PRECONFERENCE Workshops

**WORKSHOP A: Getting Started In Employee Health**
A One-Day Program
Presented by the Northern California AOHP Chapter

**Presenters:**
Janet Abernathy, RN, COHN-S, LEAD presenter with members from the chapter

**DESCRIPTION**
Back By Popular Demand! The Northern California AOHP Chapter returns to present this comprehensive, informative course, designed for the occupational health professional new to the field. Course content is practical and up-to-date, presented by a team of experienced experts. All participants will also receive the 2004 edition of “Getting Started” resource manual in CD format.

**COURSE OBJECTIVES**
1. Describe how the occupational health professional interacts in the healthcare facility’s organizational structure.
2. Discuss areas of medical-legal confidentiality in occupational health.
3. Identify the federal, state, and local regulatory requirements as related to job placement, physical hazards, and biological and chemical exposures.
4. State current infection control practices related to infectious disease.
5. Identify strategies to utilize health teaching in infection control and safety.
6. Describe the effectiveness of case management in loss control.
7. Explain how to communicate the value of an occupational health professional service and continuous quality improvement.

Janet Abernathy has been in Occupational Health Nursing for 17 years. After a few years working in an industrial setting, she returned to hospital employee health. She is currently the Employee Health Nurse at Queen of the Valley Hospital in Napa, California. Janet is responsible for developing and implementing the employee health program for the 1500 employees of the hospital.

She has been involved in several indoor air quality investigations in her career and has discovered some very effective tools along the way, which she is excited to share. This case study highlights both the paths to success as well as some of the pitfalls in investigating air quality complaints from the OHN perspective.

**WORKSHOP B: Case Managers’ Role In Facilitating Worker Rehabilitation**
A One-Day Program

**Presenter:**
Linda Ellis Darphin, PT
Linda specializes in work injury treatment, prevention and management. Working with industry and the medical and legal communities, Linda offers solutions to complex work injury problems. Linda authored the Isernhagen Work Systems Work Rehabilitation Manual and continues her
role as an Isernhagen Faculty member, teaching Functional Capacity Evaluation, Work Rehabilitation, Functional Job Analysis and Prework Screening to therapists. Linda has authored numerous articles specific to rehabilitation of the injured worker in *WORK, The Comprehensive Guide to Work Injury Management*, and *Orthopaedic Clinics of North America*.

**DESCRIPTION**
Case managers have a unique role in facilitating work rehabilitation for injured workers. Through understanding components of an effective program, case managers will better facilitate the process for successful outcome.

**COURSE OBJECTIVES**
1. Become familiar with the benefits of work rehabilitation for injured workers.
2. Understand the unique role case managers have as facilitators for work rehabilitation.
3. Become familiar with components of an effective work rehabilitation program.
4. Identify workers who are appropriate for work rehabilitation.
5. Understand the benefits of a job specific work rehabilitation program.

**WORKSHOP C: Bioreadiness Training**
**A One-Day Program**

**Presenters:**
James, D. McCluskey, MD, MPH, PHD (C)
Dr. McCluskey is Director of Occupational Safety & Health Training at the Center for Biological Defense, University of South Florida (USF). He provides bioreadiness training to the business community, healthcare professionals and first responders. Dr. McCluskey has an active medical practice at the USF Medical Clinics, specializing in Occupational Medicine and Toxicology.

Donna J. Haiduven, PhD, RN, CIC
Dr. Haiduven is an Assistant Professor at the USF Center for Biological Defense and at the USF College of Public Health. Dr. Haiduven is also a researcher at the Tampa V.A. Hospital. With her extensive Infection Control background, Dr. Haiduven has worked with teams to develop plans for controlling contagious lethal diseases.

**DESCRIPTION**
The purpose of this course is to train attendees to serve as a bioterrorism trainer within his or her organization. Upon completion of this train-the-trainer course, attendees will receive a CD-ROM of the complete training program.

The target audience includes, but is not limited to, occupational health and safety professionals, industrial hygienists, healthcare personnel, city planners, agency directors & other professionals as appropriate. Other interested parties are welcome to attend.

**COURSE OBJECTIVES**
*Upon completion, the participant will be able to:*
1. Define bioterrorism and list two potential targets and a possible delivery system.
2. List and describe the six Category-A Agents designated by the Centers for Disease Control as potential biological threats.
3. List and describe three practical ways to protect your building against a biological attack.
4. List contraindications to smallpox vaccination.
WORKSHOP D: Field Trip To VHA Patient Safety Center
A Half Day Program

DESCRIPTION
This workshop will be a “field trip” to the famous VHA Patient Safety Center (VISN 8 Patient Center of Inquiry) at the James A. Haley Veterans’ Hospital in Tampa, located 30 minutes from the hotel. A bus will transport you from the hotel at 7:30am, returning to the hotel by 11:30am. This trip will be limited to 55 attendees. **You will NOT be granted nursing contact hours (CEs) for this workshop.** At the Center a tour leader will take groups of 10 through the five research labs: gait and balance, biomechanics, patient safety simulation, patient engineering lab, and product evaluation. Visit the website [http://www.patientsafetycenter.com](http://www.patientsafetycenter.com) for general information about the Patient Safety Center project. We thank Audrey Nelson, PhD, RN, FAAN for her coordination with the Patient Safety Center giving us this unique opportunity!

