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In keeping workers safe and healthy, are you forgetting the environment?

It's part of occ health role

As an occupational health professional, you spend virtually all of your time focusing on work-related issues. "We are also environmental experts as well. I think that this gets lost in our focus," says **Grace Paranzino**, EdD, RN, CHES, FAAOHN, chief clinical officer at Americas Product Group—Healthcare in Troy, MI.

"There are so many things that we can do as individuals to reduce our carbon footprint," she says. "It is important that we are cognizant of corporate responsibility as well." *(See related story, p. 134.)*

First show where issues are impacting productivity, such as indoor air quality problems. "Then, offer to be part of the solution," says Robert Emery, DrPH, vice president of safety, health, environment and risk management at The University of Texas Health Science Center at Houston (TX). Emery is also an associate professor of occupational health at The University of Texas School of Public Health. Take these actions to make the workplace environmentally healthier:

- **Assess both office and industrial lighting.**

"Lighting makes a difference in two ways," says **Peggy Ann Berry**, MSN, RN, COHN-S, SPHR, president of the Ohio Association of Occupational Health Nurses. "Look for energy-saving bulbs, and consider the effect light has for migraine sufferers."

- **Make the workplace fragrance-free.**

"More and more people are sensitive to different things," says **Pam Dannenberg**, RN, COHN-S, CAE, an occupational Health and Ergonomic Services Consultant for EK Health Services, Inc. in San Jose, CA." It can be a touchy subject. They don't think their fragrance is strong, but it is to others."

Incorporate the "fragrance-free" message during annual safety training, and make the policy site wide, since employees will be going to different areas in the workplace.

EXECUTIVE SUMMARY

Occupational health professionals can use their environmental expertise to take a leading role in making the workplace environmentally healthier. Take these steps:
- Identify issues that are decreasing productivity.
- Implement a site-wide fragrance-free policy.
- Monitor areas for the normal amount of time an employee would be exposed.

If a worker continues to wear fragrance, a good strategy is to make them aware that others are suffering because of it. Without revealing names, tell the employee that someone in the area has an allergy and remind them of the fragrance-free policy.

"I've never seen a disciplinary action necessary because of this. I don't think anyone would push it that far," she says. "We are a lot more sensitive to this now."

• Assess for chemical exposures.

"Occupational health is expected to be sure the workplace is safe and healthy, so we should be involved in this assessment," she says. Be sure there are Material Safety Data Sheets available on every chemical that is used in the workplace, and that employees read and follow these instructions.

• Make workers aware that if they have a sensitivity, they should report it to you.

If additional monitoring is needed in the area, do this for the normal amount of time the employee would be exposed during the day. "Be sure you are doing it in the right places with the right people," she says. "Get a true picture of the exact exposure the employee might have."

When the report's findings are shared with the employee and others, your expertise can keep misinformation from spreading. "The message may be delivered by the president or CEO, but occupational health could help to frame what the data means," she says.

If an employee does come in with symptoms, you should already know all of the different exposures that exist in the workplace. If you fall above a permissible exposure limit, ensure your company takes steps to decrease the exposure so it is within an acceptable level or eliminated. "When the worker comes in, you will want to make sure the company has done everything properly," she says.

• Be involved in the procurement of furnishings, carpets, and paints.

Be aware of the possibility of 'off gassing' of volatile organic compounds. "Substitutes are available, and a process called 'bake out' can be used to drive off volatiles prior to occupancy," says Emery.

SOURCES

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Give workers the green light on environment

Be the one to initiate programs

Even though workers had diligently placed plastic bottles in a recycling bin in a company break room, staff were seen bagging these up, then throwing them in the regular trash can.

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EDITORIAL QUESTIONS

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"Someone set up the receptacles, but there was no system in place to dispose of anything," says **Karen Mastroianni**, RN, MPH, COHN-S, FAAOHN, co-owner and health and safety strategist for Raleigh, NC-based Dimensions in Occupational Health & Safety. "All it takes is one picture on a Facebook page and it is viral in days. Companies can't afford for that to happen!"

It may be that no one has taken the trouble to find a vendor to pick up recyclables. "It's amazing, the number of companies that do not have recycling in place, for a variety of reasons," she says.

Both the younger generation and the older baby boomer generation want to feel that they work for a company that cares about the environment. You can communicate the need to management and initiate these programs.

