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A monthly advisory for occupational health programs

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INSIDE

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Are odor-sensitive workers protected by the Americans with Disabilities Act?

Resolving illnesses linked to chemical sensitivities can be tricky

When one worker's choice in perfume is another worker's trigger for an allergic reaction, does the Americans with Disabilities Act (ADA) apply?

That's a question that comes up frequently, employment experts say, and the answer varies with each case. Fragrance-free environments have become commonplace in many hospitals, where patient sensitivities to chemicals, including perfumes, have led to bans on fragrances in patient care areas. But in other workplaces, where some employees' sensitivity to chemicals is clashing head-on with co-workers' use of perfumes and air fresheners, employers and occupational health professionals wonder just how far they can and should regulate personal preferences.

Irritants in many forms

According to the Job Accommodation Network (JAN), a Morgantown, WV-based program of the U.S. Department of Labor's Office of Disability Employment Policy, there has been a steady increase over the past several years in calls related to chemical sensitivity, environmental illness, allergy, and respiratory impairments. The most prevalent issue is fragrance sensitivity.

Fragrances or irritants come from a wide variety of sources, and to make a workplace truly fragrance-free can be a major undertaking.

Perfumes and colognes are obvious sources, but others include shampoos, creams, deodorants, candles or potpourri that might be used in workspaces, and some types of garbage bags. **(See Table 1, p. 74.)** Less frequent causes of allergic reactions are odors from foods, she says.

Not all irritants are caused by products used by people working in the same area, according to **Mandy J. Gamble**, MS, MBA, human factors consultant for JAN.

"Trigger reactions can be caused by chemical smells coming from the building or fumes from exhaust or ventilation systems that bring in smells from the outdoors," she explains.

The symptoms reported by people who react to odors range from minor headaches to a constellation of health-threatening symptoms grouped into a

diagnosis labeled "multiple chemical sensitivity" (MCS), whose sufferers sometimes become permanently disabled. **(See Table 2, p. 75.)**

OSHA notes at its web site that MCS "is a highly controversial issue" because there is debate as to whether it is actually a legitimate organic disease. Allergies, immune system dysfunction, neurobiological sensitization, and various psychological theories have been blamed for causing MCS, but OSHA states that there is insufficient scientific evidence to confirm a relationship between any of the proposed possible causes and symptoms.

Gamble says people with asthma are particularly susceptible; there have also been reports to JAN of people who claim they developed asthma as a result of exposure to irritants at work.

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Editor: **Allison Mechem Weaver.**
Vice President/Group Publisher: **Brenda Mooney**, (404) 262-5403, (brenda.mooney@thomson.com).
Editorial Group Head: **Lee Landenberger**, (404) 262-5483, (lee.landenberger@thomson.com).
Managing Editor: **Alison Allen**, (404) 262-5431, (alison.allen@thomson.com).
Senior Production Editor: **Nancy McCreary**.

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Editorial Questions

For questions or comments, call **Alison Allen** at (404) 262-5431.

Table 1. Products that may contain irritant fragrances

- Perfume, cologne, aftershave, lotion
- Shampoo, conditioner, hairspray
- Deodorant, soap
- Potpourri, candles, air fresheners
- Industrial and household cleaners
- Detergents and dryer sheets
- Cosmetics
- Diapers
- Some scented garbage bags

Source: Job Accommodation Network, U.S. Department of Labor, Washington, DC.

Employers call JAN to find out what to do when they have employees who report sensitivity to either a material at the worksite or a fragrance that is brought in by another employee.

"It's probably one of the more challenging questions we get, because is it a disability? Do [employers] have to accommodate them [under the ADA]?" Gamble explains.

The ADA defines a disability as an illness or condition that substantially limits one or more major life activities; for a person to be defined as disabled under ADA, he or she must meet the definition of "disabled" and be qualified to do the essential functions of the job at issue.

If an employer who is governed by the ADA determines that an employee is disabled, the employer is required to provide "reasonable accommodations" to allow the employee to work, unless those accommodations pose an undue hardship on the employer. Gamble says employers who are not sure of their requirements under ADA should find out, as well as learn what their requirements are in the state where their businesses are located.

For the occupational health nurse faced with a worker who reports sensitivity to either a coworker's perfume or aftershave or to another environmental irritant, there is no hard-and-fast rule for eliminating the problem or making the situation more palatable, Gamble says.

"Every situation is different, so it has to be handled on a case-by-case basis," she says. "It depends on the situation, depends on the ADA."

But before plunging into the pros and cons of mandating employee fragrance use, experts recommend taking a less heavy-handed approach — explain the situation to employees and ask them

Table 2. Reactions reported from sensitivity to odors or irritants

- Headaches, including migraines; dizziness; lightheadedness
- Nausea, loss of appetite
- Fatigue, weakness, insomnia, malaise
- Confusion, anxiety
- Depression, numbness
- Upper respiratory symptoms, shortness of breath, asthma attacks
- Difficulty with concentration
- Skin irritation

Source: Job Accommodation Network, U.S. Department of Labor, Washington, DC.

to voluntarily stop using scented products.

The Maine Department of Labor in 2004 implemented a policy on chemicals and fragrances in the workplace that seeks to educate the work force about the effects chemicals and fragrances can have on people with sensitivities, and makes going fragrance-free optional, although encouraged.