WORKSHOP E: Economics Of Workplace Safety
A Half-Day Program

**Presenters:**

Ken Aebi  
Ken is the Managing Director of ErgoLogix Consulting Inc. He has 30 years of business development experience with health care clients. He is well known for his unique approaches to complicated medical and business issues. Specifically, Ken has pioneered such diverse concepts as Balance Centers to help reduce falls in the elderly and diagnostic technology programs for treating soft tissue back injuries. Ken is a graduate of the University of Oregon.

Sharon Craig, NP  
Sharon has 31 years of nursing experience and implemented an Advanced Practice nursing role in a hospital Employee Health Department in Nashville, Tennessee. Additionally, she is responsible for the hospital’s Management Safety Accountability Program and has developed a patient handling program, resulting in a 38% reduction in costs for patient handling injuries in the hospital. Sharon has submitted an article to ANA’s ‘Handle with Care’ campaign and has presented to both local and national groups on patient handling program development and implementation.

Don Maynes  
As designer and developer of comprehensive injury and loss prevention programs in the United States, Canada, and the United Kingdom, Don has 27 years of consulting experience for all levels of loss prevention, risk management, reinsuance, and claims resolution. He has been instrumental in helping a number of institutions determine their costs associated with lift and transfer injuries and developing effective intervention and implementation programs that guarantee savings.

**DESCRIPTION**
It is the objective that each attendee will be able to complete an economic analysis of injury history and associated direct cost for their institutions. Attendee will also be able to project the potential savings that will result from an effective “minimal lift” intervention program. Today’s economic climate puts a premium on saving money and employee health managers should be
at the forefront of their institution’s business plan. This course will empower you to make a difference.

Requirements: Each attendee will need to bring their most recent three years of Workers’ Compensation claim loss runs in an Excel file on a formatted diskette and their institutional payroll for the same time frame. During the course ErgoLogix will assist the attendees using their specific data, to define their current cost and projected savings.

If attendee cannot obtain the three years of loss runs you will be taught using generic information that will enable you to develop a complete program upon your return.

COURSE OBJECTIVES
1. Understanding the elements of Risk; Blind Faith, Incident Based, and Incurred Loss.
2. Develop an understanding of what has contributed to workplace injuries, and how to attain maximum impact of an injury program through quantification.
3. Develop the process systems that will enable you to daily track the cost associated with injuries specific to your institution daily.
4. Derive how these elements were applied in a practical implementation of an injury prevention program at a major medical center.

WORKSHOP F: Advanced Practice
A Half-Day Program

Presenters:
Michael Hodgson, MD, MPH
Dr. Hodgson is the Director of the Occupational Health Program, Veterans Hospital Administration in Washington, D.C. and is an Adjunct Professor of Occupational and Environmental Health at the George Washington University School of Public Health. Dr. Hodgson has received numerous grants to investigate a wide variety of occupational and environmental health issues and has authored over 150 publications and manuscripts in this area.

Mark Russi, MD
Dr. Mark Russi is the Director of Occupational Health Services at Yale-New Haven Hospital. He is also Associate Professor of Medicine and Public Health, Yale University School of Medicine. Dr. Russi authored numerous research articles and other publications, and has provided consultation to CDC, American College of Occupational and Environmental Medicine (ACOEM), and to many other organizations.

DESCRIPTION
The half-day workshop will have both Dr. Russi and Dr. Hodgson presenting key topics for the Advanced Practice provider.

I. “Hospital Infrastructure Preparation For New Infections” by Dr. Hodgson

Objectives:
1. Participants will learn three models of patient management for newer infections (isolated patient rooms; cohorting in wards; and work in separate buildings) with the engineering and preparation implications.
2. Participants will understand the implications of the respirator standard, with hazard analysis and fit testing, for newer infections.
3. Participants will be able to lead a table-top exercise and plan development for outbreak preparedness.

II. “Emerging Infections And Healthcare Workers: Treating The World’s Third Case Of Sabia Hemorrhagic Fever” by Dr. Russi

Dr. Russi will address measures put into place at Yale-New Haven Hospital to care for the third case in the world of Sabia Hemorrhagic Fever. A number of infection control and occupational health issues pertinent to emerging infections and bioterrorism will be discussed.

