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AOHP Journal

of the Association of Occupational Health Professionals in Healthcare

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Committed to the health, safety and well-being of healthcare workers.

CALL FOR SPEAKERS

AOHP 2025 National Conference
Glendale, AZ September 3 -5, 2025

Deadline to submit- February 15, 2025

AOHP is soliciting presentation submissions for its 2025 National Conference. The committee will evaluate the submission to determine if your presentation meets the needs of the conference. Please provide as much detail as possible in the submission, including a description of any relevant methods, techniques, tools, results, lessons learned, etc.

Below are prospective topic suggestions.
Topic suggestions include, but are not limited to, the following topics:

- Helpful Online Resources for the Occupational Health Professional
- Caring for an Older Workforce
- Pregnancy Laws and Accommodating Pregnant Workers
- ADA/STD/FMLA
- JAN/Accommodations for Disabled Workers
- Obesity in the Workplace
- Early Return to Work
- Establishing Fitness for Duty in Challenging Scenarios
- Legal Aspects of Workers' Compensation
- Workers' Compensation: Effective Claims Management to Get Employees Back to Work
- Legal Documentation in Employee Health
- Regulatory Compliance
- Immunization Updates
- Bloodborne Pathogen Exposure Follow Up and Notification/Documentation
- PEPline Use in Managing Occupational Exposures
- Communicable Disease Management and Contact Tracing
- Measles Exposure
- Tuberculosis Testing and Treatment
- Process Improvement for Occupational/Employee Health Departments
- Evidence-based Quality Improvement Projects
- Reporting Occupational/Employee Health Data to Organization Leaders
- OSHA Updates (Heat Injury and Illness Prevention/Hearing Conservation/Workplace Violence)
- ABOHN Certification
- History of Ergonomics
- Effective Ergonomics: Office and Clinical Settings
- Total Worker Health: How to Start Your Journey
- Mental Health First Aid
- Mental Health First Responders
- Worksite Mental Health Programs
- Caring for the Caregiver: Practicing Compassion During Crisis
- Work/Life Balance
- Fatigue Management

We appreciate your time and look forward to working with you as we build valuable educational content for the 2025 National Conference.

Sincerely,
Sarah Parris, RN, MSN
AOHP 2025 National Conference Chair

Download a speaker submission form here.

Deadline to submit - February 15, 2025. Successful applicants will be notified by May 27, 2025.

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MISSION

Provide essential tools that empower members to ensure the health, safety and wellbeing of healthcare personnel.
This is accomplished through:

- **A**dvocating for employee health and safety
- **O**ccupational health education and networking opportunities
- **H**ealth and safety advancement through best practice and research
- **P**artnering with employers, regulatory agencies and related associations

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STATEMENT OF EDITORIAL PURPOSE

The occupational health professional in healthcare is vital to ensuring the health, safety and well-being of both employees and patients. The focus of this *Journal* is to: provide current healthcare information pertinent to the hospital employee health professional; afford a means of networking and sharing for AOHP's members; and improve the quality of hospital employee health services.

The Association of Occupational Health Professionals in Healthcare and its directors and editor are not responsible for the views expressed in its publication or any inaccuracies that may be contained therein. Materials in the articles are the sole responsibility of the authors.

EDITORIAL GUIDELINES

AOHP *Journal* actively solicits material to be considered for publication. Complete Editorial Guidelines can be found at http://aohp.org/aohp/MEMBERSERVICES/Journal/JournalEditorialGuideline.aspx.

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Winter	November 30

Editor's Column

By Kim Stanchfield, RN, COHN-S
Journal Executive Editor

"30 Years in the Making"

Editor's Note: *The following column was originally published in Spring 2017. I like to republish favorite columns from the past to resonate the same message again while sending a new message to new readers. Change "30 years" to "37 years", and even though much time has passed, everything else remains the same.*

I consider myself a lifelong learner, always willing and optimistic to learn new things that enhance my work, personal life, and relationships with those close to me. I began this wonderful career in occupational health in healthcare (then called employee health) 30 years ago, a milestone that prompted this self-reflection. As I reached this achievement, one realization "slipped up" on me… the understanding that I was no longer "new and learning" but "very experienced and well informed".

To ever say "the pupil became the teacher" in the occupational health profession is only partly true, because our occupational health responsibilities are constantly changing. Healthcare, our business, constantly evolves, and so does the often overwhelming volume of federal, state, and local laws, rules, and regulations, as well as accreditation requirements. Add a mass of new and evolving technology, and we have a tsunami of "newness" always flooding at our doors.

My start in learning this profession is totally attributed to fellow employee health nurses in other hospitals across my state. I was sent to learn from employers who did not know even WHAT I needed to learn. My only direction was "join this group, learn from them what you should be doing, and bring back to us the details". This group of fellow Virginia employee health nurses soon joined a relatively new national organization, the Association of Hospital Employee Health Professionals (AHEHP).

During this time, most of us were "one person shops" in our individual hospitals. We were lucky if we had any clerical assistance. Some shared the responsibility with infection control duties. Health systems were rare, and everyone's policies and procedures relied on their individual hospital's political and medical direction.

Some of you may be thinking that this is like walking down memory lane, but far more of you, I am sure, are saying "really?". Trust me, I tell you only truths. In 1987, the Occupational Safety and Health Administration (OSHA) Bloodborne Pathogens Standard did not exist. In fact, hospitals were rarely concerned about OSHA, seeing the organization as more interested in factories, plants, and industry. It was the Joint Commission that received major attention in hospitals, and was, I dare say, the catalyst for many hospitals to hire an employee health nurse.

At that time, employee health nurses were mainly directed to administer flu vaccine and TB skin tests. No one had heard of an IGRA. Most of us managed work injuries, learning on the job with help from risk prevention professionals from our workers' comp insurance carriers.

Various health and wellness initiatives came and went. Mycobacterium TB resurfaced as a communicable disease, and OSHA proposed a standard that had us fit testing (using artificial smoke) staff for a HEPA mask that was reusable. Yes. We have come miles.

Needles did not have safety devices before OSHA's Bloodborne Pathogens Standard. In fact, staff had to be re-educated to wear gloves as barriers between blood and body fluids. Every now and then I still catch a "seasoned" staff member performing phlebotomy with a finger cut off the glove.

The Centers for Disease Control and Prevention (CDC) became our main reference and guide. Evidence-based practice emerged and quickly became essential to our practice.

As our responsibilities multiplied many times over, our healthcare worker population dramatically increased. We became computerized. Additional clerical, technical, and nursing staff were added to our offices (not nearly enough most of the time). AHEHP became the Association of Occupational Health Professionals in Healthcare (AOHP).

For me, there have been two constants among all the changes in my 30-plus year occupational health nursing career. One valued constant is the other occupational health professionals I have met along the way, both in my state and nationally. Mentors and dear friends came and moved on, experienced leaders replaced by new, eager professionals. The second constant has been this wonderful organization, AOHP. AOHP has kept me updated and motivated. It has been like a "30-year marriage to a great soul mate", one that this lifelong learner continues to cherish.

Staying Current on Government Affairs

By Stephen A. Burt, MFA, BS
Government Affairs Committee Chair

Predictions about what Occupational Health and Safety Professionals can Expect from the Incoming Administration

As the dust begins to settle from the 2024 election cycle, and the experts are busy analyzing and dissecting the results, let us sit back and draw from decades of experience to forecast how the workplace safety and health landscape may change with respect to enforcement, regulatory impact, compliance assistance, and rulemaking under a second Trump Administration.
No one questions that the new administration will reverse course from the Biden Administration to scale back federal regulatory oversight on workplace safety issues. But what exactly can the professionals in occupational health and employee safety expect?

As of the end of 2023, the Occupational Safety and Health Administration (OSHA) had 878 inspectors. That number hovered around 750 inspectors during much of Mr. Trump's first presidency, the lowest amount in OSHA's history, when his administration declined to mandate employers to take any protective measures against COVID-19 and rescinded part of the electronic recordkeeping requirements. At the federal level, history may very well repeat itself and, upon closer inspection, provide insights into the likely priorities of a second Trump term. Expect more of the same over the next four years.

Another question concerns the development of standards. Rather than mandating specific standards for different categories of potential workplace danger, expect a Trump-led OSHA to enforce safety concerns using the OSH Act's General Duty Clause. General Duty violations allow more leeway for the employer to determine what is adequate and what is not. General Duty violations will also make it harder for OSHA to litigate those cases because there is no set standard that documents exactly what should be done.

Enforcement Resources and Priorities

The first Trump Administration was marked by fewer OSHA inspectors (Compliance Safety and Health Officers (CSHO)), no appointed head of the agency, and a halt in the development of hazard-specific safety standards. OSHA operated without a confirmed Assistant Secretary of Labor for the entirety of the first Trump Administration. While it seems logical that federal government agencies without a Senate-confirmed leader would feel lost and directionless, it was essentially business as usual for OSHA under Trump, and the lack of leadership did not seem to make any difference in the agency's effectiveness.

We now know that Oregon Representative Lori Chavez-DeRemer has been tapped by Mr. Trump to lead the Department of Labor during the second administration. This move elevates a Republican congresswoman who has strong support from unions in her district but lost reelection in November. Chavez-DeRemer will have to be confirmed by the Senate, which will be under Republican control when Trump takes office on January 20, 2025. Good news for those in healthcare is that Chavez-DeRemer is also a small business owner, having started an anesthesia management company with her husband, an anesthesiologist, in Oregon.

Lastly, Chavez-DeRemer will have a monumental say in determining the Trump Administration's priorities with respect to workplace employee safety and health rulemaking and enforcement. Remember, while Trump will choose the next Assistant Secretary of Labor for OSHA, Chavez-DeRemer would essentially be that person's boss. For now, it is wait to see who gets selected as the Assistant Secretary of Labor for OSHA. Hopefully, this time around the agency will have administrative guidance.