"It really depends on your situation," says Gamble, "and it depends on the ADA and case law.

"Employers wonder what they're obligated to do. The courts indicate that an employer is not required to provide an irritant-free environment, and you can't guarantee someone won't be exposed," she adds.

Maine's Department of Labor suggests to its employees that their personal fragrances should not reach beyond 2 feet of the wearer, according to spokeswoman **Michaela Loisel**. The state labor department also has let customers know, through mailings and posted notices in department buildings, of the policy. Announcements for conferences and large meetings carry the following statement: "In order to accommodate people with sensitivities to fragrances, please refrain from using fragrant products at this event."

Gamble says she advises employers that if they choose to accommodate the employee who is sensitive to odors, they can either get rid of the irritant through voluntary or, occasionally, mandatory bans, or they can create barriers between the affected employee and the irritant. This can mean moving the employee to another area, putting him or her in a workspace that has an air purification system in place, or moving the source of the offending odors.

"You just really have to look at it case by case," she says. "There is no case law that says this is a protected population under the ADA, but can you get a claim under workers' comp? Sure. If an employee gets ill at work, he or she can say, 'You're exposing me to a risk at work, and it's making me sick.'"

She says irritant odors and mold in buildings have led to workers filing claims that they have developed MCS.

Employers are hesitant to dictate personal fragrance use, however. Gamble says she frequently gets calls from hospital administrators wondering if fragrance use is permissible in nonpatient care areas.

"But where employers get the idea that there is a law saying that they can't dictate that their employees not wear fragrances, I don't know," she says. "If an employer can tell you what to wear and how to wear your hair, they can indicate whether you can wear fragrances or not."

Gamble says one approach is for employee health managers to apply the rule of "Is this necessary for your job?"

She says if candles or potpourri at a work station, scented perfumes and lotions, or other odiferous products are not necessary for an employee's job, they should perhaps be discouraged or banned.

"Most people are going to understand that," Gamble says. "If I'm causing someone to be sick, I am not going to wear that product. It's pretty practical advice."

Employees with sensitivity issues should be encouraged to approach managers or the occupational health nurse, rather than confronting a coworker about his or her perfume or cologne.

"At that point, the manager or nurse could elect to conduct some education of the staff and make a voluntary request of all the staff, and not make it too personal [about the one person whose perfume might be causing health problems]," Gamble suggests.

What occupational health nurses at work sites should definitely do is take the chemical-sensitive employees' concerns seriously.

"Sometimes, people have a hard time grasping it because it's not something that you can see, and it may be a substance that causes no reaction at all in anyone else in the office," says Gamble.

Not all solutions involve fragrance bans, she notes. JAN suggests employers consider all options, including maintaining good air quality in the workplace (cleaning filters and maintaining cooling, heating, and ventilation systems); discontinuing use of scented cleaning products used by

contract or in-house housekeeping staff; and modifying the affected employee's work schedule, including telecommuting, if possible.

[For more information, contact:

*• **Mandy J. Gamble**, MS, MBA, Human Factors Consultant, U.S. Department of Labor, Office of Disability Employment Policy, Job Accommodation Network. Phone: (800) 526-7234. E-mail: gamble@jan.wvu.edu.*

*• **Michaela Loisel**, Equal Opportunity Office, Maine Department of Labor. E-mail: michaela.loisel@maine.gov.]* ■

Injury management brings cost savings

Using tight controls means a safer workplace

Gaps in the system are costing you money: the injury that isn't reported right away; the employee who doesn't keep a doctor's appointment; and the supervisor who doesn't make an effort to find a position for an employee with temporary restrictions.

By fixing the gaps and adding accountability through an injury management system, Winona (MN) Health reduced workers' compensation costs from $231,000 to $56,000 in one year alone. And that is just one example of how companies can improve their care of injured workers — and their bottom line.

"There's kind of a knowledge gap," explains **Cheryl Brennan**, RN, MA, loss control supervisor with Berkley Risk Administrators in Minneapolis, who consulted with Winona Health, which has a hospital, long-term care facility, physician clinic, assisted living, home care, and hospice. "If everybody knows and understands what their role is and what they're accountable for, everything starts working smoothly. You can have very immediate results with this [injury management] program," she adds.

At Winona Health, injury management is entwined with an effort to improve the safety culture. For example, the health system recently added lift equipment and trained employees on the use of the equipment.

The health system also added personnel to the employee health department by increasing the employee health nurse to a full-time position and adding an occupational therapist with expertise in ergonomics.

The occupational therapist observes employees as they're using the lift equipment and provides on-site training, says **William Gould**, SPHR, chief people resources officer. "I think it plays a key role in how we're managing the injuries and how we're getting people back to work."

But the changes at Winona Health went far beyond a boost in the employee health department. The health system rewrote policies and emphasized accountability at every level.

"If you're going to do this, you really need to dedicate the necessary resources to do it well," says Gould. "It takes a tremendous amount of work to get these processes and policies set up, and then you have to dedicate resources to keep it going.

"It can't be a matter of your employee health or safety department taking over the process. It has to be owned by the managers and supervisors," he says.

