

CORPORATE HEALTH ACHIEVEMENT AWARD (CHAA) SELF-ASSESSMENT WORKSHEETS

Standards of Organizational Excellence in Occupational and Environmental Health Practice

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***Asterisked items may be omitted if not applicable and does not apply to your organization.**

Section 1. Leadership & Management

1.1 Organization and Administration

Occupational and environmental health (OEH) functions relate directly to overall organizational goals, with appropriate reporting hierarchy, communication and resource support.

ACOEM Standards

Employers should assure that occupational medicine, industrial hygiene, safety, and environmental health professionals have input into the decision-making process related to health and safety issues. In all settings, this requires close alliance between occupational physicians and nurses and industrial hygiene and safety personnel, with both reporting to a level in the organization that will have a broad influence and global impact. Occupational and environmental professionals, working in collaboration, then implement improvements to enhance health and productivity of the workforce and help maintain a safe workplace. Occupational and environmental health programs should assist in interpreting and developing pertinent regulations and guidelines for business, labor organizations, government agencies, and communities.

Outcome Indicators

Program Components and Processes:

- System for managing worker safety and occupational health
- System to ensure adherence to applicable laws, regulations and permit requirements are met
- Method for communicating attainable and measurable goals to employees and contractors
- Enforcement policies and procedures
- Authority assigned to individuals responsible for safety and health
- System for monitoring worker training and behavior
- OEH professionals have requisite training and skills to deliver functional services required
- Good working relationship between health professionals and management
- Adequate budget for ongoing and emergency safety and health expenditures, including correction of uncontrolled hazards
- Other components

Dissemination:

- Policies and protocols are widely disseminated
- All workers in all locations covered

Outcome Measures:

- Occupational health program well documented and reviewed regularly with management
- Results of health and safety strategy development and programs
- Employee perceptions (accessibility, confidence, subjective quality, outcome)
- Management satisfaction (timeliness, outcome, communication)
- Percent compliance with legal and regulatory reporting requirements
- Number of certified health and safety professions
- Days Away, Restricted or Transferred (DART) Rate (this includes cases involving days away from work, restricted work activity, and transfers to another job)
- Days Away from Work Injury and Illness Case Rate per 100 full-time equivalent employees

- Lost Workday Injury and Illness (LWDII) Rate (includes cases involving days away from work and restricted work activity)
- Position papers, presentations or committee involvement on regulatory actions, benchmarking, professional organizations
- Other outcome measures

Trends:

- Trend measures are in place that track changes over time (e.g., from year to year)
- Trend data have been used to make adjustments to policies and programs

1.2 Organizational Commitment, Innovation and Change Management

The values of the organization concerning employee health are translated into measurable positive impacts, and emphasize innovative approaches.

ACOEM Standards

Occupational and environmental medicine programs are most effective when there are organizational support and commitment to the health, productivity and safety of the workforce. Management must be willing to provide appropriate resources, encourage innovation and support positive change. Occupational health professionals must collaborate with management to meet the challenge of designing and disseminating cost-effective health, safety and wellness programs to an increasingly diverse and aging population, often at widely dispersed national and international sites. Programs should set uniform standards of care and encourage best practices throughout the organization, including internationally. Managers should understand the value of workplace occupational and environmental health and must be able to manage change in a constructive and positive manner.

Outcome Indicators

Program Components and Processes:

- Organizational values and innovative programs translated into measurable impact on health and safety
- Organization goes beyond regulatory requirements: strives to be a role model for others
- Measures for worker safety reflect a mix of prevention and problem detection
- Current objectives are relevant to the workplaces' hazards and trends of injury and illness
- Benchmarking and other comparative information used for safety and health performance
- Specific goals and targets set for all measures of worker health and safety
- Key goals and standards for health and safety are translated into operational policies and procedures
- Process in place to evaluate the quality, relevance and effectiveness of OEH services, and corrective actions result from these evaluations
- Contractor safety reported
- Adequate resources (e.g., time, funding, training, personnel)
- Hazard analyses of significant changes
- Communication of operational policies and procedures to all employees and locations within the organization
- Other components

Dissemination:

- Policies and protocols are widely disseminated
- All workers in all locations are covered

Outcome Measures:

- Levels of resources devoted to health and safety efforts compared to companies of similar size in the same industry
- Documented uniform standards of care
- Instances when supervisors set an example by following the rules, wearing personal protective equipment (PPE), reporting hazards, and reporting injuries
- Compliance with indicators for Global Reporting Initiative
- Number of sites receiving OSHA's Star Voluntary Protection Program (VPP)
- Evidence that employee health and safety initiatives are tailored to different cultures, locations, and employee groups
- Evidence of compliance with statutes (e.g., Americans with Disabilities Act), standards and guidelines
- Other outcome measures

Trends:

- Trend measures are in place that track changes over time (e.g., from year to year)
- Trend data have been used to make adjustments to policies and programs

1.3 Health Information Systems

Data/information systems are used to support medical surveillance, tracking OSHA/regulatory compliance, absence management, health and wellness, workplace hazards, ergonomics and other health-related programs.

ACOEM Standards

Effective occupational and environmental programs use information systems to promote worker health and safety. Occupational health information systems (OHIS) can be used for aggregate data collection and analysis, documentation of workers' medical surveillance, tracking medical appointments, delivery and documentation of training programs and health and wellness programs, communications between stakeholders, benefits education and tracking, monitoring of chemical and other hazards, Material Safety Data Sheets, OSHA accident and injury logs, research data, statistical analysis, integrated case management, updates on regulatory and governmental changes at the state and federal levels, research of peer reviewed literature and delivery of continuing professional education. OHIS are needed to generate metrics used to identify problems, track compliance, manage programs, assure quality and effectiveness and wisely allocate health resources.