It will soon become clear how quickly the second Trump Administration will turn its sights to OSHA, but one thing for sure, it will be very unlikely to see a push to increase OSHA's budget or even to hire replacements for enforcement personnel who leave the agency. OSHA had the fewest compliance officers in its history during the first Trump Administration, and despite efforts by President Biden to increase staffing levels, the number of enforcement personnel is sure to ebb again. Fewer compliance officers will lead to decreased enforcement activity, as well as overwhelming workloads for those remaining employees. Such a combination often results in reduced morale and mass exodus of talented, experienced employees.

Many legal experts expect OSHA to continue enforcement activities when President-elect Trump takes office in January, but he will likely put the brakes on safety standards under development, leaving the agency with the catch-all General Duty Clause as a basis for enforcement activities. A new head of OSHA is expected given Republican control of Congress and the comparative ease of confirmation hearings. Some experts speculate that the incoming administration could be more pro-labor

than Mr. Trump's first administration, and since OSHA has been relatively effective in recent years, a reversal of enforcement focus may be a bad move for a president who has been accused of not doing enough to protect workers.

OSHA under the new Trump administration is likely to adopt more employer-friendly policies than President Biden's current administration and could:

- Prioritize consulting and compliance assistance efforts, including increasing the avenues to foster cooperation between OSHA and employers by expanding its Alliance, Strategic Partnership, Voluntary Protection, Challenge, and On-Site Consultation programs.
- Scale back or even stop using press releases, and safety and health data, to publicly shame employers, e.g., through the agency's severe injury dashboard. Even if OSHA continues issuing press releases, we can anticipate that employers can expect far fewer of them and that those which are issued will have a decidedly different, less sensational tone.
- Roll back enforcement policies and practices adopted by the Biden Administration, such as: OSHA's expanded application of its instance-by-instance citation policy; lowered thresholds for inclusion in the Severe Violator Enforcement Program; and more aggressive use of egregious, willful, and repeat citations. In other words, OSHA will no longer be exploring creative ways to use all the tools in its toolbox – some tools will be dulled, and others will simply be put back on the shelf and possibly forgotten.
- Reduce the number of special emphasis programs, resulting in a shift from proactive enforcement to a more reactive response by the agency in addressing major incidents and credible complaints.

Regulatory Impact

The Congressional Review Act and recent Supreme Court decisions should bolster efforts to rein in agency action, and the Trump Administration will push continued deregulation. During his first administration, President Trump implemented a policy that for every new rule promulgated, two existing regulations should be withdrawn. He also required a review of agency guidance, directing departments to pull public materials that arguably expanded obligations, rather than simply restating existing legal obligations. With Congress on his side and the judiciary demonstrating an eagerness to limit agencies' rulemaking powers, similar – or more stringent – practices may be reanimated. This legislative and regulatory environment leaves the fates of recent and pending OSHA rulemaking in question.

Proposed Heat Standard Will Disappear

OSHA's proposed "Heat Injury and Illness Prevention in Outdoor and Indoor Work Settings" rule's comment period remains open until December 30, 2024, but how a Trump-selected new OSHA team considers comments and whether it decides to pursue further action after January 20, 2025 is open for debate. States with Republican leadership like Florida have not been keen to implement rules combatting heat illness and injury, and that approach could trickle up to the federal level in President Trump's OSHA.

So where does the heat standard stand as of today? It is now anticipated that the proposed heat safety rule, originally projected to become final in early 2025, will be scaled back dramatically, delayed, or scrapped altogether. The Notice of Proposed Rulemaking (NPRM), proposed rule, and request for public comments were all published in the Federal Register on August 30. A number of industry groups have approached OSHA requesting to extend the public comment deadline through March 31, 2025, to provide sufficient time to analyze the impact of the new rule. Such an extension, if granted, would also provide interested employee and employer groups with time to work with the new Trump OSHA appointees to create a workable standard.

Keep in mind, just because a federal heat standard may never see the light of day does not mean employers can ignore heat-related obligations. First, OSHA's National Emphasis Program for Outdoor and Indoor Heat-Related Hazards remains in place until April 2025. This National Emphasis Program (NEP) on heat is a nationwide enforcement mechanism by OSHA to proactively inspect workplaces for heat-related hazards in general industry, maritime, construction, or agriculture operations. It expands on OSHA's ongoing heat-related illness prevention initiative and campaign by presenting a targeted enforcement component and reiterating its compliance assistance and outreach efforts. The program inspects workplaces with the highest exposures to heat-related hazards to prevent workers from suffering injury, illness, or death.

For many employers, OSHA state plans have created heat-related standards that require compliance. After all, states remain free to continue adopting and following their own heat regulations, even if the federal OSHA heat standard is scaled back or withdrawn. State plans are OSHA-approved workplace safety and health programs operated by individual states or U.S. territories. They are monitored by OSHA and must be at least as effective as OSHA in preventing work-related injuries, illnesses, and deaths. States currently regulating outdoor and indoor heat-related hazards include California, Colorado, Minnesota, Oregon, and Washington, with several other state OSHA programs reviewing regulatory language.

Expect the Pendulum to Swing Again on Electronic Recordkeeping Requirements

A rule that exemplifies the regulatory ping pong OSHA has experienced through recent administrative transitions is the agency's regulation to "Improve Tracking of Workplace Injuries and Illnesses." This rule, requiring designated employers to electronically submit injury and illness data, launched under the Obama Administration, was dialed back under

President Trump's first term, and then found new life under President Biden. Its history describes but one example of how each new administration's reversals of preceding policy create confusion for employers, employees, and even government personnel trying to execute presidential directives. Most covered employers are used to the status of the OSHA electronic recordkeeping rule flip-flopping back and forth over the past decade.

- In 2016, the Obama-era OSHA issued the "Improve Tracking of Workplace Injuries and Illnesses" final rule, mandating companies with 250 or more employees to electronically submit injury and illness data from OSHA Forms 300, 300A, and 301.
- In 2019, a Trump-era OSHA final rule rescinded that requirement.
- Things flipped once again in July 2023 when Biden's OSHA released a final rule requiring certain large employers to electronically submit OSHA injury forms, with the rule becoming effective in January 2024. The updated rule required establishments with 100 or more employees in certain designated industries to electronically submit Forms 300 and 301 to OSHA each year.
- So, what can we expect in 2025? We anticipate the new OSHA leadership will again re-visit electronic submission requirements after the new administration takes office, with the pendulum swinging back as it did under the first Trump administration. The agency could once again put electronic submission requirements back on the shelf.

Last Words from 2024 - Good Luck in 2025!

With President-elect Trump returning to the White House in January, many employers are expecting the new OSHA to increase emphasis on compliance assistance, scale back enforcement, and slow down or even stop rulemaking efforts. OSHA conducted slightly fewer safety inspections during the first three years of Trump's presidency than during a comparable period at the end of President Obama's second term, even though the labor force grew by 16 percent, according to a Center for Public Integrity analysis of the agency's inspection data. Under federal law, the agency doesn't need to visit every workplace – an impossibility given that OSHA has never had more than 1,500 inspectors to cover millions of workplaces – but under Trump, scrutiny will be even less likely.

However, with the nomination for Secretary of Labor of an individual like Lori Chavez-DeRemer, who has supported pro-worker legislation while in Congress, the extent to which OSHA as an enforcement agency changes in the months ahead will be watched closely, both in terms of enforcement, as well as the fate of compliance assistance and continued rulemaking.

"Fill the Gap" EXPO-S.T.O.P. survey report

We're excited to share that the highly anticipated "Fill the Gap" EXPO-S.T.O.P. survey report, sponsored by Daniels Health, is now featured in the 2024-3 edition of the *Journal of the Association of Occupational Health Professionals in Healthcare (JAOHP).* AOHP members can access the JAOHP as a complimentary resource, while non-members can subscribe for access.

This comprehensive report explores the prevalence of blood and body fluid exposure (BBFE) incidents in the U.S. over the past five years. Packed with critical analysis and actionable insights, it provides a roadmap for reducing BBFE incidents to zero.

Don't miss out—download a copy of the report today to join the effort in improving workplace safety. Follow the link to request a copy: https://aohp.org/expostopsurvey/SurveyReport.aspx

Association Community Liaison Report

By Bobbi Jo Hurst, BSN, RN, MBA, COHN-S
Association Community Liaison

I am continually amazed at how fast the time goes. We are embarking on the year 2025!

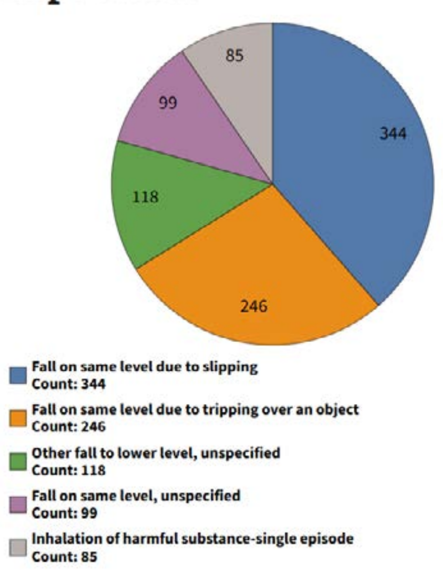
OSHA Update

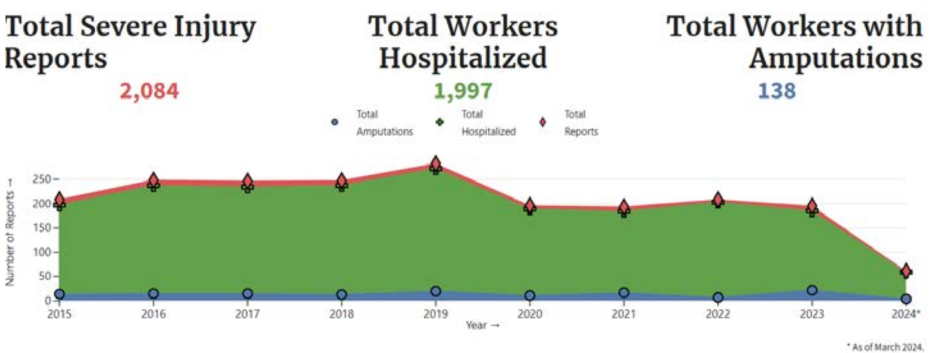
The Occupational Safety and Health Administration (OSHA) has two dockets requesting comment that pertain to occupational health practice. The first question relates to how maintaining the COVID-19 log helps OSHA to increase safety for our employees. The response from AOHP is that we feel keeping a separate OSHA log for all COVID-19 employees does not assist in keeping our staff safe. It just adds more work. An employee who has a documented exposure to COVID-19, which turns positive during the time frame, should be tracked on the regular OSHA log. This would be the same process as with any communicable disease and would not hold COVID-19 to a different standard. There may be many questions about how we know that this is a true conversion due to a work-related exposure. This is indeed difficult, but one that I feel is much more reasonable than inaccurately putting all COVID-19 cases on a separate log.