"My experience has been that sending out an e-mail to meet with interested employees is sometimes all it takes," she says. "Employees want to do this. Many have a real passion to lessen their footprint."

Occupational health should be involved in corporate social responsibility activities, and this includes 'in-house' activities. "Recycling paper and cans is only one component," she says. "Employees are excited to get involved and have a role to play. All they need is the opportunity."

SOURCE

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Can you hear me now? Would you rather not?

Keep in contact, but vary approach by worker

An injured employee may feel completely ignored or conversely, given the impression that his or her every move is being monitored. Striking the right balance can result in a safe and quick return to work.

"There is no hard and fast rule, as each employee situation varies," says **Hilary H. Mitchell**, BSN, MS, MBA, director of employee health for the Total Rewards program at Pitney Bowes in Stamford, CT. "Some employees need more frequent contact, others less."

The company's disability department and workers compensation vendor contact an injured employee as soon as the report of the claim is received. Managers also reach out to check the worker's status. "For many employees, this is the first time they have ever entered the workers' compensation world," she explains. "They're concerned about pay, benefits, and their job."

Managers communicate the company's return to work policies, explain what modified duty means, and provide return to work planning from the very beginning of a claim.

"When employers fail to maintain communication, members can become lost in the system," says **Kenneth A. Pravetz**, health and safety officer at the Virginia Beach (VA) Fire Department. "The employee often gets frustrated by the change in status and lack of direction."

In poorly defined return to work programs, the point of contact for the injured employee is assumed to be someone else. The supervisor thinks occupational health or risk management is maintaining contact, and vice versa.

"In reality, no one is maintaining contact with the employee," he says. The opposite can also be true, though, with a worker feeling harassed because too many people from different departments are all asking the same questions.

"Often, people that the employee has no previous knowledge about enter the employee's life asking very personal questions," he says. "The employee can feel violated and untrusting."

This is especially likely if an accident is involved and there is a question of how or why the event occurred. To avoid problems, he says to use these practices:

• Clearly define the return to work process, and train employees in how it works.

• Have points of contact in each department who communicate with one another.

• Ensure that the member's department maintains communication with the employee. "This includes the immediate supervisor, who normally has the closest relationship with the injured worker," he says.

Overall, an injured worker's safe return to work is a balancing act between the need to get back to work quickly and the need for a full recovery.

"Invest in getting the best physical outcome for the employee," Pravetz advises. "If this means keeping the worker off longer for additional rehab, that should be the decision."

Get the employee back to the organization in a limited capacity as soon as possible, however. "Most

often, rehab will go a lot faster if the employee is working compared to lying on the couch," he says. If your return to work program is part of a comprehensive wellness program, the organization should see fewer injuries and lower health costs.

The likely outcome is employees who feel valued, and reduced lost time. "Employees will have greater knowledge of the various functions within the company," he says. This is especially true if employees are given limited duty assignments in other divisions.

Don't miss red flags

To encourage early return to work after an injury, provide frequent follow-up visits and on-site physical therapy if appropriate.

"Generally after the initial visit, I have injured workers return for a follow-up visit in two days, especially if they are on modified duty or off work," says **Jennifer Rooke**, MD, MPH, FACOEM, FACPM, medical director of Atlanta Lifestyle Medicine.

The second visit gives a good idea of how medications are working and helps assess the patient's motivation to get better and return to regular work. This assessment is particularly important for patients who have non-traumatic musculoskeletal injuries such as low back pain.

"Whenever possible, I will upgrade the work status to regular work at this visit," she says. After the second visit, injured workers are typically seen on a weekly basis until recovery and discharge.

"Insurers and employers sometimes complain about on-site physical therapy," she says. "But it is also a great way for the doctor to keep track of the injured worker's progress."

Red-flags such as symptom magnification are identified before they lead to long-term disability. "Staying in touch by e-mail may be helpful in primary care," she says. "But in the workers' comp setting, I like to see the worker and examine any new complaints after an injury."

SOURCES

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Get word out about program via workers

They're a no-cost marketing approach

It's hard to imagine how even a single employee at Finch Paper in Glen Falls, NY, could have missed the fact that a health fair was being held onsite in a huge tent, with 25 local vendors and the company's wellness team present.