Outcome Indicators**Program Components and Processes:**

- Health information and OHIS drive improvements in worker health, safety, quality, efficiency, health status
- OHIS are in concert with other organizational initiatives such as business process reengineering
- Multi-site integrated data system (in-house or vendor-operated)
- Consistent metrics across organizational lines
- Data protection and security adequate
- Computer backup systems
- Links between medical, industrial hygiene data and job exposure information
- Electronic medical record
- Medical decision support systems
- Other components

Dissemination:

- Policies and protocols are widely disseminated
- All workers in all locations are covered

Outcome Measures:

- Quality assurance issues identified by OHIS
- Data on OHIS aids high quality care in a more cost-effective manner
- Improvement of the productivity of OEH practices
- OHIS used for comprehensive quality improvement program
- Aggregate data tabulated and used
- Costs of OHIS per worker or unit of service
- Impact of OHIS on costs and administration processes (e.g., more standardized and efficient)
- System reliability (including peripherals, network, hardware and software)
- Improved health status of individuals and populations
- Other outcome measures

Trends:

- Trend measures are in place that track changes over time (e.g., from year to year)
- Trend data have been used to make adjustments to policies and programs

1.4 Program Evaluation and Quality Improvement

The occupational and environmental health program is evaluated using a clearly delineated plan, timetable, procedures, analyses, metrics, and corrective action based on results.

ACOEM Standards

Program Evaluation is necessary to assure that programs meet objectives and operate effectively and efficiently. Program evaluation methods will vary. Periodic review is necessary to make sure that high standards are being met. Data collection is not sufficient. The information must be collated, validated, tracked, trended and used in planning appropriate, specific interventions for quality improvement.

Outcome Indicators

Program Components and Processes:

- Annual evaluation of the safety and health management system
- Knowledge of the sites' hazards, effectiveness of the system elements, verification that previous goals were completed, and modifications of goals, policies, and procedures as warranted
- Adherence to the ACOEM Code of Ethical Conduct
- Evidence of communication across all channels, including employee involvement
- Involvement of safety and health functions in planning for new equipment, processes, buildings, etc.
- Determination of effectiveness of OEH management after each accident or incident
- Audits (internal and external third-party)
- Other components

Dissemination:

- Policies and protocols are widely disseminated
- All workers in all locations are covered

Outcome Measures:

- Percentage of completed recommendations in periodic written evaluations, audits and management plans
- Percentage of participation in medical surveillance or health examinations
- Number of workers' compensation cases
- Number of new cases of work-related, noise-induced hearing loss
- Results/trends of patient/client satisfaction survey
- State and national recognition awards
- Number of workers with abnormal biological monitoring results (e.g., blood lead)
- Other outcome measures

Trends:

- Trend measures are in place that track changes over time (e.g., from year to year)
- Trend data have been used to make adjustments to policies and programs

1.5 Privacy, Confidentiality, and Health Records Management

Policies and procedures are in place for maintaining employee health records, including retention times and maintenance of confidentiality and security.

ACOEM Standards

Occupational health programs must maintain occupational medical records on each worker, documenting the reasons for and results of all evaluations. Ideally, these records should contain data sufficient to reproduce a chronology of the worker's medical history, workplace exposures, medical evaluations, illnesses, and injuries. Procedures must preserve confidentiality of all health information and medical records, while allowing access to those with a bona fide need to know. Only the worker, those designated by the worker through informed consent, and certain governmental agencies have access to personal medical information. Third-party payers and employer business representatives generally do not have access. Government regulations require retention of exposure and medical records and x-ray films for specified periods of time related to employment and exposure to toxic substances or harmful physical agents. If the records are computerized, their security must be assured and the information they contain kept confidential. Occupational health professionals must remain informed on regulatory issues affecting medical records, such as the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and the Americans with Disabilities Act.

Outcome Indicators

Program Components and Processes:

- Medical records maintained in accordance with organization, regulatory, professional and ethical requirements covering health or medical surveillance, and exposure information
- Policies and procedures to protect confidentiality and restrict unauthorized access
- Confidentiality maintained in accordance with policy, professional standards, and all laws

- Responsiveness to legitimate access to health records, including current and former employees and private physicians with proper authorization for release
- Medical staff are knowledgeable about HIPAA, ADA, worker's compensation disclosure, and other record requirements
- Industrial hygiene records (training, exposures) are readily available for individual worker and medical review
- Regular quality review program, with corrective action
- Criteria for auditing quality of care of most common diagnoses
- Records marked for OSHA -required retention dates , including chest x-rays
- Other components

Dissemination:

- Policies and protocols are widely disseminated
- All workers in all locations are covered

Outcome Measures:

- Response times for providing medical records
- Percentage of charts with signed consent forms
- Percentage of charts with allergy notations clearly visible
- Compliance of chart audits to established criteria
- Percentage of compliance with HIPAA and other medical privacy laws
- Other outcome measures

Trends:

- Trend measures are in place that track changes over time (e.g., from year to year)
- Trend data have been used to make adjustments to policies and programs

1.6* Systematic Research, Statistics and Epidemiology

Data are collected, analyzed, and reported for research related to employee health, safety, ergonomics, and environmental health.

ACOEM Standards

Occupational and environmental health programs often perform formal research into scientific, regulatory, occupational health care delivery and financial aspects of worker health, safety, and performance. Whether published in the academic peer reviewed literature, research often identifies new strategies to identify, prevent and treat injury or illness in a cost-effective manner and highlights potential areas for needed service and program improvement. Excellent worker health and safety programs assure that data on worker and community exposures, medical illness and injury are accumulated and retained. When appropriate, this data is analyzed in epidemiological studies to assess the effects that the environment, job design and workplace may have had or are having on workers or inhabitants. This information enables development of better health and safety standards.

This section skipped because it is not applicable and does not apply to our organization.