The payoff is well worth it, says Gould. The health system had fewer reportable injuries (a 30% reduction in the OSHA incident rate) and fewer serious injuries (a 75% reduction in the lost workday rate). Employees also feel more valued when their employee makes their safety a priority, he says.

"As an employer, you have to say, 'We care about you,'" says Brennan, who developed the injury management program with senior claim examiner Michelle Dressler. "All the way along the pathway, there are opportunities to intervene, to make this go better for the employee."

Here are some other basic steps in injury management, according to Gould and Brennan:

• Revamp your policies and procedures.

Gould set up a work injury management team made up of a physical therapist, occupational therapist with ergonomics training, employee health nurse, and managers of high-risk areas experiencing a lot of workers' compensation claims. The team met every other week and reviewed cases as it developed new policies, procedures and training. For example, each job now has a detailed physical requirements assessment.

Job descriptions also need to be revamped to include accountability for safety practices and injury management, Brennan notes. For example, employees have the responsibility to report injuries immediately, keep appointments for doctors and therapists, and comply with restrictions if they're injured.

Supervisors need to report injuries promptly,

follow up with employees who are out of work, and notify managers if the injured employee doesn't show up to an alternate duty shift.

• Designate personnel to handle injury management.

Good injury management requires time and focus. It means calling an employee to find out how a doctor's appointment went. It means checking up on whether a transitional duty job is working out. It means finding out if pain is being managed properly and whether the employee is having any new medical problems.

"It really does take a dedication of resources," Brennan notes. "The very front end of it is labor-intensive — looking at new policies and procedures, and looking at new training. I think a lot of times, it's going to take more resources than people are currently dedicating to managing this."

• Hold people accountable at every level.

Brennan recalls one case in which an employee reported an injury to a nurse manager. The nurse manager let the report sit on her desk for two weeks without notifying anyone. The insurance company and state department of labor received late reports.

That type of behavior could have serious repercussions and should be treated accordingly with disciplinary action, she says. "The employees might not be getting the appropriate medical care they need. If they're off work and no one knows about it, they might not be getting their benefits."

Brennan developed forms that incorporate accountability. For example, injured workers sign a form indicating they understand their responsibilities (such as keeping scheduled appointments and obtaining a Report of Work Ability from the physician at least once every two weeks) and will comply with them. The Work Ability/Return to Work form asks if work restrictions apply to the home environment. If not, the physician is asked to explain why.

"This is a point of leverage," adds Brennan, who notes that the employer can then hold an employee accountable for activities outside of work that aggravate the work-related injury.

The ultimate accountability comes from tracking data. Are your injury rates going down? What about lost time days? Or the cost and number of indemnity claims?

Top leadership in the hospital also needs to support the program. "Everybody in the organization needs to know and understand the role that they play," Brennan explains.

• Respond to injuries immediately.

Timing is everything. Prompt medical care may help employees recover more quickly. Getting back to work right away, even if it's restricted duty, will help them transition back to their original position.

To support that system, make sure each department has transitional duty jobs available, Gould advises. Winona Health moved the cost of the transitional duty out of the individual department budgets and tracks it separately to make it more palatable for supervisors.

"Previously, we sent communications out to managers and asked them if they needed any additional work in their areas," he says. "But managers really didn't have an understanding of why we were doing this or how it would impact their budget."

Meanwhile, cases are reviewed at least weekly and the work injury management team meets every other week. "We're actively managing the cases we do have and really working with employees to make sure they're in proper treatment, with the goal of getting them back into their pre-injury position," Gould points out.

• Deal with the few abusers of the system.

Some people will try to take advantage of the workers' compensation system. They may be repeat filers of claims. They may skip appointments and fail to show up for alternate duty.

"Certain employees with high-risk behavior are going to act out and test you and your injury management program. What they count on is the injury management lead or manager/supervisor backing away from the conflict," Brennan notes. "The result is the employee is left alone to drive the case, so to speak, and costs skyrocket."

Simply follow through with your policies, following up with phone calls and using disciplinary procedures, if necessary, she advises. Eventually, they will either straighten up or find another job. "They will take themselves out of your work environment because they won't want to go through this," she says. ■

Postpartum RTW calls for sensitivity, creativity

FMLA helps, but only in certain cases

Return to work can be challenging for any recovering or rehabilitating worker, but helping a new mother adjust to being back at work

can require an occupational health nurse to be especially creative and understanding.

Aside from the physical recovery that follows childbirth, a postpartum woman has to adjust to the emotional repercussions of going back to work and leaving a child at home as well as the demands of keeping up with breast-feeding.

Financial stressors enter the picture, too. While many workers are covered by the federal Family Medical Leave Act (FMLA), many others are not. But FMLA is unpaid leave, and many working mothers — particularly single mothers — are unable to afford to take full advantage of it.

Physical recovery takes weeks

Studies of postpartum women indicate that most experience an average of six postpartum symptoms, which can include fatigue, breast pain, constipation, hemorrhoids, surgical site pain (after cesareans), episiotomy pain, and other symptoms.

Patricia M. McGovern, PhD, RN, director of the occupational health nursing program at University of Minnesota in Minneapolis, told attendees at the American Association of Occupational Health Nurses expo in Minneapolis in April that a study she and her colleagues conducted of 700 employed women who planned to return to work after their babies were born shows that at around the time many of them were going back to work — at around six weeks postpartum — they were feeling their worst.