The second docket that AOHP responded to was regarding how the Sharps Injury Log assists in keeping our employees safe. We feel that the Sharps Injury Log is another duplicate, although some may use it to track sharps and other related information. Many occupational health professionals use computer systems to document injuries/incidents. Currently, OSHA requires submission of Forms 300 and 301. While OSHA provides this data in an Excel spreadsheet, it is not coded for sharps information to be extracted. This technological update would provide us with information to assist in benchmarking these injuries. A separate log that is not submitted to OSHA does not provide this data. Work is in progress on additional coding of injuries, and AOHP has requested that sharps injuries be identified from the data.

OSHA's goal is to keep our employees safe and to implement practices that make the work environment more secure for all. Even though we have not been able to obtain data from OSHA for sharps injuries, they are tracking serious events that happen in healthcare institutions. This data is available by NAICS code. The following chart is for NAICS: 622110: general medical and surgical hospitals. There is a search for event or exposure to obtain more information, but since sharps do not fall in that category, they are not tracked here.

Here are some of the charts that OSHA provides for General Medical and Surgical Hospitals.





Serious events are those that need to be called into OSHA. All employers are required to notify OSHA when an employee is killed on the job or suffers a work-related hospitalization, amputation, or loss of an eye.

- A fatality must be reported within 8 hours.
- An in-patient hospitalization, amputation, or eye loss must be reported within 24 hours.

OSHA has many initiatives in the pipeline, including several important standards, such as Heat Injury and Illness Prevention in Outdoor and Indoor Work Settings. This proposed rule is to prevent deaths related to people being exposed to heat. They have developed training to assist in this area. The updated Hazard Communication Standard, effective July 19, 2024, is better aligned with the international standard and improves the amount and quality of information on chemical labels and safety data sheets. Work continues on the Workplace Violence Standard and the Infectious Disease Standard, including directives for the Workplace Violence Standard to improve programs and ensure compliance. OSHA also continues to work on the proposed Emergency Response Standard, holding informal meetings and extending the response period. This rule would have many requirements not currently in place, including periodic medical assessments.

Please see the Government Affairs column in this issue of the *Journal* for analysis of how the incoming administration may impact OSHA's current efforts.

Helpful Practice Tools from OSHA and NIOSH

One very important factor with the current OSHA is that they want to help occupational health and safety professionals. Discussions at NACOSH (National Advisory Committee for OSH) focus on tools and programs that make work safer.

As many have voiced concerns about mental health, OSHA and the National Institute for Occupational Safety and Health (NIOSH) are working to address this issue. OSHA has outreach materials, guidance, and tips to understand mental health issues and promote well-being, and NIOSH has developed a 2024 National Strategy for Suicide Prevention. (How Employers Can Advance the 2024 National Strategy for Suicide Prevention)

NIOSH is publishing science blogs periodically to answer pertinent questions. One blog that may be helpful is Tips for Managing Personal Protective Equipment in Your Stockpile: Respirator Selection and Purchase.

Another helpful resource to reduce the spread of airborne infectious disease in the workplace is Healthier Workplaces and Schools.

Total Worker Health

NIOSH Total Worker Health and their partners are conducting research and developing tools to assist occupational health staff with employee mental health. NIOSH funds 10 Centers of Excellence for Total Worker Health. These centers pilot programs, develop and distribute best practices and tool kits, and create strategies to assist in the improvement of worker health.

AOHP is an affiliate of Total Worker Health, and through this partnership, I was able to participate in the Total Worker Health Affiliates Colloquium. Two of the presentations at the meeting were related to healthcare workers and well-being. The first was the NIOSH Worker Well-being Questionnaire (WellBQ). This free questionnaire can be found at https://www.cdc.gov/niosh/docs/2021-110/. If the WellBQ is completed online, the information is then shared with HERO, who partnered with NIOSH to help companies better understand the health and well-being of their workforce. https://hero-health.org/hero-worker-well-being-clearinghouse/

It is so exciting to have organizations work to improve both health and safety of our employees. If any of your organizations have participated in these programs, it would be great to write an article for the *Journal* to share your experience.

I must add that Dr. Casey Chosewood, who led the Total Worker Health program, is retiring as of January 1, 2025. We wish him well and thank him for his great leadership and passion for the health and well-being of all people.

USP Chapter 797

Many posts in the AOHP listserv include questions about USP Chapter 797. A helpful resource is the on demand webinar Mind the Gaps: Assessing Your Institution's Compliance with USP Chapter <797>.

This educational activity will summarize key revisions to the chapter as well as review how to assess facility and personnel, policy and procedure development and review, beyond-use dating, environmental monitoring, and accreditation gaps. Best practices for training and monitoring personnel will also be presented.

The Institute for Safe Medical Practices (ISMP) is offering several of these on demand webinars about 797, provided free through a grant from Pfizer. The above link is just for one of the four different webinars.

Wishing you a wonderful and safe new year.

Perspectives in Healthcare Safety

By Cory Worden, PhD(ABD), MS, CSP, CSHM, CHSP, ARM, REM, CESCO

What Gets Recognized Gets Repeated: Creating an Effective Nomination Package

Within any organization, metrics, benchmarks, standards, and other quantitative or qualitative values are associated with what is considered "excellent" or "outstanding" performance. (On a related note, you might have been in the U.S. military if you consider an "excellent" rating on a performance review to be a mark-down). In a Safety Management System, a continual improvement cycle easily and equally relevant for any situation where negative outcomes are being prevented can include preventing injuries, exposures, quality issues, financial losses, and negative employee or customer satisfaction situations. Metrics are attached to each phase of the cycle: engagement/infrastructure (Safety Committees, etc.), risk analysis, risk controls, training, communication, leading indicators, lagging indicators, and incident analysis.

Furthermore, recognition and incentive programs can be part of the leading indicator phase of the cycle. While validating safety improvements, including how many employees were positively reinforced for outstanding safe work conditions, safe work practices, and/or process improvement as a metric of effective performance says a lot about safe work practices, process improvement, and leadership engagement and support.

Internal and External Visibility

Within the organization's Safety Management System, recognition programs can be effective in several forms. They can be verbal recognition, such as acknowledgment during meetings. They can feature smaller items such as certificates of appreciation. They can be elevated to plaques and challenge coins, and even to trophies or other larger symbols of appreciation.

Recognition can be immediate or shorter-termed, such as recognizing safe work conditions as identified during an inspection, or safe work practices as identified during an observation. They can also be longer-termed, such as an Employee of the Month/Quarter/Year-type recognition, or an annual award. These programs can be based around performance, such as safe work practices being utilized, or participation, such as recognizing those helping with inspections, observations, and other parts of the safety system.

Additionally, recognition can be for proactive program development, such as recommending risk controls such as equipment, procedures, or Personal Protective Equipment (PPE). And, recognition can be for diligence, such as reporting good-catch situations. All these functions are great opportunities for positively reinforcing those doing well in safety, and the recognition programs can be optimized by co-mingling immediate recognition with shorter-term programs, and then co-mingling shorter-term programs with longer-term programs.

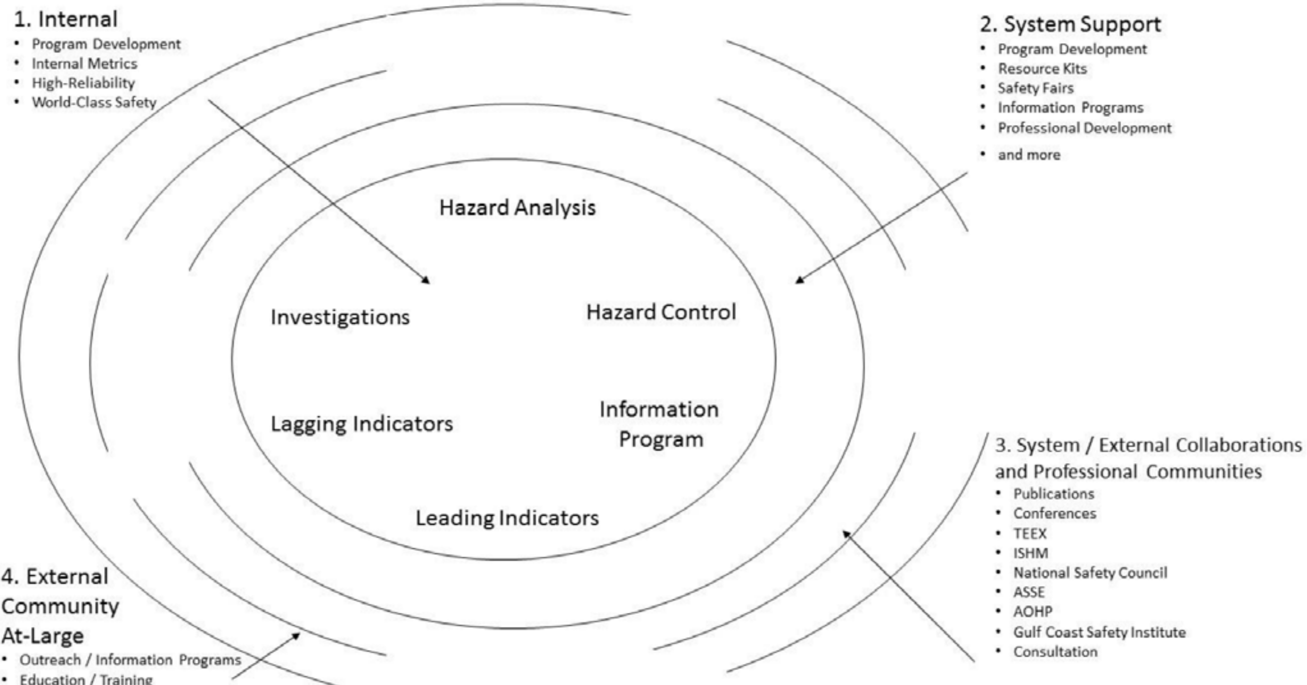
For example, employees can be recognized for safe work practices, which, when continued, positions them for shorter-term recognition as an Employee of the Month. This, in the longer-term, can be optimized by including nominations for each Employee of the Month for an Employee of the Year vote. Similarly, immediate recognition can be given for reporting good-catch events, which can then be upscaled into a quarterly recognition. This can lead to an annual award for a "Safety Champion" each year. All these recognition opportunities can help boost an organization's internal safety culture.