Outcome Indicators

Program Components and Processes:

- Population health status reviews, e.g., to identify workplace morbidity/mortality patterns
- Patterns of illness and injury evaluations to assess possible workplace causal factors
- Illness cluster investigations
- Reporting, investigation and tracking of potential exposures
- Epidemiologic and toxicological studies conducted when indicated by specific concerns, product/process evaluations, or as part of general health surveillance
- Existence of a scientific panel or review board
- Procedures for initiating and performing studies
- Communication of results to stakeholders
- Policy and procedure for setting occupational exposure guidelines
- Other components

Dissemination:

- Policies and protocols are widely disseminated
- All workers in all locations are covered

Outcome Measures:

- Studies published in peer-review journals
- Use of results for medical screening and surveillance purposes
- Impact of the studies on reducing hazards and on organizational policies and procedures
- Positive influence on scientific regulatory decisions
- Other outcome measures

Trends:

- Trend measures are in place that track changes over time (e.g., from year to year)
- Trend data have been used to make adjustments to policies and programs

Section 2. Healthy Workers

2.1 Health Evaluation of Workers

Worker health evaluation and screening program structures are in place to provide specific screenings for target populations, according to specified time frames, with feedback and follow-up of results.

ACOEM Standards

Appropriate health evaluations should be performed and workers should be fully informed of results of each health evaluation, whether normal or if variations are detected. Those performing health evaluations must be familiar with the workplace, understand any potential hazards and have access to worker job descriptions. Arrangements for care should be made when appropriate. This care may be with the worker's private physician. Follow-up information should be received, documented and appropriate action taken. Evaluations should be carried out on the following occasions : pre-assignment/pre-placement, medical surveillance, post-illness or injury, fitness-for-duty evaluations , independent medical examinations, and termination of assignment.

Outcome Indicators

Program Components and Processes:

- Appropriate written and authorized policies and procedures
- Scheduling system to track and identify workers who need examinations
- Written job clearance, certification or report of examination outcome
- Notifying worker and supervisor of evaluations requiring changes in job function, workplace practices, equipment or other environmental factors
- Policy regarding obtaining worker permission for release of information from their personal physicians
- List of health evaluations available that meet regulatory and organization requirements
- Record of relevant medical surveillance inspections by regulatory agencies
- Other components

Dissemination:

- Policies and protocols are widely disseminated
- Services and programs are offered to all workers in all locations

Outcome Measures:

- Participation rates for evaluations (e.g., documented by periodic random chart audits)
- Reports of biological monitoring and other health evaluation results
- No-show and missed appointment rates
- Satisfaction survey results by users of services and by management
- Medical quality audit results and percentage of corrective actions
- Compliance with technician training requirements (e.g., audiometry, pulmonary function, EKG's), calibration of equipment, testing procedures, and interpretation parameters
- Number and rate of those with disabilities
- Number of workers with restrictions returned to workplace through structured RTW
- Other outcome measures

Trends:

- Trend measures are in place that track changes over time (e.g., from year to year)
- Trend data have been used to make adjustments to policies and programs

2.2 Occupational Injury or Illness Management

The organization has processes and procedures to diagnose and treat injury or illness occurring on the job and to assist employees in returning to work.

ACOEM Standards

Occupational and environmental injuries and illnesses should be diagnosed and treated promptly. Occupational and environmental health professionals are best qualified to diagnose occupational illnesses and injuries because of their knowledge of the workplace and environment. The occupational health professional should objectively resolve issues about occupational causation of illness, be knowledgeable regarding available rehabilitation programs and facilities, and interact with program administrators as appropriate to facilitate post illness or injury return to work based on familiarity with the worksite and input from supervisory/ management personnel. Frequently the workplace can be used for rehabilitating workers, especially where selective work can be provided on a temporary, limited basis.

Outcome Indicators

Program Components and Processes:

- Availability of appropriately trained and licensed health professionals to assess worker health status for prevention, early recognition and treatment of illness and injury
- Appropriate policies and procedures
- Evaluation of injuries and illnesses occurring in the workplace
- Treatment protocols that conform with ACOEM or other practice guidelines
- Operational first responder teams
- Patient instructions and education
- On-site rehabilitation and medical case management
- Proper reporting of cases identified as work-related (e.g., OSHA)
- Transitional jobs available for temporary assignment of workers with short-term medical restrictions
- Medical personnel involved in job assessment to establish functional requirements
- Benchmarked guidelines used for comparisons on disability duration
- Other components

Dissemination:

- Policies and protocols are widely disseminated
- Services and programs are offered to all workers in all locations

Outcome Measures:

- Injury or illness rates (OSHA 300 log)
- Lost work time
- Early return-to-work trends
- Re-injury rates
- Results of emergency response system/provider interfaces
- Utilization of return-to-work programs

- Workers' compensation claims/costs
- Vocational rehabilitation utilization
- Rate of injury and illness cases involving days away from work due to overexertion or repetitive motion
- Occupational disability retirement awards (reduction over time)
- Percentage of those with disabilities who return to work (pre-injury or another job)
- Percentage of compliance with ACOEM practice guidelines
- Other outcome measures

Trends:

- Trend measures are in place that track changes over time (e.g., from year to year)
- Trend data have been used to make adjustments to policies and programs

2.3 Non-Occupational Injury and Illness Management

Programs are in place to provide treatment for emergency conditions not work related, including emotional crisis. Collaboration of care is provided for workers treated by personal health care providers to reduce unnecessary time away from the job for treatment.

ACOEM Standards

The occupational health program should provide treatment for emergency conditions, including emotional crises that occur among workers while at work. This treatment may only be palliative and to prevent loss of life and limb or, where personnel and facilities are available, may be more definitive. These services are convenient for the worker and enhance productivity in the workplace by helping to reduce time away from the work site for minor injury or illness. Employers may even arrange for personal medical care to be provided at the workplace, when appropriate and cost-effective. Care at the workplace should be consistent with local standards of patient-physician relationships.