"Not surprisingly, at six weeks, C-section mothers were doing much worse," she explains. "We have a record high number of C-sections in the United States, in part because mothers like them because [C-sections] give them control over when their babies arrive."

McGovern says an occupational health nurse working with an expectant mother who anticipates having a caesarean section should urge the woman to talk with her obstetrician in depth about the support she will need in the weeks after delivery.

"For at least six weeks postpartum, the [occupational health] nurse needs to be cognizant of the signs and symptoms of depression," says McGovern. "Mood swings, anxiety, and feeling a lack of control can lead to worse health."

Postpartum depression, in particular, is potentially a truly serious health problem, and a nurse who sees signs of depression in a new mother should refer the woman to a mental health specialist as quickly as possible, she emphasizes.

Under the FMLA, covered employers (generally, those who employ 50 or more employees for each working day during each of 20 or more calendar workweeks in the current or preceding calendar year) must grant an eligible employee up to a total of 12 workweeks of unpaid leave during any 12-month period for the birth and care of a newborn child; for permanent adoption or foster care of a child; to care for an immediate family member (spouse, child, or parent) with a serious health condition; or to take medical leave when the employee is unable to work because of a serious health condition.

The FMLA was drafted with working mothers in mind, but passage of the bill was a hard-won fight, and the finished law broadened it to cover others who need time away from work. Consequently, one feature of FMLA — intermittent leave — can be tricky to use for childbirth, says McGovern. Intermittent leave, she explains, would allow a new mother to take the 12 weeks of unpaid leave permitted by FMLA in ways other than strictly 12 full weeks off. For example, a new mother might opt to take eight weeks of full-time leave and then spread the remaining four weeks out as eight weeks of part-time leave. But for intermittent leave to apply to a postpartum mother, the employer would have to decide that childbirth is a "serious medical condition."

"FMLA allows intermittent leave, but technically, it's not a given that you can have it in association with childbirth," she says. "Usually, it is tied to a serious health condition."

The occupational health nurse can tip the scales in the mother's favor, she says, by engaging the woman's physician to make the argument that postpartum recovery is a serious health issue.

"Doctors don't always think about doing that, and the nurse may be able to facilitate that," McGovern suggests. "With intermittent leave, return to work is a little easier to accomplish because it allows the woman to gradually build up her stamina, and the only way to do that is over time."

Other problems arise when a woman's employer is not covered by the FMLA due to the size of the company, if the woman is in the highest-paid 10% in her company, or if she can't afford to take 12 weeks of unpaid leave.

"Single mothers are most at risk of having no paid leave benefits; even if they do, taking unpaid leave can be difficult for them to do," McGovern reports. "Larger companies have vacation, sick leave, and other paid disability; but when that's not

there, it speaks to the need for nurses to be cognizant of how people are adapting when they are returning to work."

Though California has passed a paid family and medical leave act, which provides for up to six weeks of paid leave after vacation, disability leave, and sick leave are exhausted, the United States still stacks up poorly against other industrialized nations when it comes to time off for women who give birth, McGovern says.

"The states will have to continue to be the laboratory for change," she predicts. "We won't be seeing anything at the national level for quite a while."

Finding creative solutions

Women not covered by FMLA but who have employer- or self-funded short-term disability can use it for typically six weeks of paid leave, but those who are not covered might still have options other than simply returning full-time after their sick leave, vacation, or unpaid leave ends.

"Maybe having some control over their hours, if that is possible within their job, can be a coping mechanism" for the returning-to-work mother, McGovern says. "If the employer can give some flexibility, that might give her more of a sense of control over her situation."

Companies can take other small steps to help in the transition back to work, she suggests.

Maintaining a list of reliable day care or backup emergency (or drop-in) child care options can go a long way toward reducing stress over child care, McGovern points out.

"Larger employers can subscribe to programs that help find child care that fits the family's situation," she says. "There are things that employers can do, that nurses are good at, to identify small things they can do to help."

One of the ways nurses can help is to be a support source for mothers who are breast-feeding their babies — and for those who need to choose not to breast-feed.

While La Leche League and other organizations and health care providers stress the benefits of breast-feeding for babies, and offer support for women who need to balance breast-feeding with being away from their babies for hours at a time, McGovern says there needs to be room to consider that breast-feeding might not be the best choice for some mothers.

"There is such a push on breast-feeding moms, but it might be that breast-feeding isn't the best thing for mom; and if it's causing more symptoms such as hot flashes and fatigue, that might not be the best thing for her," she says. "That's where nurses may have an important role to play, to find out what's best for the woman and support her in what's best."

[For more information, contact:
*• **Patricia M. McGovern**, PhD, RN, MPH, Associate Professor, Director of Occupational Health Nursing Program, University of Minnesota, 420 Delaware St. S.E., Minneapolis, MN 55455. E-mail: pmcg@umn.edu.]* ■

Employers say OHNs are invaluable to business

Nurses go beyond employee wellness

Employers strongly view occupational health professionals as crucial to employee retention and a healthy financial bottom line, according to results of a study commissioned by the American Association of Occupational Health Nurses (AAOHN).

This comes as no surprise to **Jennifer J. Lim**, MSN, RN, COHN-S/CM, FAAOHN, national health director for Westminster, CO-based Comprehensive Health Services, an occupational health consulting firm.

