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Too much too soon: Resist pressure to return injured workers too early

"This is a tough position for the occ health professional"

You may be pressured to return an injured employee to work as soon as possible by management, human resources, or supervisors. However, returning someone to work too soon can put the employee, the company, and yourself at risk, warns **Mary D.C. Garison**, RN, COHN-S, CCM, COHC, FAAOHN, an Angleton, TX-based occupational health nurse.

"This is a huge responsibility for occupational health, which is supposed to be the employee's advocate," she says.

There is the potential for re-injury or aggravation to a worker's pre-existing condition. "This can turn out to be workers' comp, even if it is a non-occupational injury or illness," she adds.

There's also the danger of a perception that the company does not care about its employees, which can lead to lack of productivity in the workforce. "Be aware of the message the management is sending to other employees," she advises.

If you're pressured to return an employee to work sooner than you feel is appropriate, Garison advises taking these steps:

- Get the attending physician to support you with a letter stating the employee's need to stay out until healing is complete.
- Request a return to work physical performance evaluation, and provide the physician with an analysis of the physical demands of the employee's job.
- Remember that you are the employee's advocate. "By protecting the employee, one protects the company from any liability that will stand up in court," she says.

EXECUTIVE SUMMARY

Occupational health professionals are often pressured to return injured employees to work too soon, a practice that can result in re-injury and litigation. Use these practices:

- Obtain support from the employee's physician.
- Provide the physician with an analysis of the physical demands of the job.
- Act as the employee's advocate.

Litigation possible

Small employers are often "frantic" about not reporting a legitimate injury to their worker's compensation insurance company, according to **Judy Van Houten**, director of the Glendale (CA) Adventist Occupational Medicine Center.

"They pressure the occupational health professional to delay treatment, minimize services, and return employees to their 'usual and customary' position far too early," she says.

Months may go by with the injury still remaining unresolved, she says . "Then, they become angry when the injured worker litigates," she says. "There are no easy answers as to how to resolve this phenomenon, especially in this economy."

Small employers are often the biggest deterrent to the occupational health process, because of lack of education and economic pressures, she notes. "The biggest challenge is educating them about what is, and is not, a first-aid claim," Van Houten says.

The best approach is to persuade your employer to provide the injured worker with the treatment and benefits that they are entitled to, she emphasizes. "Reinforce the legal ramifications of not doing so," she says. "This is a tough position for the occ health professional at best."

Act as translator

Communication may be the single most important factor with managing worker's compensation cases. "The occupational health nurse is, by far, the most instrumental person who can facilitate this," she says.

Supervisors or employees may use language to describe tasks that is unfamiliar to occupational health professionals. "Translate this information into language that the primary care provider can better understand," she says.

This "translation" is the key to developing work restrictions or defining modified duty assignments for an injured worker, says Van Houten.

There are many parties involved in the management of a workers' compensation claim, she says. The occupational health professional is "the key to balancing the different needs of the parties, to ensure prompt treatment, prompt recovery, and prompt return to work."

SOURCES

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Money talks: Cold cash and other incentives

A way to launch, but worker must finish

It may seem like a "no-brainer" to you, but it's not always enough to simply ask workers to make changes for better health. You may need to

offer other incentives to get them to take action, 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.

"Many companies are using incentives to encourage healthy behaviors," says Weiss. "They are trying to control health care costs by encouraging healthy lifestyles."

Nathan Kleinman, PhD, director of research services at HCMS Group, a health IT and clinical services company based in Cheyenne, WY, says that HCMS research has shown that investments in wellness have a better chance of making a difference when other business practices are already aligned with wellness.

For example, a wellness or safety incentive may have less of an impact at a company where employees have little or no opportunity to earn more for working harder. "On the other hand, if employees can earn salary bonuses for improved performance, they are more likely to view maintaining good health as important," he says.

Incentives for participation in wellness activities and challenges, says Weiss, range from prizes to money to significant decreases in healthcare premiums.

"Companies usually move through a continuum of options," she says. Initially, companies usually start with providing incentives for participation in wellness-related activities.

Other financial incentives are based purely on utilization, she says, such as co-pays for emergency room care versus outpatient or clinic care.

Once companies initiate a Health Risk Assessment, premium costs may be linked to employee participation, then spouse participation.

"The third step is to integrate biometrics in the equation," she says. "These strategies have proven effective in minimizing health care cost premium increases."