Knowing how positive reinforcement and recognition are integrated into process improvement – including safety and risk management, which are also irrevocably tied to patient safety, infection prevention, quality assurance, and many other fields – it is logical, for many reasons, to extend this positive reinforcement outside of the organization. For example, in one case, best practices are best shared; outstanding employees and outstanding accomplishments can benefit other organizations and operations. In another case, recognition and validation outside of the immediate employer sets the tone for employee satisfaction through servant leadership, and for the organization itself to be seen as a leader in safety.

Changing the Professional Landscape

In many situations, challenges in developing a safety culture are shared by many organizations across the world. It is no coincidence that some of the exact same topics, hazards, and potential solutions are discussed at almost every conference, every year. For this reason, optimizing successes by sharing them outside the organization is an altruistic success.

As shown in the graphic below, the initial objective of a Safety Management System is to develop the core functions of risk analysis, risk control (including training), communications, leading indicators, lagging indicators, and incident analysis as the ground level for the organization's safety culture. (If interested, I have written several articles about the Safety Management System and how it ties into High Reliability Operations). From there, work done by the Occupational Safety and Health team can be expanded to benefit the operational leadership and teams at each part of the system, such as each individual hospital or clinic. These successes can then become best prac-



tices within the expanded professional community, such as local partnerships, alliances, higher education institutes, and more. And finally, these successes can be emphasized in case studies, publications, conferences, presentations, and other functions. In this four-quadrant movement, the continual improvements can benefit not only the immediate employer, but also the professional community and the industry as a whole.

With this 'big picture' in mind, outstanding achievements can be recognized in many capacities. In addition to the organization itself, there is recognition from larger-scale organizations such as national, regional, and local conferences. There are many professional organizations that have awards programs and are happy to see nominations. For example, AOHP provides recognition through several awards each year. At this point, the question becomes, how do we get outstanding work in front of nominations committees?

Writing the Nomination

Writing a focused, effective nomination narrative can be accomplished with a methodical process. Coincidentally, the same process followed within the Safety Management System can be the bedrock for nomination data and metrics needed. The more quantitative, measurable data, the better. For example:

1. **Infrastructure, Engagement, and Participation:** Before anything can happen in safety, we need subject matter expertise. After all, no safety or occupational health professional knows everything about everyone else's profession. We need representatives to help us identify, assess, and control the hazards. Knowing this, we can recognize those who give their subject matter expertise for a Safety Committee, an Environment of Care Committee, or a similar function. This recognition can be for how many meetings took place, the number of participants, and the attendance rate; for example, 100% attendance for 12 consecutive months (20/20 on the roster were in attendance).

2. **Risk Analysis:** Risks need to be identified before they can be controlled. Recognition can be for what risks were identified, how many of them, the risk level explained (frequency of exposure x severity x predictability), and other factors.

3. **Risk Control:** Risk controls implemented, recommended, or otherwise worked on are all recognizable. Consider an employee recommending a PPE improvement, working with the procurement team to get quotes, working with the team to ensure it fits correctly, and working with the logistics team to distribute it. This provides a great opportunity for sharing these successes both in and out of the organization (minus any information that may appear to be a conflict of interest, such as sounding like an ad for the PPE company; however, the hazard identification, assessment, and control using the PPE is a story worth sharing).

4. **Training:** Training success stories are fantastic. For example, an employee who developed a training program, scheduled the classes, taught the classes, and then used the data to validate the training and the risk controls being taught is another great case study. This can all be measured with data such as:

   "How many training courses were written?"
   "How many pages of student materials were written?"
   "How many classes were scheduled and taught?"

"How many students completed the training?"
"What was the success rate?"
"Is there a correlation between the number of students trained and an increase in safe work practices?"

This is all valid, reliable data that can be used to tell the success story.

5. **Communications:** Communications are needed to remind the team of the risks, the risk controls, and how they were trained to use the risk controls. Communications can also be measured with how many topics, how many pages, how many distributed to how many people, how many formats (bulletins, emails, videos, etc.), and other factors.

6. **Leading Indicators:** Leading indicators are arguably one of the most important phases of the system because they are created and measured to validate whether the risk controls are effective. For example, inspections can be used to validate safe working conditions. Observations can be used to validate safe work practices. Good-catch reports can be used to validate situational awareness and incident prevention. All these methods can be measured. For example, how many observations were conducted? How many unsafe work practices were identified, and how many preventive measures were implemented? What was the 'safe work' rate (number of items on the observation checklist marked 'safe' divided by the total number of items on the observation checklist)?

7. **Lagging Indicators:** Finally, lagging indicators can be used to measure the reactive incident count and incident rate. Lagging indicators have unfortunately been a focal point for years with many organizations because of OSHA's 300 and 300A logs and workers' compensation in general, so a push toward proactive leading indicators has been happening for a while, profession-wide. However, lagging indicators are still necessary as a means of checking the validity and reliability of the data. For example, we can measure total incident counts, total incident rates*, workers' compensation claims counts and rates, and Days Away/Restrictions/Transitional Duty (DART) counts and rates. Showing progress and success with leading indicator measurements while showing a decrease in lagging indicators demonstrates that the incident reduction is reliable and valid. However, if the incident rate drops without a documented increase in safe work, the lagging indicators might be coming from good luck or worse, not reporting incidents.

   (*Incident rate is calculated using the standard OSHA calculation: # of incidents x 200,000/total hours worked for the time frame being measured.)

8. **Incident Analysis:** The final step is to determine, based on the lagging indicators, what caused the incidents and what will be done to prevent reoccurrences. In this regard, the preventive and corrective measures coming from the incident analyses can become proactive leading indicators. For example, if we can show that for 10 incidents that occurred, there were 10 completed incident analyses and 10 preventive measures implemented, this is quality data that paints a picture of being "Committed to Resilience" (a high-reliability principle).

The Big Picture

Ultimately, we can write a nomination package using data and metrics from the Safety Management System. For example:

Jane Q. Public is a transformational leader. She leads three direct report employees with zero turnover in the past five years and manages our Safety Committee consisting of 15 members meeting once a month with 12 meetings per year and with 100% attendance. The Safety Committee manages our Safety Management System consisting of risk identification, assessment, and control. This year, risks from workplace violence, disease exposures, chemical handling, and motor vehicles were assessed with 10 job safety analyses. Improved risk controls included four new pieces of Personal Protective Equipment (PPE) resulting in a purchase of 300,000 items distributed to 200 employees from Jane's management of our $50,000 budget. She designed training for these new PPE items consisting of 20 pages of written student materials, five quick reaction checklists, two student evaluation checklists, and 200 students trained with 100% completions. To validate this new PPE, five work observations were conducted weekly with 100% completion and a 99% safe work rate from 4/5 items of the checklist being safe and only two unsafe work practices identified, but with a 100% good-catch reporting rate and 100% preventive measures being implemented. Finally, due to Jane's leadership, our Total Incident Rate has been 1.2 per 100 employees, our workers' compensation claims rate has been .4 per 100 employees, our OSHA Recordable Rate (Total Case Incident Rate) has been .2 per 100 employees, and our Days Away/Restrictions/Transitional Duty (DART) Rate has been only .05 per 100 employees. These rates show a 50% reduction from the previous year, validated and made reliable by 70% increases in leading indicator completions and safe work rates. Additionally, for each incident, an incident analysis was completed for a 100% completion rate and with 20 preventive and corrective measures implemented for the causes of the incidents. From her Safety Management System's metrics and her leadership, we believe Jane Q. Public to be the best of the best qualified for your esteemed recognition, and we hope you agree.

Conclusion

For both organizational excellence and altruistic assistance to the professional field, internal organizational improvement can lead to external visibility for safety accomplishments. With this, employee recognition can be conducted at multiple levels and frequencies. This recognition can also be conducted outside the organization for best practice sharing and employee satisfaction. To do so, an effective nominations package can be developed using data and metrics from the major components of the Safety Management System. With this, the organization and the employee(s) can shine.

Research

By Asha Roy, PhD, OTD, OTR/L, MS, MBA, MAS, PS HQ, CSPHP, CWcHP, CEAS II, AEOAS
Chair, AOHP Research Committee

Op Ed - The Post-Pandemic Shift: A Surge in Ergonomic Furniture Requests

The COVID-19 pandemic fundamentally altered the way we work. As many transitioned to remote or hybrid work models, the importance of ergonomic workstations became increasingly apparent. This shift has led to a notable increase in requests for ergonomic furniture, such as standing desks and adjustable chairs, at our facility. Below are some of the lessons learned from our journey.