A company's nurse is like a pebble dropped into the center of a pond, she notes, creating ripples that affect employee health, work force retention, regulatory compliance, and spending.

"Occupational health nurses [OHNs] are considered the key to a company's health," Lim says. "We used to be 'the Band-Aid nurses,' but now we're in charge of OSHA, we administrate programs, and make sure the company is in compliance for those programs.

"Employers know the importance of a well work force, and who better to deliver that message than a nurse, the person who surveys show is the most trusted of all health care professionals?"

Employers: OHNs 'invaluable'

AAOHN released findings from the study at its annual symposium and expo in May. The study was undertaken to gauge executive management's

thoughts on issues pertaining to employee health and wellness, and on the role of occupational health nurses.

AAOHN president **Susan A. Randolph**, MSN, RN, COHN-S, FAAOHN, says the association hopes results will help those in the occupational health industry better understand the opinions of corporate decision makers and the landscape of employee health from the employer perspective.

"Understanding the employer mindset on employee health is imperative for the occupational health industry to effectively make an impact," she explains.

Armed with that knowledge, she continues, occupational health staff will be able to better address employee health issues, understand executive management's goals and perspectives, and "ultimately be better equipped to prove their true value and benefit within the workplace."

The study includes responses from interviews of more than 100 human resources executives, medical directors, and environmental health and safety professionals from a variety of industry backgrounds.

Employers responded to questions regarding how they felt about overall employee health, key indicators for hiring an occupational health nurse, and their understanding of how employee health truly impacts their company bottom line.

Seventy-two percent of the executives interviewed indicated that keeping employees healthy is crucial to business success, and that they believe it is their duty to keep employees safe and well.

Executives listed some signals that, for them, indicate the need to hire an occupational health nurse, including:

- high injury or illness rate;
- high absenteeism;
- increase in workers' compensation cases;
- government mandates and compliance.

Half of the employers interviewed responded that they don't know the true cost related to employee health and disability issues. However, companies that indicated they have determined the true costs of employee health issues tended to be the most active in offering value-focused employee health activities such as health and wellness programs, according to the research study findings.

When asked about the value they place on occupational health nurses in the workplace, nearly 60% of those surveyed described their occupational health nurses as "invaluable" to their company.

Executives said the top four benefits that occupational health nurses bring to their businesses are: reduced workers' compensation claims; better bottom line, due to health and safety programs; reduced absenteeism; and reduced incidence of injuries and fatalities.

When asked to define the roles and activities of occupational health nurses, employers consistently used four descriptors, according to the AAOHN: gatekeepers for health services; providers of treatment, follow-up and referrals, and emergency care for job-related injuries; partners with employers in compliance with legal and regulatory requirements (OSHA, Family Medical Leave Act, and HIPAA); and supporters of employers' health care quality and cost-containment strategies.

"We were very pleased with the findings," says Randolph. "We were interested to see [employers] link occupational health promotion and health protection."

The results, she says, indicate that the occupational health industry has done a good job at reducing injuries and illnesses and demonstrating both the short-term and the long-term benefits.

"Now we're integrating the health promotion aspect, which will be more important in the years to come, considering the aging population and the prevalence of chronic diseases," she says. "There's a whole host of other things that we can do. We just need to do a good job to show that benefit."

Delving into new territory

Universally recognized as important to reducing injuries and illnesses, occupational health professionals are now making inroads into demonstrating to employers their importance as proactive, not just reactive, components in a company's health care and management worlds.

"We're delving into new territory, to capture those wellness programs and be partners in the health and well being of employees," says Lim. "For example, by doing smoking cessation programs, we're benefiting the employee's health and possibly extending his or her life, but we're also reducing the employer's associated health care costs; we've done the monetary studies, and know the savings from disease management."

Cost savings — a key factor, employers say, in determining whether they hire an occupational health nurse — are easy to demonstrate using a flu vaccination program as an example, Lim says.

"Flu programs are administered by occupational

health nurses, and almost 50% of employees in major corporations are participating in flu immunization programs," she says. "With everyone we prevent flu in, we not only retain their [presence], we can save $100 to $190 per day in lost productivity."

Employers are realizing, Lim says, that occupational health nurses "are the key to the health and well-being of corporations, and companies are very sensitive to those things."

Retention of good employees is a priority to attracting the best new employees, and Lim says that companies that can demonstrate retention and a healthy environment stay ahead of the curve in attracting top employees.

Companies with only a few employees, while perhaps not able to afford an on-site nurse, are taking small but important steps in health and wellness in the workplace, Lim points out.

"Small businesses are doing what they can afford," she says "They contract wellness programs, or flu shot programs, or weight loss programs, and they make a difference."

[For more information, contact:

*• **Jennifer J. Lim**, MSN, RN, COHN-S/CM, FAAOHN, National Health Director, Comprehensive Health Services, 3072 W. 107th Place #C, Westminster, CO 80031. E-mail: jlim@chsmedical.com.*

*• **Susan A. Randolph**, MSN, RN, COHN-S, FAAOHN, president, American Association of Occupational Health Nurses, 2920 Brandywine Road, Suite 100, Atlanta, GA 30341. Phone: (770) 455-7757.]* ■

Use of hand-held PDAs can be a pain in the thumb

Go easy on rollerball to avoid injury

The advent of personal digital assistants (PDAs) has been a boon to many in the business and medical worlds, but with the blessings has come a curse for some — a painful, chronic hand injury known as "PDA thumb" or "BlackBerry thumb."