Outcome Indicators

Program Components and Processes:

- Agreement between local management and OEH professionals on medical care for non-work related injuries and illnesses
- Written policy disseminated on the treatment of personal illnesses
- Emergency response teams
- First aid/ CPR/automatic external defibrillator (AED) training
- Categories of service are tracked (e.g., blood pressure checks, immunizations, allergy desensitization)
- Quality assurance of care documented
- Work status communications procedures in place
- Agreement with EMS for rapid response when necessary, with regularly scheduled drills
- Other components

Dissemination:

- Policies and protocols are widely disseminated
- Services and programs are offered to all workers in all locations

Outcome Measures:

- Treatment activity logs
- Utilization rates
- Kept-at-work rates
- Early return-to-work trends
- Costs of different patterns of treatment
- Productivity improvements due to on-site medical services (e.g., number of lost work-days saved per employee)
- Patient satisfaction results
- Percentage of those with disabilities who return to work (pre-injury or another job)
- Other outcome measures

Trends:

- Trend measures are in place that track changes over time (e.g., from year to year)
- Trend data have been used to make adjustments to policies and programs

2.4 Traveler Health and Infection Control*

Appropriate advice is given to traveling workers, immunizations are provided against infectious disease for at-risk populations, and protection is provided against blood borne pathogens.

ACOEM Standards

Organizations should have a method to advise travelers concerning various travel-related issues such as prevention of jet lag, food borne and waterborne diseases, local outbreaks of illness, motion sickness, and the need for medical care abroad. Vaccinations and information are available to workers who may be exposed to an infection for which there is an effective vaccination (e.g., hepatitis A and B virus exposure in travelers to certain areas and to health care workers). Sometimes programs may also offer appropriate immunizations for non-occupational conditions, e.g., influenza. Occupational health professionals are sometimes involved in screening for infectious diseases such as tuberculosis and recognizing infections that may spread at the workplace such as severe acute respiratory syndrome (SARS).

- This section skipped because it is not applicable and does not apply to our organization.**

Outcome Indicators**Program Components and Processes:**

- Vaccinations provided (e.g., influenza, hepatitis B)
- Formal travel medicine program for traveling workers
- Travel medicine advice and support to workers/dependents
- Advice by OEH professionals to management on sanitation and hygiene
- System for providing up-to-date travel health advisories
- Medical evacuation protocol
- Reportable illnesses promptly reported
- Analyses of all medical evaluations
- Mental health preparation for expatriates
- System to assist access to quality care for travelers
- Other components

Dissemination:

- Policies and protocols are widely disseminated
- Services and programs are offered to all workers in all locations

Outcome Measures:

- Immunization status of appropriate groups (e.g., influenza, hepatitis A and B, polio, typhoid, yellow fever, pneumococcus)
- Malaria prophylaxis rate
- Participation rates of travelers who need medical assessments
- Client satisfaction responses
- Results of food inspections
- Post-trip health status reports
- Compliance with blood-borne pathogen standard
- Compliance with established protocols
- Failure rates of expatriate assignments due medical or mental health problems
- Other outcome measures

Trends:

- Trend measures are in place that track changes over time (e.g., from year to year)
- Trend data have been used to make adjustments to policies and programs

2.5 Mental and Behavioral Health / Misuse of Substances

Health insurance benefits include coverage for treatment and rehabilitation of mental and behavioral health issues. Employee assistance programs or substance abuse professional referral, drug and alcohol policies, substance abuse testing, workplace violence prevention and response programs are in place.

ACOEM Standards

The organization should have appropriate written policies for worker education, prevention and recognition of substance abuse, mental health issues and violence in the workplace. Management and supervisors should be skilled in the identification and recognition of troubled workers and refer them to occupational health professionals, Employee Assistance Program (EAP) counselors and/or Substance Abuse Professionals (SAP). Occupational health professionals are often involved in counseling and rehabilitation of the troubled worker in a confidential manner, realizing the importance of rehabilitation of impairment for drug or alcohol misuse. Occupational medical professionals are appropriately involved in mandated (e.g., DOT or military) or elective drug screening and testing of workers, and serving as Medical Review Officers (MROs) who receive, review and interpret drug test results as part of drug-free workplace programs. Confidentiality is maintained, with no diagnostic or treatment information provided to the employer. Workplace violence prevention and response programs are in place.

Outcome Indicators

Program Components and Processes:

- Written and distributed policies and protocols
- Formal Employee Assistance Program (EAP) and/or Substance Abuse Professional (SAP) referral plan
- Health insurance coverage of behavioral and drug/alcohol treatment and rehabilitation
- Threat of violence procedure
- Impaired worker evaluations
- Compliance audits
- Employee and supervisor training
- Substance abuse testing program
- SAP referrals
- Other components

Dissemination:

- Policies and protocols are widely disseminated
- Services and programs are offered to all workers in all locations

Outcome Measures:

- Percent positive alcohol and drug tests
- Substances and adulterants reported positive
- Success of rehabilitation and recidivism rates
- Rates of workplace violence
- Rates of accidents related to impairment due to mental illness/substance abuse
- EAP/SAP utilization, referral and penetration rates
- Percentage of SAP referrals actually returned to work
- Links between illness (behavioral or substance abuse) and workplace issues (e.g. terminations, job turn-over, absenteeism, theft, security, disciplinary actions, medical claims)
- Work-related assaults and deaths from work-related homicides
- Other outcome measures

Trends:

- Trend measures are in place that track changes over time (e.g., from year to year)
- Trend data have been used to make adjustments to policies and programs

2.6 Medical Screening and Preventive Services

Programs are in place for periodic health screenings to identify risks, promote healthy lifestyles and encourage appropriate use of preventive health services.

ACOEM Standards

Periodic health screening examinations and education aimed at maintaining and promoting the health of workers are important aspects of a comprehensive worker health and safety program. Evidence-based approaches are used to develop the content and periodicity of preventive services and are reviewed regularly by knowledgeable professionals. Although employee participation is typically voluntary, these programs help maintain and promote the health and productivity of the worker, improve morale, and foster the perception that the employer is concerned for workers' general welfare.