Prioritizing Ergonomic Well-being

To address these evolving needs and maintain a healthy work environment, our facility has implemented several strategies:

- **Streamlined Request Process:** To facilitate ergonomic concerns, we have established a centralized email inbox. Employees can submit requests directly to this inbox, providing details about their specific needs and any discomfort they are experiencing. A dedicated team member monitors this inbox daily, ensuring prompt response times and efficient processing of requests.

  o **Quick Response:** We aim to respond to all requests within 24 hours, either by providing immediate advice or scheduling an ergonomic assessment.

  o **Clear Communication:** We maintain open communication with employees throughout the process, keeping them informed about the status of their request and any potential delays.

  o **Data Tracking:** We track the types of ergonomic issues reported and the solutions implemented to identify trends and potential areas for improvement in our workplace design and policies.

- **Ergonomic Evaluations:** We offer comprehensive ergonomic assessments conducted by professionals (occupational and physical therapists) with certification in ergonomics. These evaluations identify potential ergonomic risks and recommend appropriate adjustments to workstations, including the use of ergonomic furniture.

  o **Online Self-Assessment Tool:** To streamline the process and provide immediate feedback, we have introduced an online self-assessment tool. This tool guides employees through a series of questions about their workstation setup, work habits, and any discomfort they may be experiencing. Based on the responses, the tool provides tailored recommendations, such as adjusting monitor height, chair position, or keyboard angle.

  o **In-Person Assessments:** For more complex cases or when team members prefer an in-person assessment, they can schedule a follow-up in-person assessment with our lead ergonomist.

- **Collaboration with Procurement Team:** To ensure timely and cost-effective procurement of ergonomic furniture, we have established a strong partnership with our procurement team. By leveraging their expertise in sourcing and negotiation, we can identify the most suitable ergonomic solutions at competitive prices. This collaboration involves:

  o **Vendor Partnerships:** Developing relationships with trusted vendors specializing in ergonomic furniture to ensure access to a wide range of high-quality products.

  o **Bulk Purchasing:** Negotiating favorable terms with vendors to reduce costs through bulk purchasing, especially for common items like ergonomic chairs.

The Benefits of Prioritizing Ergonomics

By prioritizing ergonomic considerations and investing in appropriate furniture solutions, our facility aims to create a more comfortable, efficient, and sustainable work environment for all team members. This investment in team member well-being can lead to numerous benefits, including:

- **Increased Productivity:** Ergonomic workstations can reduce musculoskeletal disorders, fatigue, and stress, leading to improved focus and productivity (Adiga, 2023; Kamijantono, Sebayang, & Lesmana, 2024; Parveen, 2023).

- **Reduced Absenteeism:** By addressing ergonomic issues, we can minimize work-related injuries and illnesses, reducing absenteeism and healthcare costs (Adiga, 2023; Sepehrian, Hashjin, & Farahmandnia, 2024).

- **Improved Team Member Morale:** A comfortable and healthy work environment can boost team member morale, job satisfaction, and overall well-being (Adiga, 2023; Parveen, 2023; Surianto & Nurfahira, 2024).

- **Enhanced Company Reputation:** A commitment to team member health and well-being can enhance our company's reputation as an employer of choice (Foncubierta-Rodríguez, Poza-Méndez, & Holgado-Herrero, 2024; Ronda & De Gràcia, 2022).

By prioritizing ergonomic considerations and investing in appropriate furniture solutions, our facility aims to create a more comfortable, efficient, and sustainable work environment for all team members. This investment in team member well-being not only enhances productivity but also fosters a positive and supportive work culture.

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CALL FOR POSTERS

AOHP 2025 National Conference
Glendale, AZ
September 3 -5, 2025

Deadline to submit- March 31, 2025

We invite you to showcase your expertise, research, and innovative solutions at the upcoming AOHP 2025 National Conference, taking place September 3-5, 2025, in Glendale, AZ. This is a unique opportunity to share your work with peers, engage in meaningful discussions, and gain recognition for your contributions to occupational health.

Why Submit a Poster? Presenting a poster is a great way to communicate your insights on a technical topic, research, case study, or success story. Your poster will be prominently displayed in the registration area and exhibit hall, ensuring high visibility and ample opportunities for interaction.

Submission Deadline: March 31, 2025

Notification of Acceptance: May 31, 2025

Presenter Discount: Accepted lead presenters receive a $100 discount on the main conference registration fee.

Download Poster Submission Form here

Self-Care as a Lifeline: Prioritizing Wellness to Combat Stress & Prevent Burnout in Occupational Healthcare

By Lisa Hammett

Occupational healthcare workers (OHWs) face many challenges in the workplace. Top challenges include:

Stress and Burnout
Due to high caseloads, emotional demands, staff shortages, and administrative responsibilities, OHWs often experience stress and burnout. This is exacerbated by the need to balance employee health and organizational demands.

Workplace Safety Risks
Exposure to biological, chemical, and physical hazards is a significant concern for OHWs. Repetitive motions and lifting patients can create ergonomic risks. Workplace violence can also be a concern due to aggressive patients. These risks can lead to emotional trauma and physical injuries.

Changing Regulations and Compliance
Navigating complex and evolving workplace health and safety regulations can be challenging. OHWs must stay updated on laws like Occupational Safety and Health Administration (OSHA) guidelines and workers' compensation policies.

Workplace Diversity and Health Equity
Addressing the varied health needs of a diverse workforce, including managing language barriers, cultural differences, and varying health literacy levels, requires specialized knowledge and strategies.

Technology and Data Management
The use of electronic health records (EHRs) and other digital tools is essential but can be time-consuming and difficult to manage, particularly if systems are outdated or not user-friendly.

To combat these and other challenges, it is imperative that OHWs prioritize self-care for stress management and burnout prevention.

Self-care is a set of deliberate and proactive actions that individuals take to promote their physical, mental, and emotional wellbeing. It involves taking time to care for yourself, prioritizing your needs, and engaging in activities that recharge, rejuvenate, and support overall health.

Self-care activities include the following:

Physical Self-Care
Activities that support physical health, such as exercising, eating nutritious foods, getting good sleep, staying hydrated, and practicing good hygiene.

Emotional Self-Care
Practices that help manage emotions and cultivate a positive mindset. This can include journaling, practicing mindfulness and mental fitness, seeking therapy, counseling, or coaching, and engaging in activities that bring joy.

Mental Self-Care
Actions that stimulate and challenge your mind, such as reading, learning a new skill, solving puzzles, creative activities, and practicing critical thinking.

Social Self-Care
Connecting with others and nurturing healthy relationships. Spending time with loved ones, participating in social activities, and seeking support from friends and family.

Spiritual Self-Care
Engaging in activities that nurture your sense of purpose, meaning, and connection to something greater than yourself. Practices include meditation, prayer, spending time in nature, or engaging in activities that align with your values.

Professional Self-Care
Taking steps to maintain a healthy work/life balance, setting boundaries, and engaging in activities that enhance professional growth and satisfaction.

Environmental Self-Care
Creating a physical environment that promotes relaxation and comfort, such as decluttering and organizing your space, surrounding yourself with things you love, and spending time in nature.

Financial Self-Care
Making responsible financial decisions and taking steps to manage financial wellbeing, such as budgeting, saving, and seeking advice when needed.

When work/life is severely out of balance, it can be difficult to prioritize daily self-care. Here are some strategies for integrating regular self-care into a busy life:

Schedule it | Work in time blocks

If it's not on your calendar, it won't happen. Schedule breaks, lunches, and activity. Activity includes doing something daily that gets you moving. The key to sticking with it is finding something you enjoy (e.g., water aerobics, walking, gardening, and dancing).

Create power-hour time blocks to complete important tasks. These are distraction free zones. Turn off notifications and find a quiet place where you can focus, without distractions.

Use your days off to fully disconnect. This includes leaving work email, voicemails, and texts to workdays only.

Start small and set realistic expectations

Don't try to change everything at once. It will never happen and will leave you feeling defeated. Start with one small habit. Maybe that's taking a 10-minute walk around the block, one day a week. Once that feels comfortable and doable, add a second day. Once you've mastered two days, add a third, and so on.

Combine self-care with activities you already do

Grab a friend, or listen to a favorite podcast, while going for a walk. When watching TV, grab some hand weights or ride an exercise bike.

Set healthy boundaries

If a full schedule is preventing you from scheduling time for self-care practices, it's time to say NO and reduce/eliminate time suckers.

When saying NO, a simple, "Thank you for thinking of me; I'm already committed," will suffice. Don't apologize for saying NO, and don't feel compelled to provide a dissertation as to why you're saying NO.

Time suckers are those non-productive activities that prevent you from focusing on more important tasks (e.g., scrolling social media, binge watching TV).

Be flexible | Reflect and adjust as needed

Give yourself grace if your schedule changes and you are unable to continue with your current self-care practices. Evaluate what you can incorporate into your new schedule. Start small. You're building a new habit. It takes time.

Author

Lisa Hammett is a dynamic Transformational and TEDx speaker, an international best-selling author, a Certified Positive Intelligence PQ Coach, a wellness expert, and a vocal and personal advocate for obliterating burnout in healthcare and HR.

With over 26 years of experience as a leader in the corporate retail industry, Lisa knows firsthand the toll that stress and burnout can take on individuals. After a transformative health and wellness journey where she lost 65 pounds, Lisa decided to dedicate her life to helping others achieve their health and wellness objectives.

Lisa has positively impacted the lives of thousands of individuals, empowering them to make lasting changes.

Her first book, *From Burnout to Best Life. How to take charge of your health and happiness,* reached best seller status in 16 categories globally.

Take Advantage of Your AOHP Membership Benefits!