Changing it up

An occupational health professional might use incentives as a way to "get people to launch," says **Tracey L. Yap,** RN, PhD, an assistant professor at the University of Cincinnati (OH)'s College of Nursing, but you need to get creative after that.

"You can't do the same thing all the time, with repetitive stuff. You need to change it up," Yap says. "That takes a lot of upfront work and energy." Here are Yap's recommendations for use of incentives:

• **Consider the "stage" of the person.**

When Yap held focus groups with employees at manufacturing plants, she learned that individuals in the "preparation" stage of change really didn't care about the incentives being offered as much as they did about competition. "For them, it really was about gaming against their fellow workers in other plants," she says.

In that same study, incentives combined with health behavior change education moved employees that were in the "pre-contemplation" stage of change to the "action" stage, says Yap. "The incentive can get some people rolling. It can probably push somebody to get started, but obviously incentives are not a sustainable way for behavior change," she says.

• **Ask what they want.**

If you're wondering what would really jumpstart an employee to make a lifestyle change, just ask him or her, says Yap. "Always go to them first. Ask what would get them engaged," she says.

Yap once offered Starbucks gift cards to get employees at a manufacturing plant to complete a questionnaire, but later learned the closest location for Starbucks was 45 minutes away. Later, those employees told her they would have rather had Wal-Mart gift cards, says Yap, but supermarket gift cards are another practical choice.

To learn this in advance instead of after the fact, Yap says to "just randomly grab a few people and ask them what would get them engaged. Always personalize whatever you do."

• **Give the equivalent of at least an hour's pay.**

Yap says that while the amount of incentive needed "depends on the crowd," a good ballpark figure is at least an hour's pay. "Depending on what you are doing, being too cheap may be considered insulting," she says.

• **Offer a variety.**

If you're offering items such as duffle bags, water bottles, or T-shirts, says Yap, provide a variety of choices. "Do people really want a T-shirt with the company logo on it? People know you

EXECUTIVE SUMMARY

Incentives can encourage participation in wellness activities, and may consist of prizes, money, or decreases in healthcare premiums. To get the best results:

- Ask employees what type of incentive they want.
- Offer at least the equivalent of an hour's pay.
- Give workers a choice of items.

bought them in bulk and they don't feel important," she says. "I think a lot of people want gift cards, especially around holiday time."

SOURCES

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Data driven: Use risk assessments as guide

You may go to great lengths to achieve good participation in Health Risk Assessments (HRAs), but the data is of no good to you unless you use it.

"Data drives decisions," 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. "The HRA is a great tool for providing aggregate data to the employer. This may help to cost-justify health promotion programs and expenditures."

The HRA is one source of data that provides insights into healthcare utilization trends, preponderance of chronic disease, and willingness to change, she says . "Use the results for program planning, as well as evaluation," she advises. Here are some ways to use HRA data:

• Determine which areas are of utmost interest to the company.

"For example, if there is a preponderance of smokers, it might mean that smoking cessation programs are important," she says.

EXECUTIVE SUMMARY

Aggregate data from Health Risk Assessments is an important tool for occupational health to plan and evaluate wellness programs. Use these practices:
• Identify key areas of focus, such as smoking or chronic conditions.
• Leave personal reminders on employee's desks.
• Thank workers for participating.

If there is a large cohort of employees who are hypertensive or diabetic, on the other hand, then the programmatic planning may shift to managing chronic diseases, says Weiss. Likewise, if a large cohort of the HRA respondents indicate that stress is a major concern, she says, workers may need additional Employee Assistance Program resources or stress management strategies.

• Use the results as a reporting tool to management.

"By quantifying company risk, the occupational health and safety staff can use this data to shape programming," she says.

• Use the data to develop newsletters.

"Encourage leadership to develop communication strategies that promote healthy, safe, sustainable lifestyles, both within the work environment and at home," says Weiss.

Understand risk levels

Andrew Gold, executive director of global benefits planning at Pitney Bowes in Stamford, CT, says the company just started doing HRAs as part of its 2011 health plans. "We paid a $75 incentive to each employee who took an HRA, with an additional $75 if a covered spouse or domestic partner also participates," he says.

To improve participation, Gold made the HRA easy to complete, and provided it in either online or print formats, whichever employees preferred.