Outcome Indicators

Program Components, Processes, Dissemination:

- System for offering regular examinations, including cancer screening
- Appropriate scope of preventive services
- Evidence of a preventive approach to employee health, safety, and ergonomics
- Data collected on health and safety concerns
- Current reports from public health units help guide prevention efforts
- Adherence to clinical preventive services guidelines of US Preventive Services Task Force
- Other components

Dissemination:

- Policies and protocols are widely disseminated
- Services and programs are offered to all workers in all locations

Outcome Measures:

- Acceptance rates of examinations
- Worker and participant satisfaction surveys
- Sentinel disease rates
- Risk factor and health behavior analyses
- Effectiveness of health education
- Other outcome measures

Trends:

- Trend measures are in place that track changes over time (e.g., from year to year)
- Trend data have been used to make adjustments to policies and programs

Section 3. Healthy Environment

3.1 Workplace Health Hazard Evaluations, Inspection and Abatement

A program for inspection and evaluation of potential workplace health and safety hazards at all sites includes detailed procedures, plus follow up of hazards found and a summary of the organization's health and safety record.

ACOEM Standards

Occupational and environmental health programs should routinely inspect and evaluate the workplace to identify potential health and safety hazards and suboptimal work practices. Environmental health and safety professionals such as industrial hygienists, safety professionals, ergonomists and toxicologists should be involved as needed. Occupational and environmental health professionals should be familiar with worker job descriptions, potential chemical, physical and biological agent exposures and mental stresses that may result from those jobs.

Outcome Indicators

Program Components and Processes:

- Written policies and procedures
- System to ensure that risk assessment, management and control measures are in place
- Exposure-monitoring program ensuring that all regulatory and organization requirements are met and any overexposures of personnel are detected, monitored, evaluated and documented
- Systematic process for analyzing underlying causes of accidents/incidents and recommending preventive measures to minimize or eliminate in future
- Routinely scheduled self-inspections of the workplace
- Responses to hazard identification and accident investigations
- Interaction of occupational health professionals with industrial hygiene, safety, environmental engineering
- Reviews aimed at using 'least hazardous' technology and "design-in" principles (e.g., for ergonomics)
- Injuries, illnesses and OEH surveillance program results periodically evaluated to determine root causes
- Health hazard control evaluations and recommendations provided for new materials, designs, processes, products, procedures, acquisitions, divestments and demolitions
- Other components

Dissemination:

- Policies and protocols are widely disseminated
- Services and programs are offered to all workers in all locations

Outcome Measures:

- Rate for compliance with procedures
- Rates of occupational illnesses and injuries
- Number of work-related injuries/illnesses resulting in medical treatment, lost time from work, restricted work activity, or death
- Number of citations from health/safety regulatory agencies, or lawsuits relating to health/safety issues
- Resolutions (e.g. reduced number or magnitude) of actual/potential workplace health hazards identified
- Number of changes and improvements that promote better employee safety performance (e.g., ergonomics)
- Percentage of industrial hygiene monitoring results that exceed the permissible exposure limit

- Number of workers required to wear PPE (and reductions in the percentage over time owing to hazard abatement)
- Other outcome measures

Trends:

- Trend measures are in place that track changes over time (e.g., from year to year)
- Trend data have been used to make adjustments to policies and programs

3.2 Education Regarding Worksite Hazards

Formal communication procedures ensure that workers are educated about health and safety hazards inherent to their specific jobs in compliance with the OSHA Hazard Communication Standard.

ACOEM Standards

Occupational and environmental health (OEH) programs identify and educate workers about potential hazards at the worksite and in the community. Every worker should know the potential hazards involved in each job to which he or she is likely to be assigned. The OSHA Hazard Communication Standard ("right-to-know") stresses the importance of worker knowledge of chemical usage. State and local statutes also impact in this area and require reporting of some occupational biomonitoring results and illnesses. Effective communication procedures should ensure that all stakeholders, both within the organization and the community, are informed on an ongoing basis of the identities of these hazardous chemicals, associated health and safety hazards, and appropriate protective measures. Systematic reviews regarding the quality of information disseminated under the program are necessary to determine whether the information is consistently accurate on Material Safety Data Sheets (MSDS) and other communication materials. Substantive guidance from occupational and environmental health professionals should be sought to assist employers to evaluate hazards; provide worker training; and prepare MSDS. A longer-term approach to improving hazard communication would be part of an enhanced program, such as including provisions that address comprehensibility issues regarding hazard communication and standardized approaches to educate about labels and MSDS format.

Outcome Indicators

Program Components and Processes:

- Written policies and procedures
- Up-to-date programs for "hazard communication/worker right to know"
- Documented worker training and knowledge on reproductive hazards, chemical hazards, hearing protection, blood borne pathogens, manual lifting, ergonomics, safety, etc.
- Health hazard data and exposure control requirements readily available listing chemical, physical and biological agents and radioactive materials
- Pro-active advice provided on health and human factors issues, such as ergonomics and shift work
- Information kept current about applicable laws, regulations, permits, codes, workplace standards and practices
- Resolution of conflicts about potential hazards and the resulting operating requirements documented and communicated to those affected
- Other components

Dissemination:

- Policies and protocols are widely disseminated
- Services and programs are offered to all workers in all locations

Outcome Measures:

- Rate of compliance with policies and procedures
- Percentage of compliance with worker right to know, blood borne pathogens, etc.
- Documentation of worker training participation
- Effectiveness of training as measured by post-test evaluation and compliance inspections
- Degree to which organization monitors education and training needs
- Impact of training on OEH programs, issues, illnesses and injuries
- Indicators of training being adapted to address actual occupational injuries and illnesses
- Adaptations of programs to address safety performance
- Other outcome measures

Trends:

- Trend measures are in place that track changes over time (e.g., from year to year)
- Trend data have been used to make adjustments to policies and programs

3.3* Personal Protective Equipment

Workers are carefully evaluated regarding need for protective devices and are given proper equipment and training. Equipment utilization rates, employee education and enforcement of use are well documented.