"We advertised the heck out of it," says occupational health manager **Susan L. Zarzycki**, RN,COHN,CM.

Flyers were sent to the home of every worker, videotapes were played in many buildings, and an insert was placed in the weekly newsletter. In addition, the massive tent was clearly visible on the day of the event.

Still, an employee confessed, after the fact, that he had no idea the event had been held. "I said, 'We did everything in our power to advertise it!' and he told me 'I don't read any of that garbage!'" In response, she asked the man to attend the next wellness team meeting to offer his suggestions for getting the word out about future events.

Another employee continually asked to attend a CPR/First Aid class that was offered only to supervisors. He was told this would be possible, under the condition that he got at least nine other people to sign up.

"If you are willing to get people interested, I'll do the class," she told him, leaving it up to him to figure out the best time and day for the group.

Active participation by leadership can catch the eyes of workers who are on the fence about participating. "Seeing a senior leader at a yoga class or taking the stairs to a meeting can move a program forward," says **Beth Lundholm**, MS, LP, manager of health risk management at Minnesota Management and Budget in St. Paul.

Avoid extremes

Marathon runners and diehard vegans may not be the best possible choices to act as wellness champions. "These employees certainly are passionate about their own personal healthy lifestyle choices, and are great role models," says **Dawn Weddle**, manager of global health and wellness services at Navistar in Warrenville, IL. "But they may be viewed by other employees as too extreme."

Ideally, your wellness champions should represent all core departments, shifts, demographics and levels, both front line employees and executives.

"It's okay to have a few couch potatoes on the team," she says. "They will bring a different perspective, and can provide insight into how to attract the non-participants." She recommends:

• Asking senior leadership to appoint wellness champions.

This approach will ensure wellness activities are given priority in the organization, especially if "champion" duties are written into the employee's job description.

• Getting the word out with frequent and timely communications through a variety of channels.

"Employee champions know best what communications will get the attention of their peers," she says. Workers may pay attention to flyers posted on bathroom stall doors and near the time clocks, but overlook online newsletters or e-mail blasts.

• Encouraging peer-to-peer interaction and competition.

Want to create a "buzz" in the cafeteria, hallways, and near the water cooler? This happens when "champions" talk to their coworkers, and those individuals talk to their coworkers, and so on.

"Setting up challenges and rewarding departments or groups for their efforts not only builds camaraderie in the office, it also boosts participation," she says..

• Giving incentives.

These don't have to be large or expensive--if you can't afford to give a costly electronic device, offer someone a simple trophy.

• Letting workers know a program won't be held without a certain number of participants.

"This can encourage employees to recruit others to participate, with the understanding programs may be discontinued if the minimum numbers are not reached," she says.

SOURCES

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Peer-to-peer volunteers can get you the answers

'We had a lot of grassroots energy'

Why wouldn't an employee participate in a free Health Risk Assessment (HRA) that offers over 50 data points with valuable information about his or her health? Volunteers can help you find out.

In 2005, Madison, NJ-based Quest Diagnostics introduced its HealthyQuest wellness program, with the goal of creating a culture of health. The cornerstone of the program is the company's own Blueprint for Wellness®, an HRA including a health questionnaire, lab data and biometrics, with employees receiving their results in a patient-friendly report as a snapshot of their health.

"We knew the most successful models center around volunteer-led efforts," says **Tom Pela**, the company's national HealthyQuest manager. "Wellness and prevention messages can carry greater relevance when coming from a peer."

For this reason, a Health Promotion Team of employee volunteers was created at each of the company's locations. "We came up with a structured set of volunteer roles for each work site," he says.

Although the positions are strictly volunteer, formal job descriptions are used. "We had a lot of grassroots energy early on," he says. "We found that many of our employees had a strong personal interest in promoting wellness and prevention."

When the program first started, about 19% of employees were smokers, which is now down to around 9%. One reason was a switch to a tobacco-free workplace in 2009, and a new policy of covering smoking cessation medications without a copay which began in 2010.

Stories are shared

The data from Blueprint for Wellness allows employees and their spouses to learn more about their own risk factors, which sometimes come as a surprise. "Many have shared with us that they've made positive changes when armed with their personal health data," he says.

Each year, Quest Diagnostic employees share with fellow employees how their HRA results helped them identify a serious risk factor they weren't aware of. A handful of workers have

expressed gratitude that their participation in Blueprint for Wellness helped them identify serious and sometimes life-threatening illnesses.