The HRA information is provided to the employee's health plan directly, not to Pitney Bowes, he adds. "The health plan can use the information to identify those employees who need help improving their health, especially those with chronic conditions that are not under control," says Gold.

The health plan reaches out to these employees, to provide coaching and education on how to eat better, be more active and be more compliant with medications and preventive care.

"We expect to use the aggregated, de-identified data to better understand the risk levels of our employees," he says. "We can design wellness programs, as well as disability and in-house clinic programs, to address these conditions."

Data-driven programs

Lisa Burt, manager of employee wellness at Highmark Clinical Client Relations in Camp Hill, PA, says that employees are encouraged to complete a HRA as part of Lifestyle Returns, the com-

pany's comprehensive wellness program.

"Through incentivized participation and structured strategic communication, employees are encouraged to participate in appropriate programs based on their HRA results and potential health risk," she says.

HRA information is critical in creating a data-driven wellness program, and is a necessary tool to advance the company's health management strategy.

"HRA data, especially data gathered over multiple years, can guide health professionals to gain insight into trends and how risks may improve or worsen over time," Burt says. "This gives you the ability to recommend appropriate programs based on risk."

A data roadmap

Sandra Cinque, RN, BA, COHN-S/CM, FAAOHN, nurse clinical coordinator for health safety and performance services at GlaxoSmithKline Consumer Healthcare in Parsippany, NJ, says that she thinks of the company's annual Health Risk Questionnaires (HRQs) as "my roadmap."

"If 70% of employees at a site smoke, I will have a totally different program there than if only

"Being visible" best way to boost participation

As an employee, wouldn't you like the chance to anonymously report what you really think of occupational health programs? This is one way **Sandra Cinque**, RN, BA, COHN-S/CM, FAAOHN, nurse clinical coordinator for health, safety & performance services at GlaxoSmithKline Consumer Healthcare in Parsippany, NJ, promotes participation in the company's Health Risk Questionnaires (HRQs).

"I try to advertise HRQs as an anonymous way to tell me what you think of my programs," she says. "Not everybody is going to come to me and tell me 'I really want to learn more about allergies.'"

HRQ participants are also given a $100 check. "That may sound like a big incentive, but even for $100, not everybody has time to do it," she says.

Since health screenings are done onsite, the employee's cholesterol level, blood pressure, and body mass index are automatically added to the HRQ results, says Cinque, so employees don't have to fill in this information.

Last year, the Parsippany location was trying to achieve the platinum level of the American Heart Association's Smart, Fit, Friendly Company program, she says , and chose the criteria which requires a site to increase something already done by 50% of employees by an additional 10%. HRQ participation was already at 50% of the site's 430 employees, and Cinque succeeded in increasing this to almost 70%. Here are five of the steps she took:

1. **Asked senior management to send out a letter asking employees to complete the HRQ**.

Physical activity is encouraged from the top down, she says. "When you see the senior vice president put on sneakers and go to the gym during lunch, or the head of medical affairs constantly walking around the building, that sends a clear message," she says.

2. **Left notes on individuals' desks.**

"Instead of just putting in the employee's mailbox, I did a 'desk drop off,'" she says. Along with notes, she left a piece of fruit with messages such as "Don't monkey around—Do your HRQ," with a banana, and "Orange you glad you did your HRQ?"

"I got the fruit from the cafeteria at cost, so I was promoting both the HRQ and healthy snacking," says Cinque.

3. **Made it easy to complete.**

Employees can do the HRQs from their own PC or laptop computers. Other occupational health nurses at manufacturing sites offered the option of completing the HRQ on paper or on loaner laptops which were placed in cafeterias, she adds.

4. Assured workers the results were private.

"It's hard to get people to participate when so many are worried about privacy," she says, noting that she explained to workers that only aggregate data are used—not individual's names or other information.

5. **Thanked participants.**

"People really like a pat on the back," says Cinque. "After they completed their HRQ, I made sure to say, 'Thank you. That really helped me so much!'"

The key to increasing participation, is to "just be visible. Do constant reminders in person, and with e-mail and voicemail. If you keep trying, eventually they are going to end up doing it," she says. ■

2% smoke," she says. "With occupational health programs, you want your best bang for the buck."

The HRQs consistently point to three big risk factors: Obesity, inactivity, and stress. "We are all doing more with less," she says. "If I see that employees are inactive at a site, I think about what I can do to increase activity."