ACOEM Standards

Occupational and environmental health programs should ensure that workers who need personal protective equipment (PPE) are clearly identified, provided with proper selection and fitted with personal protective devices such as ear protection (plugs/muffs), safety spectacles, gloves and respirators. The organization should determine that the devices provide adequate protection to workers, and educate the workers in proper utilization and care of equipment for all potential uses at all sites. Occupational health professionals should encourage worker compliance with proper care and use of equipment.

This section skipped because it is not applicable and does not apply to our organization.

Outcome Indicators

Program Components and Processes:

- A documented system to identify need for PPE
- Initial, ongoing and periodic refresher training on potential work hazards, measures used to control hazards, engineering work practices, and personnel protection equipment (PPE)
- PPE use only when all other hazard controls are not feasible
- PPE is certified by appropriate independent entities, such as NIOSH, ANSI
- Policy on voluntary use of PPE
- PPE storage, cleaning, repair process
- Other components

Dissemination:

- Policies and protocols are widely disseminated
- Services and programs are offered to all workers in all locations

Outcome Measures:

- Protective equipment utilization rates for hearing protection, respiratory protection, radiation shielding, blood/fluid barriers, heat resistant garments (e.g., Nomex®), gloves, etc.)
- Assessment of employee knowledge and skills relative to requirements, training documentation and assessment of training effectiveness
- Indicators of effectiveness of PPE procedures and instructions in preventing occupational injuries and illnesses
- Compliance with PPE training requirements
- Rate of injuries having failure to properly use PPE as root cause (e.g., needle stick injuries)
- Results from, quantitative fit testing (both respirator and hearing protection)
- Other outcome measures

Trends:

- Trend measures are in place that track changes over time (e.g., from year to year)
- Trend data have been used to make adjustments to policies and programs

3.4* Toxicology Assessment and Planning

Toxicological testing is performed on chemicals that are produced or used in the workplace for which adequate data are not available. Results are communicated and appropriate action is taken.

ACOEM Standards

OEH programs should include procedures to incorporate advice on the nature, adequacy, and significance of toxicological test data pertinent to the workplace. Toxicological assessments include advice on chemical substances that have not had adequate toxicological testing. Where adequate data does not exist, the OEH staff should recommend appropriate medical surveillance and testing practices. Occupational health personnel should recommend protection and surveillance of workers in keeping with data available or until appropriate data are received.

- This section skipped because it is not applicable and does not apply to our organization.**

Outcome Indicators**Program Components and Processes:**

- Hazard assessments review thoroughness of toxicologic evaluations
- Particularly Hazardous Substance reviews are completed
- Organization is proactive to prevent future problems with products/services
- Amount and thoroughness of testing on products/services sold by the organization, and relevance of this testing to current and future health concerns
- Health function advised before the introduction of new materials or agents to a site
- OEH professionals provide readily available information for recognizing and treating overexposure
- Worker and customer reports of adverse health effects related to products and services

- Information on potential hazards associated with products and guidance to enable proper handling, use, and disposal is documented and communicated
- Other components

Dissemination:

- Policies and protocols are widely disseminated
- Services and programs are offered to all workers in all locations

Outcome Measures:

- Number of toxicologic evaluations
- Number of times that the toxicologic evaluations led to changes/improvements in work processes
- Number of MSDS developed as manufacturer of the product
- Frequency of updating the MSDS
- Number of different sources of data used
- Incidence of exposures to judge needs in this area
- Funds committed for toxicologic research
- Other outcome measures

Trends:

- Trend measures are in place that track changes over time (e.g., from year to year)
- Trend data have been used to make adjustments to policies and programs

3.5 Environmental Protection Programs

A systematic process is in place to identify, assess, prevent and reduce risk of potential hazardous emissions and pollution.

ACOEM Standards

Environmental Protection Programs should support a scientifically based process to evaluate and prioritize the potential public health and environmental risks posed by exposure to various hazards. The goal is to identify whether any specific chemicals or other hazards generally pose an unacceptable risk and the conditions and uses under which they pose such risks, using a risk management process that follows a preventive health model and which employs a full range of pollution prevention options (e.g., substitution, source reduction, recycle and reuse, and treatment). Risk management efforts should be directed at those chemicals and processes that pose the highest risk to workers, consumers, public health, and the environment, and should be designed in light of achievable technologies.

Outcome Indicators

Program Components and Processes:

- Pollution prevention awareness and values throughout the organization
- Written policies and procedures
- Routine self-evaluation and improvement
- Tracking of materials on the Toxic Release Inventory (TRI)
- Use of environmental indicators such as the Global Reporting Index (www.globalreporting.org)
- Participation in EPA's Waste Wise, Green Lights, Energy Star Buildings, 33/50 (high priority chemicals) or other similar programs

- OEH professionals provide available health information for environmental releases and exposures to feedstock, streams, products, and purchased materials to business groups
- Plans to reduce the number of environmentally risky areas
- Commitment to use 'least hazardous' materials
- Other components

Dissemination:

- Policies and protocols are widely disseminated
- Services and programs are offered to all workers in all locations

Outcome Measures:

- Demonstrated commitment to use 'least hazardous' materials
- Number of environmental hazardous sites or locations (e.g. underground storage tanks)
- Number and extent of environmental mishaps
- Fines and penalties for non-compliance
- Percentage reduction of pollutants
- Number of processes changed to "closed systems"
- Use of renewable versus non-renewable resources
- Measured impacts on biodiversity
- Funds for environmental hazard research
- Percentage of reduction in number of environmentally risky areas
- Certifications or awards from external authorities/organizations
- Other outcome measures

Trends:

- Trend measures are in place that track changes over time (e.g., from year to year)
- Trend data have been used to make adjustments to policies and programs

3.6 Emergency Preparedness, Continuity Planning, and Disruption Prevention

Plans are in place for workplace and community emergencies that include the organization's responsibility, procedures, drills and community communication, and participation of health services personnel in hazardous materials response and follow up.