HealthyQuest volunteer leaders explain the benefits of participating to employees, and Quest Diagnostics has achieved an average of 70% employee participation in the program. The lab values validate the employee's self-reported results, and often spur workers to take action in reducing risks for conditions such as diabetes and cardiovascular disease.

When volunteers sought to understand why some employees had not taken advantage of the program and the discounts in health premiums that came along with it, they learned that worries about confidentiality were a barrier in some cases. Learning this gave them the chance to explain that personal results are given only to the participant, along with a tear-out copy that can be shared with his or her physician.

Since risk factors and interests may differ by location, employee volunteers give input on which types of local programs, such as tobacco cessation or stress management, are needed most.

Many volunteers are passionate about lifestyle changes they've made themselves, such as weight loss, while former smokers wanted to help their colleagues to quit.

"Personal testimonials are one of the most effective ways to communicate the impact participation in an employee wellness program can have," he says. "Employees who have had success with the healthy lifestyle program they are leading can be very compassionate leaders and effective role models."

In other cases, workers volunteered for the job simply to become more involved cross-functionally in the organization. "These are very desirable positions. People also see leading a HealthyQuest initiative as an opportunity to develop their leadership skills and develop valuable relationships with colleagues," he says. ■

Notice repeat injuries? Take immediate action

Beware of 'the way we've always done it'

A few years ago, occupational health professionals noticed a rash of upper extremity injuries within a production department at ATK Aerospace Systems in Promontory, UT. "We looked at the process and made several ergonomic corrections," says **David Allcott**, APRN, ANP-BC, COHN-S, medical services manager.

These changes included a better rotation schedule between tasks, stretching breaks, adjustable tables, improved tooling and even new automated machines.

However, something else of importance was discovered while taking the past medical history during the initial visits — the fact that many of these were repeat injuries. In some cases, the employees had suffered the same symptoms when working for a prior employer.

"Since we had no knowledge of this prior condition, we were putting them into a position of risk," he says. "This was occurring in an entry-level position, and we were inheriting OSHA-recordable conditions."

With the help of a contracted physical therapist, occupational health providers instituted Post Offer Employment Testing (POET).

"Since this was the entry level position for production employees, we limited the testing to this area," he says. "The benefits from POET testing then spread to other parts of the plant as employees are promoted." The number of injuries in the department dropped from 22 with four surgeries in one year to zero the next, and have maintained a near-zero rate ever since.

Intervene early

The goal is to look for patterns or groups of injuries that may indicate a problem. "We start a safety investigation if we find a questionable process," he says. "Hopefully, we can intervene before there is a serious injury."

Each of ATK Aerospace's departments has goals to complete safety inspections, job safety analysis, job safety evaluations, document content reviews, hazard abatements, and safety meetings. "These requirements are in place from senior management to the custodial department," he says.

Hazard abatements are evaluated monthly for high-value potential. Two or three winners are chosen each month and rewarded with recognition at a monthly safety board meeting and are also given a $100 check.

"We have been making rockets for many years," he says. "Some of the hazards have been passed down as 'the way we've always done it.' "For instance, a recent high-value hazard abatement simply repositioned where a 115-pound trunion was placed, so the employee was in a bet-

ter ergonomic position to detach it and was able to use a crane to move to the floor.

"This simple ergonomic adjustment removed a hazard to two workers," he says. "It improved the production process at very little cost."

The safety board includes production employees as well as vice presidents, directors, and managers. "They can really see how seriously our senior management takes the safety of our employees," he says. "They can take that message back to their groups."

The company's Operating Procedures for Unusual Conditions allows anyone to safely stop a procedure if there is an unusual condition that could put the safety of the employees, facilities or product in jeopardy.

"This awareness of what is a deviation from the regular course of operation has prevented catastrophic events saving dollars, and more importantly, lives," he says.

SOURCE

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Stymied OSHA politically incorrect?

'OSHA regs don't kill jobs, they stop jobs from killing workers.'

Growing anti-regulatory pressure and presidential politics bring new hurdles for the U.S. Occupational Safety and Health Administration, which was already known for its snail-like pace of rulemaking. The agency has delayed the release of several key regulations, and observers expect little to emerge in the midst of an election year.