A walking treadmill desk was circulated around the building, so that different departments could try it out. "We also did a boot camp, Zumba and salsa lessons during lunch," she says. "I use the HRQs, along with disability management information and customer input, to make an educated decision," she says.

To combat high stress levels in the workplace, Cinque held various initiatives, including a lunch and learn on overcoming burnout. She also offered more fitness activities onsite, to encourage physical activity during work hours.

"In some areas, we have hand-held weights available so people can use them while they're on the phone," she says . "We are also having more walking meetings, instead of going to someone's desk and sitting there."

SOURCES

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OSHA to adopt national illness, injury standard

OSHA promises a `flexible' reg

If your employer does not already have a comprehensive workplace safety program in place, one may soon be required.

The Occupational Safety & Health Administration (OSHA) has announced its intention to adopt an Illness and Injury Prevention Programs (I2P2) standard on a national level, which would require all employers to maintain a comprehensive workplace safety program.

According to OSHA spokesperson **Richard De Angelis**, workers will be better protected if each employer develops a proactive program to help them find hazards in their workplaces, and a process to fix those hazards so that employees don't get hurt.

EXECUTIVE SUMMARY

The Occupational Safety & Health Administration has announced its intention to adopt an Illness and Injury Prevention Programs standard on a national level, which would require all employers to maintain a comprehensive workplace safety program. Occupational health should:

• Help to set up the program.
• Conduct hazard assessments.
• Perform medical surveillance to ensure that workers go home safely each day.

"OSHA has learned much from the variety of approaches taken by the 15 states that have required such programs by some or all of their employers," he says. OSHA is basing its proposal on the real world experience of employers, and the substantial data on reductions in injuries and illnesses from employers who have implemented similar programs.

This includes the companies in OSHA's Voluntary Protection Programs, he says. "OSHA will develop a flexible proposal that is appropriate to large and small businesses," he adds.

DeAngelis says that occupational health professionals can aid employers in setting up the program, conducting hazard assessments, or performing medical surveillance to ensure that workers go home safely each day.

"No new health and safety standards will be developed under this initiative," he says, noting that OSHA's General Duty Clause (Section 5(a)(1)) already covers recognized hazards for which OSHA does not have standards.

"Since its creation 40 years ago, OSHA has cited employers under the General Duty Clause when workers are exposed to serious recognized hazards that have a feasible means of abatement," says DeAngelis.

The I2P2 standard is intended to help employers develop a systematic plan to find and fix workplace hazards that are currently covered under OSHA standards, or that are currently covered under the General Duty Clause, DeAngelis explains.

Active participation

A key component of successful I2P2 plans is thought to be active participation by employees, says **Mary Hale**, MSN, COHN-S, NP, an

Federal law may differ from state standards

The American College of Occupational and Environmental Medicine (ACOEM) has taken a strong position in favor of the Occupational Safety & Health Administration's proposed federal Illness and Injury Prevention Programs (I2P2) standard, including strengthening the requirements in certain ways beyond what California OSHA already requires, says **Paul Papanek**, MD, MPH, chairman of the board for the San Francisco, CA-based Western Occupational Environmental Medical Association

"In particular, they ought to be updated periodically," says Papanek. "Also, when the I2P2 contains provisions for mandated medical surveillance, they should be countersigned by a physician knowledgeable in occupational medicine."

In addition, says Papanek, ACOEM has explored with OSHA the possibility of offering extra incentives to employers, perhaps through its Voluntary Protection Programs (VPPs), if the employer includes health and wellness provisions in the I2P2.

"Overall, we believe that it's time to export this terrific and successful idea to the entire nation," Papanek says.

California businesses are "no strangers to I2P2 programs," says **Mary Hale**, MSN, COHN-S, NP, an occupational health nurse practitioner at the Occupational Health Facility at University of California—Los Angeles (UCLA) Medical Center. The state's Department of Industrial Relations' Division of Occupational Safety and Health has an excellent web presentation for developing, implementing and evaluating an I2P2 safety program, she notes.

Businesses with more than 20 employees already have a program, explains Hale, unless they have a Workers' Compensation Experience Modification Rate of less than 1.1% or are on a designated list of low hazard industries.

While California's local government agencies are not currently required to keep records of the I2P2 programs, this could change under a federal OSHA rule, says Hale. "The process and flavor of a nationally developed program to proactively address workplace safety and health hazards will undoubtedly make some changes in California," says Hale.