ACOEM Standards

Occupational Health programs should have a plan for managing health-related aspects of emergencies, including disasters, terrorism and public health hazards. This is important for the safety and welfare of workers and the community, as well as for continuity planning and prevention of disruption of organizational initiatives. Since community facilities and health and safety personnel are an essential part of dealing with an emergency at the workplace, such planning should be done in conjunction with the local community (Title III--Superfund Amendments and Reauthorization Act [SARA]). Under Title III, companies covered under the Hazard Communication Standard are required to make their chemical inventories known to emergency response groups of local community. Where these standards are not met, it is the responsibility of occupational health professionals to work for improvement. Concern or fear of terrorist attacks requires considerable professional judgment. Occupational health professionals should assure that proper treatment referral networks, such as employee assistance programs (EAP) and critical incident debriefing resources are in place for these individuals.

Outcome Indicators

Program Components and Processes:

- An emergency response plan integrating community resources and delineating key measures of responsibility, including emergency care
- A systematic process is used to define standards and goals to mitigate disaster effects
- Evidence that risks and possible consequences are thoroughly assessed
- Regular review meetings are held to assess emergency preparedness plans
- Plans revised as necessary based upon changes in requirements, the environment or other factors
- Worker and public concerns are incorporated into the organization's planning process
- A process for integrating emerging or future trends
- Local medical resources are informed of potential workplace injuries and illnesses
- First aid, CPR regular training and emergency medical response documented
- Investigations of all accidents and near-misses
- OEH staff on community panels
- EAP prepared for critical incident debriefing (CID)
- Other components

Dissemination:

- Policies and protocols are widely disseminated
- Plans and programs are in place at all locations

Outcome Measures:

- Number of drills and assessments of readiness
- Reports on degree of success in response to real or near-disasters
- Number of corrective actions and "lessons learned" from drills, trial sessions, and real incidents
- Progress in meeting goals and standards in the areas of public responsibility and corporate citizenship
- Survey results of employee and public concerns
- Number of critical incident debriefings and results
- Number of meetings with community groups involving OEH staff
- Other outcome measures

Trends:

- Trend measures are in place that track changes over time (e.g., from year to year)
- Trend data have been used to make adjustments to policies and programs

Section 4. Healthy Organization

4.1 Health Promotion and Wellness

Preventive health education programs include health risk factor identification, population health status ascertainment and activities to reduce the risk of common acute and chronic diseases, and other health-related concerns that may adversely affect the workforce.

ACOEM Standards

Health education and health promotion programs are integral to maintaining and enhancing the health of worker populations. Health risk appraisals can be used to identify and prioritize beneficial health behavior change programs. For example, smoking cessation, nutrition and exercise programs have been documented to improve health and productivity. Compliance training for motor vehicle seat belt use also reduces morbidity and mortality. Occupational health professionals can motivate and educate workers to take responsibility for making wise, healthier choices in lifestyle behavior and personal health care decisions.

Outcome Indicators

Program Components and Dissemination:

- Senior management support and participation
- Health risk appraisals and assessment of readiness to change health behaviors
- Risk factor screening (e.g., cardiovascular fitness, body mass index, blood pressure and cholesterol)
- Personal follow-up of those at high risk
- Health information and health education programs (e.g., weight loss, smoking cessation, health club, smoke-free environment, healthy vending machine and cafeteria selections)
- Health benefit plan activities that educate and promote good health
- Guidelines and communications to doctors to encourage health promotion
- Programs to improve quality of preventive clinical care and services provided to plan members
- Specific cancer screening programs for early detection following national guidelines
- Other components

Dissemination:

- Policies and protocols are widely disseminated
- Services and programs are offered to all workers in all locations

Outcome Measures:

- Participation rates, i.e., percent of beneficiaries getting screening, health risk appraisals (HRAs), health education and behavior change programs
- Prevalence of health risks and chronic disease in worker/beneficiary populations
- Projection of health-related costs and return on investment (ROI) analyses
- Effectiveness of risk reduction programs
- Participant satisfaction rates
- Impact of programs on clinical data and productivity
- Attainment of recommended participation rates in screening programs (e.g., mammography, Pap test, prostate specific antigen (PSA), HgA1C) as per Healthy People 2010 or US Preventive Services Task Force
- Other outcome measures

Trends:

- Trend measures are in place that track changes over time (e.g., from year to year)
- Trend data have been used to make adjustments to policies and programs

4.2 Absence and Disability Management

Health professionals and case managers support human resources, managers and supervisors to help assure quality of medical care and facilitate the early return to work of employees absent from work due to illness.

ACOEM Standards

Disability management programs assess reasons for workers' poor performance or absence from work due to illness or injury and determine when the individual is well enough to return to work safely. Closely related is the primary role of evaluating illness conditions that render work unsafe and require job accommodations. Disability management is expanding to identify individuals and worker populations who are at increased risk of poor performance because of health issues and find positive means to decrease absenteeism and enhance health and productivity in the workforce.

Outcome Indicators

Program Components and Processes:

- Written absence/disability management/Family Medical Leave Act (FMLA) policies and procedures
- Active case management (ambulatory, disability)
- Medical practice guidelines used for the most common causes of illness absence
- Transitional jobs available for temporary assignment
- Willing support of the early return-to-work (RTW) program by first line supervisors
- Functional job descriptions to facilitate effective RTW programs
- Health plan activities to help people manage chronic illness while working
- Effective program for improving quality of clinical care provided to health plan members
- Guidelines to assist plan doctors provide optimal care
- Other components

Dissemination:

- Policies and protocols are widely disseminated
- Services and programs are offered to all workers in all locations

Outcome Measures:

- Number of days absent from work, or with restricted/modified duty
- Lost day rate, permanent disability levels and rates
- Number of employees with chronic conditions that affect performance, e.g., asthma, arthritis
- Number of work days missed due to specific chronic conditions, e.g., depression, diabetes
- Disability management cost savings, e.g., from case management
- Patient satisfaction rates
- Comparison of actual lost work time and disability duration vs. published benchmarks/guidelines
- Evidence of monitoring quality of care, e.g., percentage of those, who after a heart attack, received beta blockers or diabetics who receive yearly hemoglobin A1C determinations
- Percentage of plan members hospitalized for mental illness seen by provider within 30 days of discharge

- Evidence that the health plan takes action to improve the quality of care based on quality assurance feedback
- Other outcome measures

Trends:

- Trend measures are in place that track changes over time (e.g., from year to year)
- Trend data have been used to make adjustments to policies and programs

4.3 Health Benefits Management

Occupational health professionals collaborate with human resources personnel in the design, evaluation and quality assurance of employee health benefits.

