. true

B. false

20. Which was recommended by Pam Dannenberg, RN, COHN-S, CAE, if you encounter opponents of occupational health?

A. Avoid any discussion of indirect costs.

B. Do not show graphs of direct and indirect costs.

C. Avoid comparing costs of actual claims to the cost of implementing strategies for early intervention.

D. Compare direct and indirect costs of claims to the cost of strategies for early intervention.

Answers: 17. B; 18. C; 19. B; 20. D.

Occupational Health Management

2011 Reader Survey

In an effort to learn more about the professionals who read *Occupational Health Management*, we are conducting this reader survey. The results will be used to enhance the content and format of this publication.

Instructions: Mark your answers by filling in the appropriate bubbles. Please write your answers to the open-ended questions in the space provided. Return the questionnaire in the enclosed postage-paid envelope by **July 1, 2011**.

1. How would you describe your satisfaction with *Occupational Health Management*?

- A. very satisfied B. somewhat satisfied C. somewhat dissatisfied D. very dissatisfied

Please rate your level of satisfaction with the following:

- | | A. excellent | B. good | C. fair | D. poor |
|--------------------------|-------------------------|-------------------------|-------------------------|-------------------------|
| 2. quality of newsletter | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 3. article selections | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 4. timeliness | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 5. length of newsletter | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 6. overall value | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 7. customer service | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |

8. What do you like most about *OHM*? _____

9. What do you like least about *OHM*? _____

10. What issues would you like to see addressed in *OHM*? _____

11. *Occupational Health Management* has been approved for 15 nursing contact hours using a 60-minute contact hour by the American Nurses Credentialing Center's Commission on Accreditation. If you participate in this CNE activity, how many hours do you spend in the activity each year? _____

Questions 12-16 ask about coverage of various topics in *Occupational Health Management*.

- | | A. very useful | B. fairly useful | C. not very useful | D. not at all useful |
|-----------------------------|-------------------------|-------------------------|-------------------------|-------------------------|
| 12. OSHA compliance | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 13. ergonomic issues | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 14. workers' compensation | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 15. wellness programs | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 16. return-to-work programs | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |

17. Do you plan to renew your subscription to *Occupational Health Management*?

A. yes B. no If no, why not? _____

18. What is your title? (Please choose the title that most reflects your position and responsibilities):

- A. occupational health director/manager/coordinator
- B. occupational health nurse
- C. medical director
- D. employee health/safety manager
- E. other (please specify) _____

Please indicate yes or no for all of the areas for which you are responsible for occupational health in your facility or system.

- | | | |
|----------------------------|------------------------------|-----------------------------|
| 19. occupational health | <input type="radio"/> A. yes | <input type="radio"/> B. no |
| 20. infection control | <input type="radio"/> A. yes | <input type="radio"/> B. no |
| 21. workers' compensation | <input type="radio"/> A. yes | <input type="radio"/> B. no |
| 22. OSHA compliance | <input type="radio"/> A. yes | <input type="radio"/> B. no |
| 23. disability | <input type="radio"/> A. yes | <input type="radio"/> B. no |
| 24. other (please specify) | _____ | |

25. From where do you most frequently get your continuing education contact hours?

- A. hospital provided
- B. travel off-site to live conferences
- C. subscription-based newsletters/journals
- D. outside-sponsored teleconferences
- E. other (please specify) _____

26. List the top three challenges you face in your job today: _____

27. To what other publications or information sources about occupational health do you subscribe? _____

28. Including OHM, which publication or information source do you find most useful, and why? _____

Contact information _____