Large companies who have participated in OSHA's VPP have already gone beyond the minimum standards, notes Hale. "They have proven programs which increase workplace safety and prevent injuries and illnesses," she says. "These standards could be implemented as a baseline." ■

occupational health nurse practitioner at the Occupational Health Facility at University of California—Los Angeles (UCLA) Medical Center. "This is important both in the development of an effective I2P2, and participation in training and awareness programs at the worksite," she says.

T. Warner Hudson, MD FACOEM, FAAFP, medical director in the Occupational Health Facility at UCLA Health System, and the president of the American College of Occupational and Environmental Medicine, says, "For the 20 years safety reported to me—before, during, and after the I2P2 years—I have found the benefits of I2P2 to be significant."

This is because it requires employers to assess their hazards, and implement programs like training and medical surveillance, he says.

Employers also need to monitor whether these interventions make a difference in improving the situation, he emphasizes. "That step is the hardest, most important and the most often given short shrift," he says.

Hudson supports the I2P2 in California and would like to see it adopted nationally. However, a national I2P2 standard should strengthen the required roles of qualified licensed medical professionals in the medical surveillance, clearance and removal areas, he says.

In addition, he favors strengthening some of the requirements, including provisions to document hazards and assess the effectiveness of interventions. "This would prevent the problem of the written I2P2 program being just a binder on an employer's shelf," he says.

SOURCES

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FDA pressured to ban powdered, latex gloves

Worker, patient risk of allergic reactions cited

Latex gloves are back on the public agenda. The U.S. Food and Drug Administration has issued a proposed warning label for powdered gloves and is considering a ban on the use of powder in latex gloves and alternatives, even as hospitals greatly reduce their use of powdered gloves.

New cases of latex allergy among health care workers have dropped dramatically with the use of low-protein and powder-free gloves, as well as the increased popularity of latex alternatives. But three separate petitions cite risks to patients and health care workers and ask the FDA to ban powdered gloves. In fact, Public Citizen, a Washington, DC-based advocacy group, has asked the FDA to ban all latex gloves.[1]

Hospitals have successfully switched to alternates to protect patients and health care workers with latex allergies, says **Michael A. Carome**, MD, deputy director of the Health Research Group at Public Citizen. "When we see additional dangers from latex gloves, it's hard for us to be silent on that given our role as an advocate for public health," he says.

Cornstarch powder on surgical gloves in particular poses a risk to patients, **Richard Edlich**, MD, PhD, distinguished professor emeritus of plastic surgery, biomedical engineering and emergency medicine at the University of Virginia Health Systems in Charlottesville, asserted in his 2008 petition to the FDA requesting a ban. It was also signed by 11 other health professionals.[2]

Powder from the gloves can cause granuloma and adhesion formation and leave patients with abdominal pain and inflammation, according to studies cited by the petition. The powder also increases the risk of wound infection.

The FDA's proposed warning addresses those risks, as well as the continuing risk of latex allergy: "Warning: Powdered gloves may lead to foreign body reactions and the formation of granulomas in patients. In addition, the powder used on gloves may contribute to the development of irritant dermatitis and Type IV allergy, and latex gloves may serve as a carrier for airborne natural latex leading to sensitization of glove users."

"The warning label is waste of time," Edlich responded. "If you put all the dangers outlined [in the petition], it would take an 8 to 10 page warning on the label."

Concurring is **Wava Truscott**, PhD, director of Scientific Affairs and Clinical Education at Kimberly-Clark Health Care in Roswell, GA and author of a second petition submitted in 2009. She cites similar concerns and discusses cases of surgical complications triggered by cornstarch powder.[3] Kimberly-Clark manufactures powder-free nitrile gloves.

"To me it's a non-action. It's not going to help at all," she says of the FDA proposed recommendation. "Surgeons don't see those labels at all."

Powder triggers occ asthma

Concerns about cornstarch powder on surgical gloves date as far back as the 1950s, but occupational health issues arose in the 1990s, when latex glove use became commonplace in the wake of HIV and the Bloodborne Pathogen Standard of the U.S. Occupational Safety and Health Administration. Health care workers became sensitized to the latex proteins, and cases of latex allergy soared. The powder became aerosolized and latex became a leading cause of occupational asthma among health care workers. *(See HEH, September 2003, p.114.)*

"In the early '90s, we had some very severe reactions. There was a point in time when you could find evidence of sensitization to latex in up to 10% of our worker population," says **George L. Delclos**, MD, MPH, PhD, professor in the Division of Epidemiology, Human Genetics and Environmental Sciences at the University of Texas School of Public Health in Houston, who was a leading researcher in latex allergy.