Now is the time to renew your AOHP membership! There is much value in belonging to the organization. Membership benefits include:

- Listserv discussion group for AOHP members (priceless!)
- Nine or more FREE live webinars each year (more than $240 in value)
- FREE continuing education by reading AOHP Journal articles ($50 value)
- Many FREE continuing education opportunities
- FREE podcasts
- Discount on annual national conference; scholarship opportunities
- Educational activities from chapters and regions
- Informative electronic communications, including the quarterly AOHP Journal, E-newsletter, monthly e-Bytes, resources on our website, and networking opportunities
- Legislative advocacy and updates; collaborative relationships with other stakeholders and regulatory agencies

AOHP is the only professional organization that serves the interests and needs of occupational health professionals in the healthcare setting. Visit our website at www.aohp.org to access the most important and up-to-date occupational health information and resources.

Body Size Language in Healthcare

By Dr. Lesley Gray

Language we use in healthcare to categorize people's body size, associated treatment, and necessary equipment is fraught with the potential for stigma and discrimination. This article summarizes commonly utilized terms and briefly discusses their application in practice.

Obesity

Obesity (and associated categorizations such as morbid obesity, extreme obesity, or obese) are often utilized in healthcare settings, health research, education, and practice. These terms are in common use among healthcare practitioners (HPs), but for people with lived experience, the "O" terms may be viewed as pathologizing and harmful.

In research, people find these terms negative, stigmatizing, and associated with inaccurate beliefs about a person and their habits, lifestyle, personal traits, and health.

Despite the harms associated with these terms, some HPs who view obesity as a diagnosable disease believe that it must be stated as such and treated accordingly.

- Not everyone with body measurements rendering a description of obesity has metabolic/diagnosable disease markers.
- Some people will be negatively impacted by use of such language.
- Weight stigma, discrimination, and oppression disengage people from healthcare and can contribute to poor health.

People Living with Obesity (PlwO)

In recent years, organizations have preferred a shift to person first language such as PlwO, although people with lived experience may dismiss this term on the grounds that it does little to reduce stigma.

Bariatric

Although increasingly used to refer to equipment and health services not limited to surgical weight reduction surgery, research shows this term is poorly understood by the general population.

Weight

Research shows the term '**weight**' is a fairly neutral term, preferred by many over 'fat' or 'obese'.

Fat

Fat as a descriptor is embraced by many in the fat community/fat activism space, reclaiming the word as a neutral descriptor of a body type (like 'tall'). However, research shows that many people are cautious about using 'fat' instead of 'obesity' for fear of offending.

Plus Size/Super Plus Size

Some people self-describe as 'plus' or 'super plus' sized. HPs may feel these terms minimize the potential associated health risks and may prefer not to use them. However, this may create barriers to shared care approaches.

Chubby, Fluffy, Cuddly

These terms, often viewed as euphemisms for describing someone's body fatness, should be avoided in healthcare.

Larger, Bigger, Overweight, Normal

Such terms imply that a person does not conform to an implied correct size or weight, that they are incorrect in some way. For example, 'normal weight range' implies the person not fitting that range is 'abnormal' in some way.

Body Mass Index (BMI)

Created in the 19th century and re-popularized in the 1970s, BMI was never intended to be utilized as an individual mea-

If body size needs to be discussed (e.g., for equipment selection), ask if it is ok to talk about body size, and ask about preferred terms. Follow the person's own language preferences but do not apply terms if the person is using them negatively. Some people will not wish to engage in discussing body size or may not want to know their weight or measurements if those need to be taken.

sure of health or health risk, yet it is routinely used in this way. BMI is a 'blunt tool' in relation to body fatness and individual health risk. Despite these limitations, research shows '**BMI**' as a term is preferred over 'obese' or 'fat'.

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*Images courtesy of Obesity Canada

This article was compiled by Dr. Lesley Gray with input from Dr. George Parker and Tracey Carr. Your feedback is important to us - please email: lesley.gray@otago.ac.nz

Common Issues for Patients

"Finding a doctor who wants to treat me as a patient without prerequisite weight loss has been nearly impossible throughout my life."

–Corissa Enneking, Instagram

"felt disempowered"

"health concerns were often dismissed"

"body size was the [inappropriate] focus of diagnostic reasoning"

–Russell & Carryer, 2013

Best Practices on AOHP Website

Attention AOHP Members! Check out the refreshed look on our AOHP webpage,

www.aohp.org!

We updated the toolbar for easier navigation and added "Best Practices" boxes to quickly access key resources and tools for occupational health professionals. Explore the new layout, and discover how it can support your daily practice and professional growth!

ASSOCIATION OF OCCUPATIONAL HEALTH PROFESSIONALS IN HEALTHCARE

How Occupational Health Professionals Can Support Victims of Human Trafficking

By U.S. Department of Homeland Security, Homeland Security Investigations, Center for Countering Human Trafficking

What is Human Trafficking?

Human trafficking is the crime of compelling another person into labor or commercial sex through force, fraud, or coercion. Every year, millions of men, women, and children are trafficked worldwide – including right here in the United States. It can happen in any community, and victims can be any age, race, gender, or nationality. Traffickers might use the following methods to lure victims into trafficking situations:

- Violence
- Manipulation
- False promises of well-paying jobs
- Romantic relationships

Language barriers, fear of their traffickers, and fear of law enforcement frequently keep victims from seeking help, making human trafficking a hidden crime. Traffickers look for people who are easy targets for a variety of reasons, including:

- Psychological, emotional, or mental health vulnerabilities
- Substance abuse
- Economic hardship
- Lack of a social safety net
- Natural disasters
- Political instability

The trauma caused by the traffickers can be so great that many may not identify themselves as victims or ask for help, even in highly public settings.

It is estimated that almost 30 million men, women, and children are trafficked worldwide. Human trafficking poses a grave danger to individual well-being, public health, public safety, national security, economic development, and prosperity.

Myths and Misconceptions of Human Trafficking

There are a great deal of misconceptions on human trafficking. Common myths include:

Myth	Fact
Human trafficking does not occur in the United States.	**Fact:** Human trafficking exists in every country, including the United States. It exists nationwide—in cities, suburbs, and rural towns, and possibly in your own community.
Human trafficking victims are only young women who are poor.	**Fact:** Human trafficking victims can be any age, race, gender, or nationality. They may come from any socioeconomic group.
Human trafficking is only sex trafficking.	**Fact:** Sex trafficking exists, but it is not the only type of human trafficking. Forced labor is another type of human trafficking. Victims are found in legitimate and illegitimate labor industries, including hospitals, sweatshops, massage parlors, agriculture, hotels, and domestic service.
Human trafficking victims will attempt to seek help when in public.	**Fact:** Human trafficking is often a *hidden crime*. Victims may be afraid to come forward and get help; they may be forced or coerced through threats or violence; they may fear retribution from traffickers, including danger to their families; and they may not be in possession of or have control of their identification documents.

How Occupational Health Professionals Can Get Involved in Countering Human Trafficking and Protecting Victims

Occupational health professionals can play a critical role in countering human trafficking by leveraging expertise in workplace health and safety. Key ways professionals can support victims include:

- Awareness and Health Assessments: Occupational health professionals can support victims by ensuring awareness of the signs of human trafficking; such as physical injuries, psychological trauma, substance abuse issues, or unusual work conditions. Additionally, conducting thorough health assessments can help uncover health issues that can relate to trafficking including malnutrition, untreated injuries, or mental health conditions.
- Identification: Human trafficking is a crime that is often difficult to identify, specifically forced labor where individuals are compelled against their will to provide work through force, fraud, or coercion. Occupational health professionals are in a unique position to identify potential victims of forced labor due to their responsibilities in workplaces across the United States.
- Providing Trauma Informed Care: Offering care that acknowledges trauma experienced by trafficking victims can help in their recovery. This includes creating a safe and supportive environment for care and treatment.
- Advocacy and Education: Occupational health professionals can advocate for better workplace policies, educate employers and employees about the signs of trafficking, and report suspicious activities to appropriate local authorities or via the 24/7 Homeland Security Investigations Tipline.

Upcoming Live Webinars FREE to AOHP Members

Equip Yourself to Make a Difference in Occupational Health

Don't Miss This Vital Webinar on Human Trafficking

Live on January 13, 2025, from 1–2 PM Eastern "Overview on Human Trafficking and Impacts to Occupational Health Professionals" by Adam Sorelle

The Center for Countering Human Trafficking (CCHT) is excited to partner with AOHP to provide a training for this education series. The mission of the CCHT is to advance counter human trafficking law enforcement operations, protect victims, and enhance prevention. The CCHT is led by Homeland Security Investigations.

The presentation will provide national membership with a briefing on human trafficking, indicators members can look for, as well as resources available. This presentation is focused on healthcare professionals in occupational health.

FREE to AOHP Members

Beyond the DiSC Model to Become a Better Leader – The 8 Dimensions of Leadership

Live on January 28, 2025
11 AM - 12 PM Eastern
Speaker: Lori Bechtel, MSN, RN, NE-BC

Discover how the DiSC personality model and the 8 Dimensions of Leadership framework can enhance your leadership skills. Learn to identify your leadership style, understand behaviors, and drive personal growth.

FREE to AOHP Members

CLICK TO REGISTER

The Benefits of an Onsite Employee Health NP

Live on February 19, 2025
12 PM - 1 PM Eastern
Speaker: Mary Giovannetti, DNP, APRN, BC-FNP

Learn how an onsite NP-led clinic can benefit healthcare organizations by reducing costs, improving productivity, and streamlining Employee Health Services.

If you can't make it to the live session, we've got you covered. Register now to receive an exclusive email with the recorded link, allowing you to watch the webinar at your convenience.