The injury is just like any other repetitive motion injury that arises when a muscle or joint is used over and over again in a way that causes irritation and overuse, according to **Kimberly Mezera**, MD, assistant professor of orthopedic surgery and chief of hand and upper extremity service at UT Southwestern Medical Center at Dallas.

Proper Use of Hand-Held Personal Digital Assistants (PDAs)

- **Use a neutral grip when holding the device.** A neutral grip is when the wrist is straight, not bent in either direction, and not strong or weak. It will allow for wrist motion in a plane where more motion is available in the wrist.
- **Take a break every hour or switch to another activity.** Overuse of repetitive motions, such as pressing buttons, can cause tendonitis of the elbow or lead to carpal tunnel syndrome (tendon or nerve irritation).
- **If possible, place pillows in your lap and rest arms on pillows.** This will allow you to keep your head in a more upright position and therefore decrease neck strain. The pillows will help support the arms so they do not have to be held up in the air.
- **Sit in an appropriate chair.** This would be a chair that allows you to comfortably put your feet on the floor and also provides good back support.
- **Switch hands frequently.** This will allow the one hand to rest and reduce fatigue.
- **Frequently focus on a distant object** (away from the screen) to help reduce eye fatigue.

Source: American Society of Hand Therapists, Chicago.

"We saw the same thing in the 1980s with Atari and Nintendo games; when new advances come along, you see things come along with them that you don't always expect," she says.

Users of the hand-held devices, which are used for messaging, scheduling, and data retrieval, may notice aching and some stiffness in the thumb base that may travel into the palm and the wrist.

"It's still early but we think we may start seeing people with thumb tendonitis complaints," says Mezera, who explains that the repeated scrolling motion made by the thumbs on the devices' rollerballs causes a repetitive motion by the first and second joints of the thumb.

"You have the potential to develop irritation and overuse of the thumb tendon, tendonitis, or trigger thumb, where the tendon locks up and can be painful at the site and also down to the wrist and forearm."

As with other repetitive motion injuries, PDA thumb is best treated early on with rest, Mezera says.

"It's just a typical overuse syndrome, a little bit of an abnormal use of the thumb in a manner it's

not used to doing," she explains.

Orthopedists point out that the thumb is designed for gripping, not for the dexterous motion demanded by the PDA.

"I have had colleagues mention that their thumbs got sore when they were using their PDA a lot," says Mezera. "The first thing I'd suggest is to rest it, decrease the time spent using it." **(See box for suggested proper use of PDAs, p. 81.)**

She says adjusting the way the thumb is used, decreasing the demands on the thumb, and taking anti-inflammatories for pain also should be tried.

Depending on the severity and persistence of the pain, a visit to a physician for additional evaluation is in order, according to Mezera. Splints and cortisone injections can provide relief; in very serious cases, surgical repair might be indicated.

An Internet search for the term "PDA thumb" yields information on the potential injury as well as a wide variety of splint or glovelike bandages, but orthopedic experts say these might make the problem worse, not better.

Ergonomic disorders, of which repetitive motion injury is one, are the fastest-growing category of occupational illnesses.

"Thumbs aren't made for constantly moving up and down on the scroll on a BlackBerry," says Mezera. "It's a small movement, but it could lead to bigger problems."

"Handheld electronics may require prolonged grips, repetitive motion on small buttons, and awkward wrist movements," points out **Donna Breger Stanton**, MA, OTR/L, CHT, FAOTA, president of the American Society of Hand Therapists in Chicago. "These devices are immensely popular, and they are getting smaller with even more features, which encourages heavy, extended use."

A potential epidemic?

Mezera says despite the popularity of its name, PDA thumb is not threatening to become an epidemic. In fact, for many practitioners, it's a condition they have read about in the literature but have not yet seen.

The publicity prompted the American Society of Hand Therapists to issue a consumer education alert warning earlier this year that cautioned that repetitive use of hand-helds such as BlackBerries and iPods can lead to carpal tunnel syndrome and related conditions.

Because patients might not associate the new pain in their hands or wrists with their PDA use, physicians should take a careful history to elicit the information.

"It's the latest toy to come along," says Mezera. "My only advice would be to use it wisely."

[For more information, contact:

*• **Kimberly Mezera**, MD, Assistant Professor of Orthopedic Surgery and Chief of Hand and Upper Extremity Service; UT Southwestern Medical Center, 5323 Harry Hines Blvd., Dallas, TX 75390. Phone: (214) 648-3065.*

*• **Donna Breger Stanton**, MA, OTR/L, CHT, FAOTA, Assistant Professor, Occupational Therapy, Samuel Merritt College, Oakland, CA. E-mail: dbreger @samuelmerritt.edu.]* ■

Get more data on workplace injuries

Collect an occupational history

Data on many work-related illnesses and injuries are being missed because health care providers are failing to get good occupational histories, according to a director at NIOSH.