In 1995, Edlich petitioned the FDA to ban powdered latex gloves, and in 1997, the FDA responded by requiring a label on latex gloves, stating they "may cause an allergic reaction."

Public Citizen, an advocacy group, petitioned the FDA again in 1998, arguing for a ban. "[A]nything short of a ban—such as merely this label—is a dangerous insult to the millions of patients and tens of thousands of health care workers whose lives and health are jeopardized by the continued use in health care settings of these powdered gloves," the petition stated.

In the new petition, Public Citizen calls the FDA's proposed label "grossly inadequate" and says it would be "laughable if the problem were not so serious for patients and healthcare providers alike."

Still considering a ban?

Under the current FDA proposal, even a warning label would be optional. The FDA would simply recommend that manufacturers caution consumers about the patient safety issues.

But in a separate Federal Register notice issued on Feb. 7, the FDA acknowledged the problems with powdered gloves.[4] "FDA has considered this information and believes the petitions have raised legitimate concerns about the use of powdered gloves. However, FDA's regulatory approach to powdered gloves must consider the risks of these gloves in light of any benefits," the agency said.

The FDA specifically solicited comments about the benefits of powdered gloves. But the overwhelming number of comments submitted before the April 25 deadline were appeals to ban powdered gloves, many of them from nurses or physicians whose careers were impacted by latex allergy.

Truscott also notes the risk to the surgical patient, who has no choice between powdered and powder-free gloves. The powder is particularly problematic because it is designed not to dissolve so it will survive the sterilization process, she says.

So what are the benefits of powdered gloves? They are easier to don, absorb perspiration from surgeons' hands, and are less expensive to produce, she says.

Regardless, most hospitals have already abandoned powdered gloves. A report by Global Industry Analysts of San Jose on the disposable glove market in 2010 found that only 7% of gloves in the U.S. market were powdered. Some 92% of exam gloves were powder-free and 94% of surgical gloves were powder-free, despite the increased cost of powder-free gloves, the report says. Global Industry Analysts predicts further reduction in the use of powdered gloves by 2015.[5]

"The unequivocal role played by powdered gloves in eliciting post-surgical complications is beginning to lead to a major product shift from traditional powdered latex gloves to powder-free synthetic gloves," the report says.

A personal appeal

For Edlich, the effort to ban powdered gloves is a personal one. When he was a child, his mother's health declined due to recurrent benign abdominal tumors and acute intestinal obstructions, which he says were linked to powder on surgical gloves. Her medical problems influenced his decision to become a physician and led him to research the impact of cornstarch glove powder.

While Edlich was at the University of Virginia, the health system switched to powder-free gloves. Many other hospitals and health systems have taken similar action, he notes. Powdered gloves are banned in the United Kingdom and Germany.

"Warning labels are just an excuse for manufacturers to continue to make powdered gloves to make money," he says. "There's not one article on PubMed [the National Library of Medicine's database of scientific literature] that says it's safe."

The switch to powder-free gloves has greatly reduced the occupational risk to health care workers. "The frequency of allergic reactions to latex in health care personnel has gone down dramatically," says Delclos. "We still ask new hires a series of questions regarding latex allergy. I haven't seen [a case] in a long time."

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Social media is the message for occ health

Tweets, blogs and a brave new world

Social media is opening up new avenues for delivering health and safety information. Employee health professionals can download training videos from YouTube, track occupational health news or research on a blog or Twitter, and even communicate with their own employees through social networking sites.

"Social media is a way to connect, it's a marketing tool," says **Max Lum,** EdD, MPA, a consultant in communication and research translation in the Office of the Director at the National Institute for Occupational Safety and Health (NIOSH). "It's just a more efficient way of being transparent and timely, if you manage it correctly."

NIOSH has made savvy use of social media as a way to disseminate its scientific research and recommendations beyond the usual news releases and journal articles. The agency puts out about 10 to 15 tweets per week and has almost 100,000 Twitter followers. Its science blog has had 400,000 views since it started in 2007 and has posted thousands of comments.