The recordkeeping rule that would add a column to the OSHA 300 log for musculoskeletal disorders (MSDs) seemed on a fast-track in 2010, with implementation scheduled for 2011. It became mired in an unusually lengthy review in the Office of Management and Budget, and OSHA withdrew the rule. The agency gathered more comments and was expected to reissue it in time for the rule to become effective in 2012.

But by the fall, there was no word on an MSD column.

OSHA administrator **David Michaels**, MD, MPH, has said that issuing an Injury and Illness Prevention Program standard (I2P2), requiring employers to have a program to address workplace hazards, is his top priority. A draft version was due by June 2011, according to the agency's regulatory agenda. But again, no sign of I2P2 has emerged.

"I've been amazed at the extent to which OSHA's agenda has been affected," says **Brad Hammock**, an attorney with Jackson Lewis in Reston, VA, who specializes in occupational health law and was counsel for safety standards at OSHA from 2005 to 2008.

"There's never one thing that causes a delay in a regulatory initiative by OSHA. There are things that go on behind the scenes that have nothing to do with politics. It could be something as simple as difficult technical issues with a rule. But I suspect it's a combination of a lot of things [including politics]," he says.

Republicans have put OSHA in their sights as they criticize "job-killing" regulations. "We're coming up to an election year. Jobs are the top issue in the upcoming election and a dominant theme has been government creating an atmosphere where jobs can be created. OSHA has been an easy whipping boy, like the EPA [Environmental Protection Agency], for that theme," says **Eric J. Conn**, an attorney who heads the OSHA group at Epstein Becker and Green in Washington, DC.

Injuries down, but still high in HC

The criticisms of OSHA came as the agency marked another decline in occupational injury and illness rates. Hospital injury and illness rates also declined, but at 7 per 100 fulltime workers, they remained double the rate for all private industry. Nursing homes were among the most hazardous workplaces. The health care industry was the only one to receive a cautionary comment from U.S. Secretary of Labor **Hilda L. Solis**.

"We remain concerned that more workers are injured in the health care and social assistance industry sector than in any other, including construction and manufacturing, and this group of workers had one of the highest rates of injuries and illness … ," she said in a statement. "The Department of Labor's Occupational Safety and Health Administration will continue to work with employers, workers and unions in this industry to reduce these risks."

Solis also highlighted OSHA's recent emphasis on recordkeeping enforcement. *(See* HEH, *September 2011, cover.)*

Just a couple of weeks before, House Republicans invited Michaels to a hearing before the House Committee on Education and the Workforce, Subcommittee on Workforce Protections. In his opening statement, chairman **Tim Walberg** (R-MI) cited the agency's "punitive approach to workplace safety," saying that "… many of us remain concerned whether it is the best approach to worker safety."

In his comments, Michaels detailed OSHA's successes and said, "Clearly, it's not only good business to prevent workplace injuries and illnesses, but the small amount of money that goes to fund this agency is a worthwhile investment for the general welfare of the American people."

He later told the lawmakers, "OSHA regulations don't kill jobs, they stop jobs from killing workers."

Slashing OSHA's budget?

Republicans have taken aim at OSHA by trying to constrain the agency's funding. They attached a rider to the House appropriations bill that would prevent OSHA from issuing the Injury and Illness Prevention Program rule, implementing the MSD column, or enforcing a compliance directive on stiffer fall protection in residential roofing.

Business groups such as the National Federation of Independent Business said OSHA downplayed the time and cost to employers to report work-related MSDs. (These are injuries that must be reported anyway, but employers would need to decide if they meet OSHA's definition of an MSD.) And although OSHA says the recordkeeping is "solely to improve data gathering regarding work-related MSDs," critics fear it is a first step toward a return to an ergonomics regulation. A comprehensive ergonomics rule was rescinded by Congress in 2001.

Meanwhile, U.S. Sen. **Tom Coburn** (R-OK) has attacked OSHA in the Senate and proposed slashing the agency's budget, saying it should move away from enforcement and toward voluntary compliance programs. House Republicans also have tried to slash OSHA's budget.

How will the anti-OSHA foment impact OSHA? "These riders are political showmanship," says Conn, who said he doesn't expect them to survive the appropriations process.