FREE to AOHP Members

Addressing the Ongoing Challenge of Sharps Injuries: A Commitment to Workplace Safety

By Sarah Umandap, BS, MS; Kevin McGlinchey, BS, MT (ASCP), CLs (CG); and Kathryn Duesman, BSN, RN

Despite decades of progress in healthcare, sharps injuries remain a persistent and alarming issue. Healthcare workers (HCW) continue to face unnecessary risks of exposure to bloodborne pathogens, such as HIV and hepatitis, from needlestick injuries. Despite innovations in medical technology and stricter regulations, the rates of these injuries are not dropping at the pace they should.

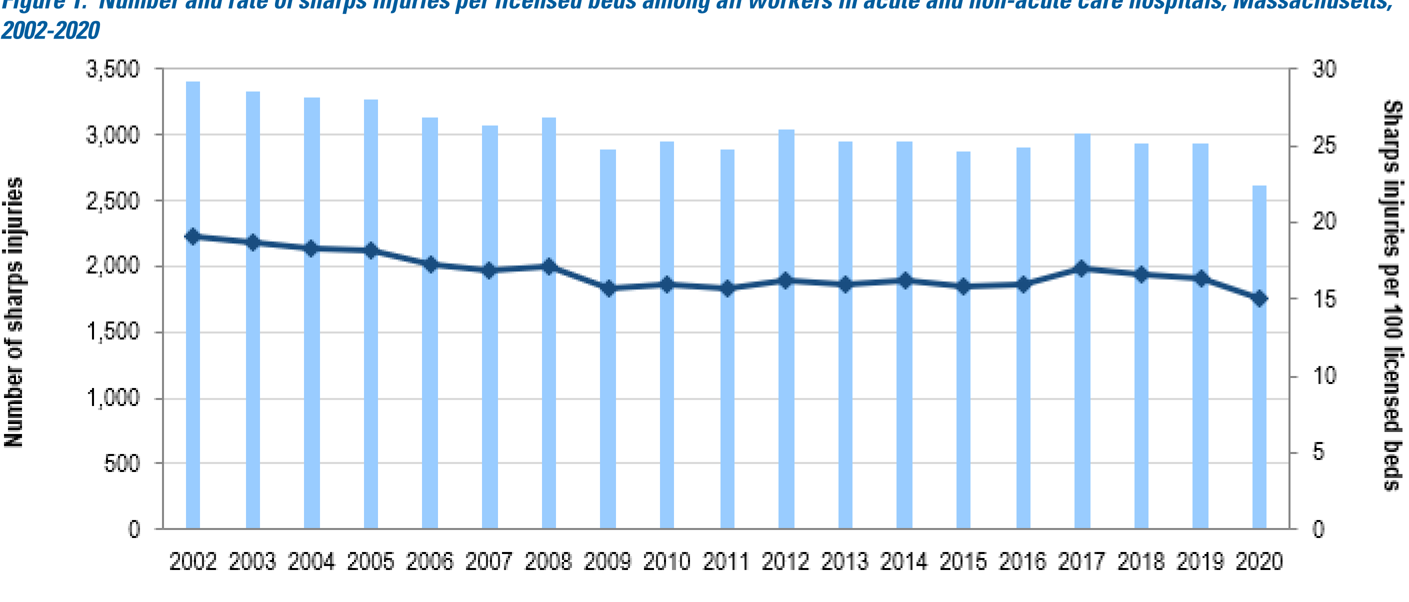
Retractable Technologies, Inc. (RTI) is acutely aware of this challenge. Our story began with a mission: to protect HCW who dedicate their lives to the care and well-being of others. We were founded not as a typical profit-driven venture, but as an organization rooted in advocacy for workplace safety, and that ethos remains the core of our purpose today. The HIV/AIDS crisis during the 1980s illustrated the importance of using truly effective safety technology to avoid creating additional needlestick injuries. Unsafe syringes cause collateral damage, putting HCW at risk, harming patients, and ultimately increasing disease. RTI's safety syringe technology played a significant role in the President's Emergency Plan for AIDS Relief (PEPFAR) initiative to reduce HIV transmission in developing countries. In addition, RTI has been a major supplier of safety syringes for the U.S. H1 N1 and COVID-19 pandemic response.

The Stubborn Reality of Sharps Injuries

Healthcare facilities worldwide have implemented a variety of safety measures, from training programs to safer devices, yet the rate of sharps injuries remains concerningly high. The Needlestick Safety and Prevention Act (NSPA), passed in 2000, was a landmark law aimed at reducing sharps injuries by requiring safety-engineered devices, along with improved recordkeeping of injuries. RTI was actively involved in advocating for this legislation, recognizing that the safety of HCW was being neglected. While the NSPA was a step in the right direction, its full potential has not been realized.

The Massachusetts Sharps Injury Surveillance System, 2020, showed that "the average annual percent change from 2009 to 2020 was 0.21 (p=0.38), indicating the rate remained relatively steady over that time period." The following chart (Figure 1) was taken directly from the report. https://www.mass.gov/lists/needlesticks-sharps-injuries-among-massachusetts-hospital-workers "Data Brief: Sharps Injuries among Hospital Workers in Massachusetts: Findings from the Massachusetts Sharps Injury Surveillance System, 2020"

Figure 1. Number and rate of sharps injuries per licensed beds among all workers in acute and non-acute care hospitals, Massachusetts, 2002-2020



The graph illustrates that despite efforts to reduce needlestick injuries in Massachusetts from 2002 to 2020, the overall number of sharps injuries has remained relatively steady, hovering between 2,500 to 3,000 injuries per year. While there is a slight downward trend in the sharps injury rate per 100 licensed beds, the reduction is minimal and does not reflect a significant improvement. This stagnation indicates that existing safety measures are not sufficient to protect HCW, reinforcing the need for enhanced safety protocols, updated technologies, and stricter enforcement to effectively reduce the risk of needlestick injuries in healthcare settings.

More recent data (Figure 2) from the International Safety Center (ISC) reveals that needlestick injuries have not decreased over the past five years. Through the ISC's EPINet® system, which collects data from 40 U.S. healthcare facilities, it is evident that the number of needlestick injuries remains alarmingly consistent. This data, spanning the COVID-19 pandemic, suggests that HCW are still facing significant risks from sharp object injuries, and more effective strategies are needed to reduce these incidents. The steady trend highlights the urgency of improving workplace safety protocols to better protect healthcare professionals.

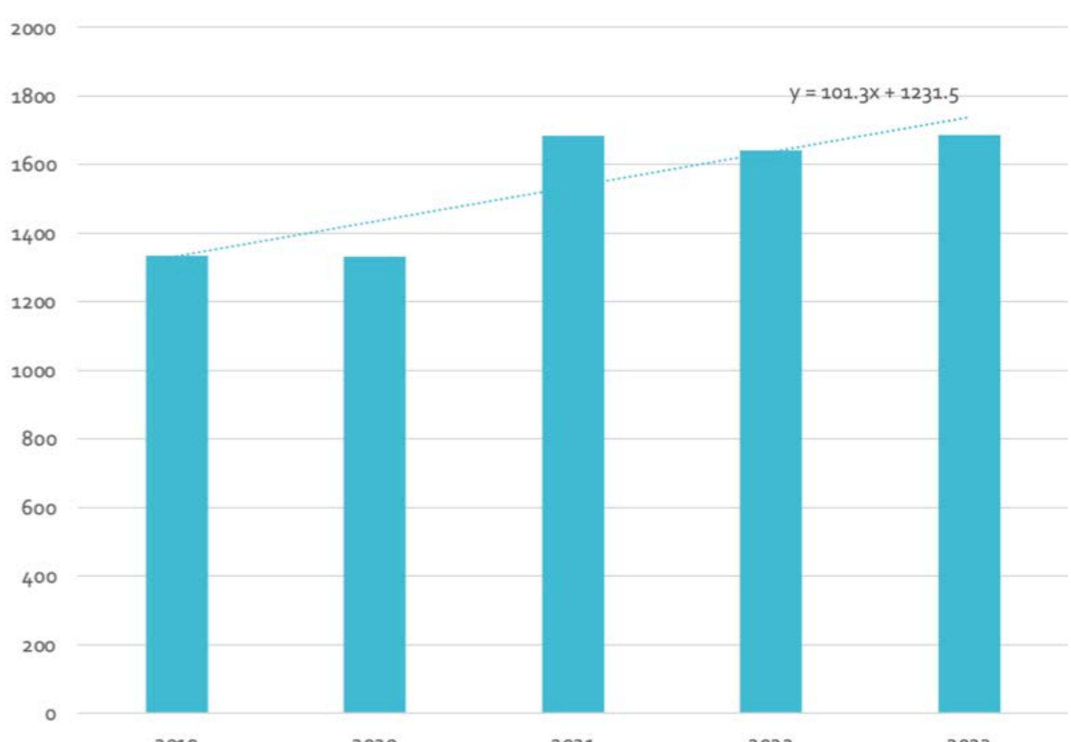
These statistics highlight a significant issue: while improvements have been made, they are not sufficient. Why is this still happening?

1. **Limited Adoption of the Safest Devices:** One of the most significant barriers to reducing sharps injuries is the lack of widespread implementation of the safest devices on the market. Despite the existence of advanced safety technologies, many healthcare facilities are restricted from adopting them due to contractual situations with certain manufacturers. These contractual situations can often prioritize cost savings over worker safety, locking healthcare providers into contracts that prevent them from accessing the most effective, innovative solutions. This disconnect between available technology and its use in the field perpetuates the problem, leaving HCW at greater risk than necessary.

2. **Underreporting of Injuries:** The Centers for Disease Control and Prevention (CDC) estimates that in the U.S. about half of sharps-related injuries to HCW go unreported. Studies have shown the underreporting is more frequent among physicians and workers without needlestick injury training (Bahat et al., 2021). Contributing factors to underreporting also include a lack of understanding of the process and fear of retaliation or judgment. Underreporting can create a false sense of security, masking the true scale of the problem.