"In the occupational safety and health field, for decades we have been making this recommendation: that physicians routinely ask questions on occupational history," says **Paul A. Schulte**, PhD, director of the NIOSH education and information division in Cincinnati. "Now, we're not capturing all the occupational diseases and injuries that occur."

Schulte says that in his review of past research and data on occupational illnesses and injuries, which appears in the June 2005 *Journal of Occupational and Environmental Medicine,* the publication of the American College of Occupational and Environmental Medicine, he found that while occupational injuries account for thousands of deaths and millions of disabling injuries every year in the United States, their full health, economic, and social impact remains underappreciated.

He says an integrated approach to assessing the rates and impact of occupational injury would lead to a more accurate picture of the true cost — in lives, health, and dollars — of workplace disease and injury.

"At the bottom of the pyramid, we have the need to continue to encourage physicians to take an occupational history, to get that additional

information," he says.

Integrating data-monitoring and analysis systems would allow researchers to understand the full magnitude of occupational injury and disease and to guide decisions regarding prevention and intervention programs, says Schulte.

Recent estimates suggest that 55,000 Americans die of occupational causes each year. If occupational injuries and diseases were classified as a separate cause of death, they would be the eighth-leading cause of death in the United States, falling between diabetes and motor vehicle accidents.

Occupational injury and illness also accounts for a high rate of disabling occupational injuries — 3.8 million per year in the United States. Worldwide, occupational factors may account for 800,000 deaths and 100 million injuries, Schulte reports.

The economic burden of occupational injuries and diseases is great as well. The most comprehensive available data suggest direct and indirect costs of $155.5 billion per year in the United States alone; based on less complete data, annual direct costs for medical care are estimated at $14.5 billion, he reports.

As high as those figures are, Schulte says, they likely underestimate the true burden of occupational illnesses and injuries, especially once the hidden social costs — impact on labor relations, family and community life, and mental health, etc. — are considered.

Another major challenge is that many occupational diseases have several contributing factors and long latency periods, sometimes with many years between a toxic exposure and the first signs of illness.

As a result, Schulte says, some deaths, especially ones resulting from multiple etiologies such as cardiovascular diseases and psychological disease, are likely never tied back to an occupational exposure, illness, or injury.

"We're still not getting complete reporting or a true picture of occupational injuries and illness being a risk factor," he says. "There are some other issues that don't seem to be captured in OSHA statistics, such as transportation injuries and deaths, so they're often underestimated."

Lacking a comprehensive monitoring system, researchers rely on piecemeal data sets to estimate the true rates and costs of work-related illness and injury.

In addition to giving occupational health and safety professionals insight into prevention of workplace injuries and illnesses, better data gathering is essential for guiding policy decisions regarding the effectiveness, feasibility, and impact of occupational safety and health interventions, Schulte continues.

[For more information, contact:

*• **Paul Schulte**, PhD, Director, Education and Information Division, Robert A. Taft Lab, National Institute for Occupational Safety and Health, 4676 Columbia Parkway, Cincinnati, OH 45226. E-mail: pas4@cdc.gov.]* ■

NEWS BRIEF

Green laser pointers can pose eye risk

Mayo Clinic ophthalmologists have found commercially available Class 3A green laser pointers, commonly used in the construction industry and by architects to point out details of structures in daylight, can cause visible harm to the eye's retina with exposures as short as 60 seconds.

A Mayo researcher, **Dennis Robertson**, MD, conducted investigations with a green laser pointer directed to the retina of a patient's eye (the eye was scheduled for removal because of a malignancy). The green laser damaged the pigment layer of the retina, and while it did not cause a measurable decrease in the visual function of the patient's eye, Robertson contended that longer exposures could harm vision. He also warned about potential damage from higher-powered green laser pointers.

With the use of laser pointers that are more powerful than 5 milliwatts, he found, there would

COMING IN FUTURE MONTHS

- Mold at the workplace
- OHN's role in criminal investigations
- Looking out for eye safety
- Keeping teenage employees safe

likely be damage to the actual vision, and functional damage could occur within seconds.

Robertson reported that his findings, published in the May issue of the *Archives of Ophthalmology* (http://archopht.ama-assn.org), do not lead him to advise against the use of green laser pointers, but rather to advocate against their misuse.

In an earlier study, Robertson determined red laser pointers to be quite safe. He attributes the risk differential between red and green lasers to wavelength. "We know that the retina is infinitely more sensitive to shorter wavelengths," he said. "The green lasers appear much brighter to the human eye because of the shorter wavelength and can cause damage." ■

CE objectives

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 attendance.
- **Identify** employee health trends and issues.
- **Comply** with OSHA and other federal regulations regarding employee health and safety. ■

CE *questions*

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

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

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

1. The Americans with Disabilities Act requires a covered employer to make accommodations for any employee who develops sensitivity to irritants in the workplace.
A. True
B. False

2. At Winona (MN) Health, injury management emphasizes:
A. better medical treatment of injuries.
B. a response plan for needlestick injuries and post-exposure prophylaxis.
C. close follow-up of employees after an injury and accountability for workers and managers.
D. disciplinary action for malingering employees.