Rules reduce injuries, deaths

Yet political attacks weaken OSHA, either by making it more timid or by actually altering its ability to regulate, says **Justin Feldman**, MPH, MSW, worker health and safety advocate at Public Citizen, a Washington, DC-based advocacy group.

Already, OSHA has been constrained by court decisions and corporate backlash that influences Congress and presidential administrations, he says. In a review of OSHA activity, Feldman found that rulemaking slowed under the Bush and Obama administrations. It takes about six years for OSHA to issue a rule, while it once took less than a year, he says.

In fact, contrary to the claims against it, OSHA's regulations save lives and money by preventing injuries, says Feldman. The delay of five pending regulations cost about 100,000 serious injuries, 30,000 occupational illnesses and hundreds of fatalities, based on OSHA's health analysis of the potential impact of the rules, Feldman said in his Public Citizen report.

The Bloodborne Pathogen Standard, which was not included in Feldman's report, is often cited as an example of a successful regulation. In 1983, the year the hepatitis B vaccine became available, 10,721 health care workers acquired hepatitis B. By 1999, seven years after OSHA began requiring health care employers to offer the hepatitis B vaccine, the number had dropped to 384.

The benefits of regulations to employers, employees and society are rarely acknowledged in the political arena, says Feldman.

"Facts are not all that important in politics. They're important in policy, but not in politics," he says. "The message we get from the Republicans [is that] no one's proposing that we cut back existing OSHA regulations. [But] when it comes to proposing a new one, that's too much."

Still moving at 'glacial pace'

So where does this leave OSHA? Despite the opposition from business groups, the MSD recordkeeping rule seems likely to move forward, observers say. It doesn't actually require new reporting, just identification of MSD injuries by checking a box.

Employers can use the information on MSDs to analyze their injuries. But over time, OSHA also could use the information to demonstrate that there was a "recognized hazard," one of the potential hurdles of issuing citations under the general duty clause, says Conn. "This is a major tool for them," he says.

I2P2 remains a priority for Michaels, but its fate may be determined by the presidential election.

A look at the top 10 hazardous industries

According to the U.S. Bureau of Labor Statistics, these industries had the highest rates of work-related injury and illness in the United States in 2010:

1. Nursing and residential care facilities (State government)
2. Fire protection (Local government)
3. Travel trailer and camper manufacturing (Private industry)
4. Iron foundries (Private industry)
5. Hospitals (State government)
6. Skiing facilities (Private industry)
7. Nursing and residential care facilities (Local government)
8. Police protection (Local government)
9. Aluminum die-casting foundries (Private industry)
10. Ambulance services (Private industry)

OSHA may lay low during 2012, especially on a regulation that affects all industries. "It's hard to believe they're going to be pushing [new regulations] out next year if they haven't been able to do that this year," says Hammock.

Yet delayed action is not the same thing as abandoning the regulatory efforts, notes Conn. "They move forward. They just move forward at a glacial pace," he says.

Meanwhile, regulatory action continues at the state level, with new laws on safe patient handling (in California) and workplace violence in hospitals (in Connecticut) and state regulations such as the California Aerosol Transmissible Diseases standard.

REFERENCE

1. Feldman, J. OSHA Inaction: Onerous Requirements Imposed on OSHA Prevent the Agency from Issuing Lifesaving Rules. Public Citizen: Washington, DC, October 2011. Available at http://bit.ly/s8O2QB ■

Seek best practice for protection

Respirator use still a problem after H1N1

Two years after the emergence of the H1N1 pandemic, hospitals are still learning lessons that may help avert serious problems in a future outbreak. Respiratory protection in particular became a contentious issue during the pandemic, and it remains an area of concern.

Even in California, where hospitals had a clear set of requirements to follow under the state's new Aerosol Transmissible Diseases standard, there were gaps in respiratory protection plans, according to recent research sponsored by the National Institute for Occupational Safety and Health (NIOSH). Researchers are now comparing respiratory protection in California to other regions of the country.

"The vast majorities of hospitals had a written program, but it didn't necessarily cover all of the [required] elements," says **Barbara Materna**, PhD, CIH, chief of the Occupational Health Branch of the California Department of Public Health.

Written policies at 15 of the 16 hospitals in the study called for health care workers to use N95s when in close contact with patients with suspected or confirmed H1N1 pandemic influenza, "but they didn't necessarily have everything in place to ensure that the respiratory program was effective," Materna says.