3. **Inconsistent Safety Practices:** Not all healthcare facilities maintain uniform safety standards. Whether due to budget constraints, staff shortages, or inadequate training, some institutions fall short in adopting and enforcing comprehen-

Figure 2 . Needlestick & Sharps Object Injuries from 2019-2023 (Equation of the slope is on the right.)



sive safety measures. Occupational health professionals (OHPs) can advocate for safer devices by presenting injury data to demonstrate the financial and safety benefits of adopting improved equipment. By quantifying sharp injury logs and showing potential reductions in costs associated with workers' compensation claims, lost productivity, and liability, OHPs can build a strong return-on-investment (ROI) argument for safer devices. Additionally, emphasizing compliance with OSHA regulations and the liability risks of failing to provide safe devices can be persuasive for facility administrators and purchasing departments.

RTI's Commitment to Workplace Safety

At RTI, our work is built on addressing the critical issue of sharps injuries. It started when RTI's founder, Thomas J. Shaw, recognized the disconnect between the engineers designing medical devices and the frontline workers using them. From that moment, RTI was dedicated to designing medical devices with HCW safety in mind. Our story is a testament to the power of innovation and advocacy working hand in hand.

While we have developed products that are now used worldwide, including in Haiti and six African nations, our focus has always been on the broader goal of fostering safer workplaces for healthcare professionals. This commitment extends beyond creating safety engineered devices; it is about driving a systemic shift in the healthcare industry. Workplace safety is not just about the devices used; it is about creating an environment where reporting injuries is encouraged, safety standards are maintained, and ongoing education about the dangers of sharps injuries is a priority.

The Need for a Cultural Shift in Healthcare

Reducing sharps injuries requires more than technical solutions. A cultural shift is needed within healthcare institutions, where safety becomes a valued part of everyday practice, not just a compliance requirement. This involves:

1. **Promoting Transparent Reporting:** HCW must feel empowered to report injuries without fear of punishment. Facilities should foster a culture that views reporting as a critical component of improving safety, not a reflection of failure. This includes reporting near-miss situations.

2. **Strengthening Training and Awareness:** Continual education is vital. Workers should receive regular training on safe practices for handling sharps and be made aware of the latest data on injury risks. Effective training on safe sharps handling should begin with comprehensive education upon hire, where HCW are introduced to safe practices and learn how to use devices. Vendors, including RTI, can provide hands-on demonstrations, showing staff the unique safety features of their devices and ensuring new hires are confident in their usage from day one. Additionally, following any sharps injury, prompt retraining of the device can reinforce safe handling procedures and prevent future incidents.

3. **Engaging in Policy Advocacy:** The fight for safer working conditions does not stop at the hospital doors. At RTI, we continue to push for better regulations that protect healthcare workers. This includes advocating on Capitol Hill, working with OSHA, and raising awareness among legislative staff about the urgent need for action. RTI has a longstanding commitment to advocating for HCW safety, a mission that began well before the passage of the Needlestick Safety and Prevention Act (NSPA) in 2000. This early advocacy helped shape the NSPA, which mandated the use of safer devices in healthcare settings. Since then, RTI has continued its efforts, working closely with organizations like OSHA to promote additional policies and improve enforcement mechanisms that protect HCW from needlestick injuries. Here is a link to join in on our support for workplace safety in hospitals; https://www.retractable.com/voice-your-support/

A Call to Renewed Action

The fact that sharps injuries have not significantly declined is a call for renewed vigilance and action. At RTI, we remain dedicated to our mission of improving workplace safety. As an industry, we must come together to address this ongoing issue with the seriousness it deserves. This includes HCW organizations, healthcare institutions, regulatory bodies, and medical device companies working in collaboration to ensure that frontline workers are protected. RTI stands firm in its commitment to advancing workplace safety. We invite healthcare professionals, policymakers, and safety advocates to join us in this mission-to create a future where every HCW can perform their duties without fear of unnecessary harm. Together, we can make the healthcare workplace safer for all.

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Bahat, H., Hasidov-Gafni, A., Youngster, I., Goldman, M., & Levtzion-Korach, 0. (2021). The prevalence and underreporting of needlestick injuries among hospital workers: a cross-sectional study. International journal for quality in health care : journal of the International Society for Quality in Health Care, 33(1), mzab009. https://doi.org/10.1093/intqhc/mzab009

SOLUTIONSHARE

Moving Forward from COVID-19: Enhancing Workplace Safety and Health Preparedness in Essential Industries

The COVID-19 pandemic created unique conditions for essential industries. To prepare for future emergencies, the Occupational Safety and Health Administration (OSHA) developed a collaborative initiative called Solutions Share.

First-person insights collected during the Solutions Share sessions provided a better understanding of the issues essential workers and workplaces faced during the pandemic, as well as an array of potential solutions.

During the process, the project team spoke with 76 workers and 19 employers, revealing the following solutions.

Key Common Solutions

Increase the frequency of and expand medium for digital communications

Provide multilingual outreach, communications, materials, and services

Expand educational and training opportunities

Provide direct lines of communication and easier ways to reach OSHA staff

Distribute more concise information through infographics and quick fact sheets

Key Worker Solutions

- Foster relationships with unions and other worker groups
- Utilize multiple mediums for communication
- Be responsive to complaints and demonstrate a desire to help
- Establish independent standards, guidance, and enforcement
- Participate in events to build relationships with workers and worker representatives

Key Employer Solutions

- Share best practices with industries and professional organizations
- Suggest routine meetings for employers to re-evaluate the situation and coordinate
- Provide more printed materials in multiple languages for workers to take home to family

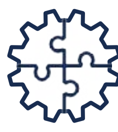
Moving Forward

For future emergencies, OSHA can concentrate its eforts on the following solutions.
Not all solutions suggested during this process are within the purview of the agency.

OSHA can work to establish processes, coordination, and lines of communication for publishing and disseminating guidance and create opportunities to publicize its primary role.

Review and refine internal OSHA processes

Adapt emergency guidance for different audiences

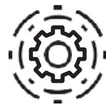

Coordinate emergency communication processes with other federal agencies

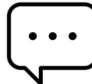
Publish worker-focused resources in multiple languages

Distribute information about workers' rights, employers' responsibilities, and how to contact OSHA for help

Distribute resources via OSHA's cooperative program participants

OSHA can seek new and innovative ways to create and deliver information to ensure workers and workplaces receive accurate, transparent information in a timely manner.


Create a messaging guide for various audiences


Develop all materials in English and Spanish and share other multilingual resources

Present information concisely utilizing graphics

Provide more transparency in the compliance process

Build relationships with stakeholder organizations

Regularly facilitate worker and employer listening sessions

OSHA can enhance internal processes and create informational resources for the next emergency and train and connect with stakeholders regularly to ensure a routine exchange of information and best practices.

Develop a crisis communications plan

Provide direct, live (not automated) lines of communication with OSHA staf

Host meetings for stakeholder sharing of information, resources, and best practices.

Develop templates for emergency informational materials for employer use

Expand outlets for educational/training opportunities

Regularly publish data about workplace health and safety

The Solutions Share team appreciates all who participated in this important process. Your contributions are integral to planning for the future.

Prepared by Avid Core, LLC

WHILE YOU LOOK AFTER OTHERS, WHO LOOKS AFTER YOU? We do.

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Mission
AOHP is dedicated to promoting the health, safety and well-being of workers in healthcare. This is accomplished through:

- Advocating for employee health and safety.
- Occupational health education and networking opportunities.
- Health and safety advancement through best practice and research.
- Partnering with employers, regulatory agencies and related associations.

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Upcoming AOHP Conferences

2025 – September 3-5, Glendale, AZ

AOHP Podcast

AOHP's Caring for Healthcare Professionals Podcast features subject matter experts in occupational health and safety discussing relevant issues facing occupational health and safety professionals in healthcare. Podcasts are now available on workplace violence, needlestick prevention, partnering with staffing/HR, air filtration, and more. New podcasts are posted every month. Go to **www.aohp.org** and click on **Podcast** to listen to these information-packed podcasts.

2025 National Conference September 3-5

ROC Campaign

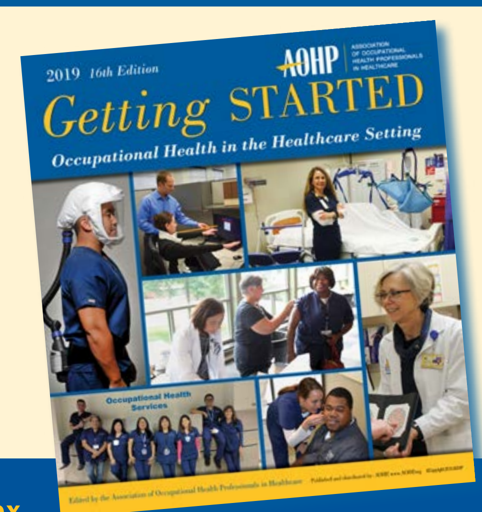
Members are AOHP's most important resource. We learn, grow, and enhance each other's personal and professional development. Please seek out healthcare personnel (HCP) in your area who are not currently involved in AOHP and introduce these colleagues to our conferences, webinars, and listserv. Recruit your colleagues and win a reward.

R- Reach out to AOHP non-members. Simply call a local hospital's employee/occupational health office and invite the staff to a meeting, webinar, or conference.
O- Open up to and engage other HCP in conversations about AOHP and the benefits of joining.
C- Communicate your successes to AOHP and other HCP. Encourage all you meet in occupational health to share ideas and information.

Go to our website to learn more and join the ROC Revival!

Getting STARTED

Getting Started Manual



The 16th edition of AOHP's flagship publication, ***Getting Started: Occupational Health in the Healthcare Setting,*** is available for purchase! This comprehensive resource is the result of a major revision with expanded content detailing the many areas of responsibility for today's OHP. The revised ***Getting Started*** was developed by a core team of editors working with content experts who contributed in-depth expertise in a wide variety of subject areas.

To order a copy, go to https://aohp.org/aohp/MARKETPLACE/GettingStartedManual.aspx