3. What does the Family and Medical Leave Act *require* that covered employers grant to eligible employees?
A. Up to 12 weeks full-time unpaid leave after the birth of a child
B. Up to 12 weeks full-time paid leave
C. Up to 12 weeks of unpaid leave that may be taken intermittently during the first year postpartum
D. Only as much unpaid leave as the employer can afford

4. Users of portable digital assistants (PDAs) who notice pain in their thumbs, wrists, and hands from overuse should take which of the following steps to avoid injury?
A. Take breaks from using the devices.
B. Switch hands or fingers used to scroll the rollerball.
C. Maintain a neutral grip when holding the PDAs.
D. All of the above

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

Occupational Health Management

Confidential Salary Survey

This confidential salary survey is being conducted to gather information for a special report later in the year. Watch in coming months for your issue detailing the results of this survey and the overall state of employment in your field.

Instructions: Select your answers by filling in the appropriate bubbles **completely.** Please answer each question as accurately as possible. If you are unsure of how to answer any question, use your best judgment. Your responses will be strictly confidential. Do not put your name or any other identifying information on this survey form.

1. What is your current title?

- O A. medical director
- O B. director occ-health
- O C. manager/coordinator
- O D. occ-health nurse
- O E. administrator
- O F. consultant
- O G. other_____

2. What is your highest degree?

- O A. BSN
- O B. MSN
- O C. MD
- O D. MBA
- O E. MPH
- O F. PhD
- O G. other _____

3. What is your sex?

- O A. male
- O B. female

4. What is your age?

- O A. 20-25
- O B. 26-30
- O C. 31-35
- O D. 36-40
- O E. 41-45
- O F. 46-50
- O G. 51-55
- O H. 56-60
- O I. 61-65
- O J. 66+

5. What is your annual gross income from your primary health care position?

- O A. Less than $30,000
- O B. $30,000 to $39,999
- O C. $40,000 to $49,999
- O D. $50,000 to $59,999
- O E. $60,000 to $69,999
- O F. $70,000 to $79,999
- O G. $80,000 to $89,999
- O H. $90,000 to $99,999
- O I. $100,000 to $129,999
- O J. $130,000 or more

6. Where is your facility located?

- O A. urban area
- O B. suburban area
- O C. medium-sized city
- O D. rural area

7. In the last year, how has your salary changed?

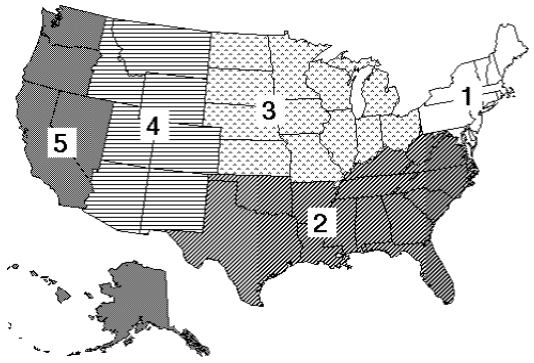
- O A. salary decreased
- O B. no change
- O C. 1% to 3% increase
- O D. 4% to 6% increase
- O E. 7% to 10% increase
- O F. 11% to 15% increase
- O G. 16% to 20% increase
- O H. 21% increase or more

8. What is the work environment of your employer?

- O A. academic
- O B. agency
- O C. health department
- O D. clinic
- O E. college health service
- O F. consulting
- O G. hospital
- O H. private practice

9. Please indicate where your employer is located.

- O A. region 1
- O B. region 2
- O C. region 3
- O D. region 4
- O E. region 5
- O F. Canada
- O G. other



10. Which best describes the ownership or control of your employer?

- O A. college or university
- O B. federal government
- O C. state, county, or city government
- O D. nonprofit
- O E. for profit
- O F. self-employed

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11. Are you an independent occupational health consultant?

- O A. Yes
- O B. No

If yes, for how long?

_____

12. How long have you worked in occupational health?

- O A. less than 1 year
- O B. 1-3 years
- O C. 4-6 years
- O D. 7-9 years
- O E. 10-12 years
- O F. 13-15 years
- O G. 16-18 years
- O H. 19-21 years
- O I. 22-24 years
- O J. 25+ years

13. How long have you worked in health care?

- O A. less than 1 year
- O B. 1-3 years
- O C. 4-6 years
- O D. 7-9 years
- O E. 10-12 years
- O F. 13-15 years
- O G. 16-18 years
- O H. 19-21 years
- O I. 22-24 years
- O J. 25+ years

14. How many people do you supervise?

- O A. 1-3
- O B. 4-6
- O C. 7-10
- O D. 11-15
- O E. 16-20
- O F. 21-40
- O G. 41-60
- O H. 61-80
- O I. 81-100
- O J. 101 or more

15. How many hours a week do you work?

- O A. less than 20
- O B. 20-30
- O C. 31-40
- O D. 41-45
- O E. 46-50
- O F. 51-55
- O G. 56-60
- O H. 61-65
- O I. 65+

16. How has the size of your staff changed in the past 12 months?

- O A. Gained positions
- O B. No change
- O C. Lost positions

Deadline for Responses: August 15, 2005

Thank you very much for your time. The results of the survey will be reported in an upcoming issue of the newsletter, along with an analysis of the economic state of your field. Please return this form in the enclosed, postage-paid envelope as soon as possible. If the envelope is not available, mail the form to: Salary Survey, American Health Consultants, P.O. Box 740058, Atlanta, GA 30374.