Only 29% of unit managers surveyed said they audited the proper use of respirators by employees on their units.

To help hospitals improve their respiratory protection, the REACH project (Respirator use Evaluation in Acute Care Hospitals) has produced a toolkit, including a checklist that can be used to evaluate a respiratory protection program. *(For a sample checklist, see p. 142.)*

NIOSH is working with the Joint Commission accrediting body to publish a best-practices monograph by the end of 2012, says **Maryann M. D'Alessandro**, PhD, associate director for science at NIOSH's National Personal Protective Technology Lab (NPPTL) in Pittsburgh.

For example, one measure that helps improve proper use of respirators is placing a sign outside of airborne infection isolation rooms reminding employees to don a respirator, she says. Best practices strategies revealed in the REACH project will be included in the monograph. NIOSH and the U.S. Occupational Safety and Health Administration also have developed a training video that can be used to educate health care workers. (www.cdc.gov/niosh/npptl/).

Respirator Program Evaluation Checklist			
1	Y	N	Is there a written policy which acknowledges employer responsibility for providing a safe and healthful workplace?
2	Y	N	Has an individual been designated as the respiratory protection program administrator (RPA) with overall responsibility for development and implementation of the respiratory protection program?
			Does the written respiratory protection program include the following required elements?
3	Y	N	written designation of a program administrator;
4	Y	N	an evaluation of hazards and identification of appropriate respirators for specific job classifications and/or tasks;
5	Y	N	procedures for medical evaluations of employees required to use respirators;
6	Y	N	fit testing procedures for tight-fitting respirators;
7	Y	N	procedures for proper use of respirators;
8	Y	N	procedures and schedules for storage, inspection, and maintenance of respirators;
9	Y	N	procedures for training employees regarding the respiratory protection program;
10	Y	N	a description of the training curriculum;
11	Y	N	procedures for voluntary use of respirators;
12	Y	N	procedures for regular evaluation of the program;
13	Y	N	Is the written program readily available to any employee included in the program?
14	Y	N	Is there a record of medical clearance for each employee required to wear a respirators?
15	Y	N	Is there a record of a fit test or fit test screening for each respirator user from within the last year?
16	Y	N	Have users been trained in the proper use, maintenance, and inspection of respirators?
17	Y	N	Are workers prohibited from wearing respirators with a tight-fitting facepiece if they have facial hair or other characteristics which may cause face seal leakage?
18	Y	N	Are respirators stored appropriately so as to prevent them from becoming damaged or deformed?
20	Y	N	Are the users wearing the respirator for which they have passed a fit test?
21	Y	N	Are N95, or more protective, respirators always worn by employees in areas occupied by a suspected or confirmed case of airborne infectious disease?
22	Y	N	Are PAPRs always worn by employees in areas where a high hazard procedure is being performed on a suspected or confirmed case of airborne infectious disease?
23	Y	N	Are respirators inspected by the users before each use?
24	Y	N	Are respirators being donned and doffed correctly?
25	Y	N	Are PAPRs cleaned and disinfected after each use?
26	Y	N	Is there a mechanism for users to report problems with respirator use?
27	Y	N	Is there a mechanism for users to provide feedback about the effectiveness of the program?

Source: Occupational Health Branch, California Department of Public Health, California REACH Project

The lessons learned during the H1N1 pandemic "helped us focus our activities to inform the workers and hospital administrators," says D'Alessandro.

HCWs need respirator training

Respiratory protection in health care has been fraught with both controversy and confusion. During the H1N1 pandemic, guidance from the Centers for Disease Control and Prevention and local and state health departments sometimes conflicted.

Although N95s are not used with seasonal influenza, the CDC advised that they should be used when caring for patients with suspected or confirmed pandemic influenza. Some infection control professionals felt N95s were only necessary with aerosoliz-

ing procedures, but the U.S. Occupational Safety and Health Administration vowed to enforce the CDC guidelines.

Currently, CDC recommends using a facemask when caring for a patient with seasonal influenza but wearing an N95 respirator when performing aerosol-generating procedures.[1]

"My hope is that people will start to get past this [prior conflict] and gain an understanding of how respirators work to protect employees," says Materna.

