

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 workers 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