ACOEM Standards

Organizations are challenged to skillfully manage human capital to maximize the health, safety and productivity of the workforce. Health benefits management includes assessing and identifying specific health care needs of a given worker population and helping to maximize available resources to have the largest impact on delivery of high quality care to workers, retirees and their families. Health benefits plan design can help to maximize the health of workers and dependents. Actuarial claims analysis for trends in diagnoses and costs can facilitate planning appropriate disease management and health promotion programs. Actuarial rate setting can help to guide appropriate utilization of medical services. Pharmacy benefits plan design can reduce costs while providing access to appropriate medications. Quality of care of network providers can be evaluated against evidence-based best practices and standards of care and providers can be rewarded for highest quality care. Occupational medicine specialists can provide valuable assistance in evaluating worker health benefits, benefit costs and the adequacy of care provided. They are in a unique position to apply epidemiology, statistics, and information systems to assure quality of care and to identify the most effective opportunities to improve the health of a defined population of workers/beneficiaries.

Outcome Indicators

Program Components and Dissemination:

- Health benefits and aggregate claims data readily available from insurance carriers/administrators
- Measures of appropriateness and access to medical care
- Programs that educate employees about self-care and skillful use of medical care (“demand management”)
- Health benefits tailored to worker health needs, organizational culture and productivity goals
- Benefit coverage for preventive services using national guidelines
- Worker education on medical plan choices and understanding available benefits
- Assistance to workers to access appropriate care
- Procedures ensure health plan members get the level of care needed
- Data on the availability of primary care physicians, specialists and other practitioners
- Policies define rights and responsibilities of plan members
- Information that clearly informs plan members about services, benefits and how the plan works
- Integration of health benefit plan design with strategic direction in health promotion
- Health plan oversees clinical quality improvement
- Local physician community proactively engaged to practice evidence-based medicine using practice guidelines
- Other programs

Dissemination:

- Policies and protocols are widely disseminated
- Services and programs are offered to all workers in all locations

Outcome Measures:

- Evaluation of health plan quality, e.g., the National Committee for Quality Assurance (NCQA) Health Plan Employer Data and Information Set (HEDIS®)
- Quality improvement metrics, e.g., appropriate care to those with chronic diseases such as asthma
- Changes resulting from review of health benefits
- Financial outcomes, e.g., temporary disability, medical care, permanent disability and future medical costs
- Utilization, e.g., visits per case, diagnostic tests per case, and modalities per case
- Worker satisfaction opinion of programs offered, e.g., survey or focus group results and outcomes
- Measurement of how well the health plan provides its members with access to needed care and with good customer service
- Evidence that plan members get needed emergency services
- Other outcome measures

Trends:

- Trend measures are in place that track changes over time (e.g., from year to year)
- Trend data have been used to make adjustments to policies and programs

4.4 Integrated Health and Productivity Management

The organization implements integrated programs to assess and enhance population health status and reduce the impact of occupational and non-occupational illness and injury on costs and workforce productivity, including turnover rate, absenteeism and presenteeism.

ACOEM Standards

Integrated Health and Productivity management measures the link between worker health and productivity and directs employer investments into interventions that improve health and organizational performance. With this approach, managing the health of a population is incorporated as an important component of the organization's business strategy. Organizational resources are aligned to support an integrated approach to strategically investing in worker health and performance. Efforts are made to quantify the total economic impact of health, including direct medical and pharmacy costs of healthcare as well as indirect productivity-related costs such as absenteeism and presenteeism (present at work but limited in some aspect of job performance by health problems). Health interventions are chosen and evaluated to maximize positive impact on health, attendance and productivity. For the individual, injury or illness impacts on all aspects of life—at home and at work. Implementation of a strategy that promotes worker health and quality of life is essential to the worker's well-being. For employers, this approach is also beneficial as a cost-effective means of reducing health care expenditures, improving organization productivity and human capital management, promoting employee retention, lowering retraining and replacement costs, and enhancing organization culture.

Outcome Indicators

Program Components and Processes:

- Organization policies demonstrate commitment to employee health, well-being, human performance and productivity
- An integrated health and productivity management approach links multiple departments via committees, shared data and program development plans
- Analysis of health status and health needs of the population, including organizational health
- Health programs, interventions and benefits are selected to optimize return on investment for health, attendance and productivity
- Work environments are designed to optimize the balance of health and human performance of the workforce
- Strategies and interventions engage effective disease management, health management, and quality care management to identify and reduce gaps in quality that impact workplace health and productivity
- Preventive strategies and interventions focus on enhancing health and productivity of the workforce in alignment with business strategies
- Other components

Dissemination:

- Policies and protocols are widely disseminated
- Services and programs are offered to all workers in all locations

Outcome Measures:

- Measurement of productivity, e.g., absenteeism, presenteeism, direct and indirect health care costs
- Calculation of cost/benefit analyses or return on investment (ROI)
- Impact of health status on absenteeism, presenteeism, disability, turnover, work performance
- Indices of worker satisfaction and organizational climate surveys
- Clinical and financial measures, with evidence of action to correct gaps from evidence-based prevention and treatment quality of care criteria
- Demonstrated impact of improvements in healthcare upon workplace health-related productivity
- Quantify the total economic impact of health, including direct medical and pharmacy costs
- Other outcome measures

Trends:

- Trend measures are in place that track changes over time (e.g., from year to year)
- Trend data have been used to make adjustments to policies and programs