That protection relies on a proper fit and training of employees. Too often, they don't understand when to use respirators, which device to select and how to don it and doff it properly to avoid contaminating themselves, says Materna.

In REACH, researchers observed health care workers using respirators or asked the employees to demonstrate how to wear them. Some risked contaminating their hands or face by failing to remove their personal protective equipment in the correct order, she says.

Hospitals also need to evaluate their respiratory protection program, to make sure employees know when and how to use the equipment, she says. "Respiratory protection is an important tool to protect workers" that should be used in conjunction with other infection control measures, says Materna.

"Healthcare workers are a valuable resource and we want them to be able to work when other people are sick and need care," she says.

No new national stockpile

In the post-pandemic analysis, respirator supply remains a major issue. The national stockpile has not been replenished, says **Roland Berry Ann**, deputy director of NPPTL. "Therefore, it may be better to have local and regional stockpiles rather than depending on a CDC strategic national stockpile," he says.

Hospitals need to determine how they would supply respirators during a pandemic or outbreak of an emerging airborne infectious disease, he says. For example, hospitals could turn to reusable respirators, such as powered air-purifying respirators (PAPRs) or elastomerics. Or they could arrange for a local stockpile, such as through distributors, a consortium of users of the same respirator products or by storing extra respirators onsite, he says.

In the REACH study, 50% of unit managers reported that there were shortages of N95 respirators during the H1N1 pandemic.

One bright spot: Respirator manufacturers developed new production sites during the surge of demand and may have greater capacity to respond to a future event, Berry Ann says.

REFERENCE

1. Centers for Disease Control and Prevention. Prevention strategies for seasonal influenza in healthcare settings. September 20, 2010. Available at http://www.cdc.gov/flu/professionals/infectioncontrol/healthcaresettings.htm. Accessed on October 17, 2011. ■

CNE OBJECTIVES / INSTRUCTIONS

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

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

To earn credit for this activity, please follow these instructions.

1. Read and study the activity, using the provided references for further research.
2. Log on to **www.cmecity.com** to take a post-test; tests can be taken after each issue or collectively at the end of the semester. *First-time users will have to register on the site using the 8-digit subscriber number printed on their mailing label, invoice or renewal notice.*
3. Pass the online tests with a score of 100%; you will be allowed to answer the questions as many times as needed to achieve a score of 100%.
4. After successfully completing the last test of the semester, your browser will be automatically directed to the activity evaluation form, which you will submit online.
5. Once the completed evaluation is received, a credit letter will be e-mailed to you instantly.

COMING IN FUTURE MONTHS

- How to rid work areas of candies and sweets
- Get results with informal wellness competitions
- ID vague complaints before they become costly injuries
- New roles for occ health under health reform

CNE QUESTIONS

1. Which is recommended for occupational health regarding making the workplace environment healthier, according to Robert Emery, DrPH?
   A. Show where issues are affecting productivity, such as indoor air quality problems, and offer to be part of the solution.
   B. Avoid attempting to show how specific issues such as air quality are affecting productivity.
   C. Don't become involved in the procurement of furnishings or carpets unless specifically requested to do so.
   D. Conduct monitoring for a short period of time, as it's not necessary to do this for the normal amount of time the employee would be exposed during the day.

2. Which is recommended regarding communication with an injured employee, according to Kenneth A. Pravetz?
   A. Provide return to work planning with the employee only if he or she is out for an extended period.
   B. Ask direct supervisors to refrain from contacting the employee.
   C. Clearly define the return to work process and train employees in how it works.
   D. Take steps to prevent the employee from returning in a limited capacity, even if it means keeping the worker out for a longer period.

3. Which is recommended to increase participation in wellness programs, according to Dawn Weddle?
   A. Don't offer incentives unless they are large and costly enough to attract attention.
   B. Don't give employees the task of recruiting other workers for a program.
   C. Recruit only the fittest employees for wellness programs.
   D. Select wellness champions from all core departments, shifts, demographics and levels.

4. Which is recommended to prevent repeat injuries in the workplace, according to David Allcott?
   A. Post Offer Employment Testing should not be implemented.
   B. Occupational health should look for patterns or groups of injuries that may indicate a problem.
   C. Avoid giving departments specific requirements for completing job safety evaluations.
   D. Production employees should not be included as part of a company's safety board.

Occupational Health Management™

A monthly advisory for occupational health programs

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