You can find NIOSH photos on Flickr, videos on YouTube, and information on Wikipedia. NIOSH also maintains Myspace and Facebook pages. "We're a research organization that puts out a huge amount of information," says Lum, who notes that NIOSH researchers produce 200 to 250 peer-reviewed journal articles each year. Social media provides another way to reach the public and share information, he says.

Growth is slow but steady

While NIOSH is at the front edge of social media in occupational health, other occupational health groups are starting to explore its use.

For example, employee health professionals can connect through the Association of Occupational Health Professionals in Healthcare (AOHP) on LinkedIn, Facebook, or Twitter. The growth of those AOHP sites has been slow but steady, as members become more familiar with using social media for professional networking.

"The majority of communication is still done by email, but I'd like to explore the use of social media. It's definitely in its infancy in our field," says **Curtis Chow,** NP, PA-C, COHN-S, employee health coordinator at Mercy Medical Center in Redding, CA who monitors the sites for AOHP.

For example, Chow has used social media to share health and safety links and to spread the word about upcoming conferences or job openings. He envisions the sites as a way to brainstorm about common dilemmas, such as complying with recordkeeping or other regulations.

The format offers advantages over email, Chow says. "If someone tweets and you respond, anyone who's following you sees it. Or on Facebook, whoever's connected with you can see what you posted. It reaches more than one person at a time," he says.

The U.S. Occupational Safety and Health Administration has made only modest forays into social media. The agency tweets through the U.S. Department of Labor account and sometimes issues videos on YouTube. OSHA administrator David Michaels, MD, MPH, and other OSHA officials have answered questions via live web chats.

Some individuals focused on occupational health and safety also maintain Twitter accounts or blogs. For example, **Brad Hammock,** an attorney with Jackson Lewis in Reston, VA, specializes in occupational health law and maintains a blog and Twitter account. He tries to stick to factual updates and doesn't offer legal opinions on his blog.

He has noticed that his posts and tweets are picked up and linked or re-tweeted. "It creates a loop of information-sharing that you didn't have five years ago," he says. "It's such an effective way to transmit information."

Beyond the generation gap

The main barrier to social media may simply be discomfort with a new way of communicating. After all, aren't tweets just for celebrities? Or teenagers?

Lum didn't take it too seriously at first when

COMING IN FUTURE MONTHS

- Steps to take if wellness participation is dismal
- Use competition to get impressive wellness results
- Demand more respect for occupational health
- Be sure that workers do report near misses

his sons were on blogs or YouTube or Facebook. But then he attended a meeting of the American Marketing Association and learned that marketing professionals were using social media to reach out to a new generation of consumers.

Each type of social media has its benefits. Tweets are short bursts of information, but can link to websites—an ideal way to spread the word about a conference or workshop. Blogs allow readers to scroll through everyone's comments.

Lum, who was previously the director of the NIOSH Office of Communications, saw the potential for open government through these tools. "It really started with an idea to see if we could get more transparency and reach a larger audience," he says.

Now, NIOSH is exploring creating an "app"—an iPhone application—that would help people select the right respirator. "When I get that first app out I think it will be really impressive to my children," says Lum. ■

Protect HCWs from hazardous drugs

NIOSH, OSHA, TJC align on message

Make sure your health care workers are handling hazardous drugs safely. That is the key message to hospitals in a joint letter from three leading safety agencies: the U.S. Occupational Safety and Health Administration, the Joint Commission accrediting body, and the National Institute for Occupational Safety and Health.

The letter, which was to be mailed to all U.S. hospitals, does not add any new information or regulatory action. Instead, it underscores the importance of the 2004 NIOSH alert (http://1.usa.gov/ierb5Q) and the 2010 updated list of antineoplastics and other hazardous drugs (http://1.usa.gov/ddQ3IC).

Recent research demonstrates the continuing hazard to health care workers, even when they use protective equipment and safe work practices, such as biological safety cabinets. A study by NIOSH research biologist **Thomas Connor**, PhD, found that 60% of wipe samples in work areas tested positive for contamination with antineoplastic drugs, including carts, trays, countertops, IV bags, and even floors in patient rooms.[1]

In a companion study, **Melissa A. McDiarmid**, MD, MPH, DABT, director of the Occupational Health Program at the University of Maryland School of Medicine in Baltimore, found that nurses and pharmacists were 20% more likely to have a chromosomal abnormality than a control group if they had 100 or more chemotherapeutic drug-handling events. The likelihood of chromosomal abnormalities rose with greater exposure.[2]

Meanwhile, Washington became the first state in the nation to enforce protections for health care workers working with hazardous drugs. In April, Gov. Chris Gregoire signed a law that requires health care facilities to comply with the NIOSH alert and 2010 update and to protect health care workers from exposure.

