

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