The Washington legislature passed the law unanimously after a series of stories in the *Seattle Times* told of health care workers who had handled chemotherapy drugs and later developed cancer. The Department of Labor & Industries will draft regulations that are "consistent with and [do] not exceed provisions" of the NIOSH recommendations. The regulations also can be updated to incorporate any future changes by NIOSH.

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 this 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

21. Which is recommended if the occupational health professional is being pressured to return an injured employee to work too soon, according to Mary D. C. Garison, RN ?
A. Avoid contacting the attending physician unless specifically requested to do so.
B. Provide the employee's physician with an analysis of the physical demands of the employee's job.
C. Avoid providing the physician with a current analysis of the physical demands of the job unless he or she requests this from you.
D. Do not request a letter from the employee's physician stating the employee's need to stay out until healing has taken place.

22. Which is recommended regarding incentives to encourage employees to make lifestyle changes, according to Tracey L. Yap, RN, PhD, an assistant professor at the University of Cincinnati (OH)'s College of Nursing?
A. Employees should not be asked direct questions about the kind of incentives they would like.
B. Incentives should not be used to encourage participation.
C. Incentives should total at least the equivalent of an hour's pay.
D. If items are being offered instead of money, only a single choice should be provided.

23. Which is true regarding use of Health Risk Assessment (HRA) data, according to Margie Weiss, PhD, CEO and community health advocate at the Weiss Health Group?
A. HRA data can help to justify costs of health promotion programs and expenditures.
B. Aggregate data alone is of no use to occupational health professionals.
C. HRA data should be used to plan programs, but not to evaluate the success of programs.
D. HRA data should not be used to make decisions on smoking cessation programs.

24. Which is true regarding the occupational health role in a comprehensive workplace safety program, according to Occupational Safety & Health Administration spokesperson Richard De Angelis?
A. Occupational health professionals can aid employers in setting up the program, but should not be involved in conducting hazard assessments.
B. Occupational health should not aid employers in setting up the program.
C. Occupational health should not be involved in performing medical surveillance as part of the safety program.
D. Occupational health professionals can aid employers in setting up the program, conducting hazard assessments, or performing medical surveillance to ensure that workers go home safely each day.

Answers: 21. B; 22. C; 23. A; 24. D.

Occupational Health Management™

A monthly advisory for occupational health programs

OHM060111TM

PLEASE NOTE: If your correct name and address do not appear below, please complete the section at right.

Please make label address corrections here or PRINT address information to receive credit letter.

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CNE Evaluation: Please take a moment to answer the following questions to let us know your thoughts on the CNE program. Fill in the appropriate space and return this page in the envelope provided. **You must return this evaluation to receive your letter of credit**.

CORRECT ● **INCORRECT** ⊘ ✓ ✗ ⚑

1. If you are claiming nursing contact hours, please indicate your highest credential: ○ RN ○ NP ○ Other _____

After participating in this program, I am able to:	**Strongly Disagree**	**Disagree**	**Slightly Disagree**	**Slightly Agree**	**Agree**	**Strongly Agree**
2. Develop employee wellness and prevention programs to improve employee health and productivity.	○	○	○	○	○	○
3. Identify employee health trends and issues.	○	○	○	○	○	○
4. Comply with OSHA and other federal regulations regarding employee health and safety.	○	○	○	○	○	○
5. The test questions were clear and appropriate.	○	○	○	○	○	○
6. I detected no commercial bias in this activity.	○	○	○	○	○	○
7. This activity reaffirmed my clinical practice.	○	○	○	○	○	○
8. This activity has changed my clinical practice.	○	○	○	○	○	○

If so, how? _____

9. How many minutes do you estimate it took you to complete this entire semester (6 issues) activity? Please include time for reading, reviewing, answering the questions, and comparing your answers to the correct ones listed. _____ minutes.

10. Do you have any general comments about the effectiveness of this CNE program?

_____

I have completed the requirements for this activity.

Name (printed) _____ **Signature** _____

Nursing license number ***(required for nurses licensed by the state of California)*** _____