Objectives:
1. Participants will determine how to implement contact tracing and medical surveillance in a population of healthcare workers potentially exposed to a hemorrhagic fever virus.
2. Participants will review the range of infection control measures necessary in caring for a patient with hemorrhagic fever.
3. Participants will identify the relevance of the Sabia case study to more the general issue of preparation for bioterrorist attacks and emerging infections.

III. “Care Of Healthcare Workers Exposed To HIV And Hepatitis C: New Developments” by Dr. Russi

New developments in the prophylaxis/treatment will be discussed. An important new study has demonstrated high spontaneous clearance rates of symptomatic acute hepatitis C., which has relevance to acute treatment decisions. In the HIV arena, viral resistance is a growing problem, and there are several newer drugs and combinations to discuss.

Objectives:
1. Identify the increasing challenge of HIV drug resistance and review newer agents available for prophylactic treatment.
2. Summarize the recent studies examining acute treatment of hepatitis C and spontaneous remissions among acutely infected symptomatic patients.
3. Develop guidelines for post-exposure management based on the current medical literature.

WORKSHOP G: Demystifying The Selection Of Lift & Transfer Equipment
A Half Day Program

Presenter:
Steve Gould
Steve is the President of Wy’East Medical Corporation. Since 1989, Wy’East has manufactured patient lift and transfer systems designed to reduce the risk of injury to clinical staff from moving patients. During the preparation of the OSHA Standard in 2000, Steve was invited to give testimony at OSHA public hearings regarding lift and transfer equipment. He completed a bachelor’s degree in economics and performed graduate work in business administration at Portland State University.
DESCRIPTION
Now that your hospital has committed to reducing staff musculoskeletal injuries related to lifting, transferring, and repositioning patients, how do you decide on the appropriate lift and transfer equipment?

COURSE OBJECTIVES
1. Understand the various types of patient lift and transfer equipment.
2. Determine the application of the appropriate equipment depending on patient status.
3. Develop the equipment selection process to ensure staff compliance.

General and Breakout Sessions

Christine Abercrombie, RN, COHN-S

BIOGRAPHY
Christine is the Regional Manager of the Occupational Health Program at OSF Saint Francis Medical Center in Peoria, IL. She oversees this program at four sites in Central Illinois. She has a BS in Healthcare Administration and is a member of AOHP and AOHN.

TITLE
Success Story: Utilizing Six Sigma Methodology To Develop A Dynamic Workers’ Compensation Reporting Process

Sigma is a mathematical equation used to describe the amount of variation in a process or procedure. The higher the sigma the less variation or fewer defects. Six Sigma focuses on the reduction of variation that generates defects for customers.

DMAIC focuses on “real problems” directly related to the bottom line such as financial or safety issues. Multiple tools and techniques including rigorous statistical methods are utilized to focus on the issues. It is a change agent.

The presentation will take the participant through the steps of the DMAIC process. During the presentation lessons learned will be shared as well as the successes and the financial impact the project had on the organization.

OBJECTIVES
1. Familiarize the participant with Six Sigma Methodology.
2. Define the steps involved in the Six Sigma Process.
3. Describe the steps involved in developing a business case for a Six Sigma Project.

Janet Abernathy, RN, COHN-S

BIOGRAPHY
Janet has been in Occupational Health Nursing for 17 years. After a few years working in an industrial setting, she returned to hospital employee health. She is currently the Employee Health Nurse at Queen of the Valley Hospital in Napa, California. Janet is responsible for developing and implementing the employee health program for the 1500 employees of the hospital. Janet has been involved in several indoor air quality investigations in her career and has discovered some very effective tools along the way, which she is excited to share. This case study highlights both the paths to success as well as some of the pitfalls in investigating air quality complaints from the OHN perspective.
TITLE

Success Story: The Air That We Breath, Everyone’s Sick In The Pharmacy And We Think It’s The Air

When Janet had to investigate a serious indoor air quality problem in the pharmacy where she worked last year, she found that most literature was geared toward Industrial Hygiene, and not very helpful. She did find some tools that were very useful and user-friendly and learned many lessons along the way. This presentation is a brief overview of the typical causes of indoor air quality problems, how to plan an indoor air quality investigation, and a case study of her experience with the pharmacy problem her organization faced. The session will cover what went well, what lessons she learned, and how to apply those lessons to any indoor air quality investigation. She will share the tools that she has found to be most useful and easy to use.

OBJECTIVES

1. Participants will be able to list common causes of indoor air quality problems.
2. Participants will be able to develop a plan of investigation for indoor air quality complaints.
3. Using the tools provided, participants will be able to elicit accurate symptom reporting in indoor air quality investigations.

Ken Aebi
Bob Williamson, RN, MS

BIOGRAPHY

Ken is the Managing Director of ErgoLogix Consulting Inc. He has 30 years of business development experience with health care clients. He is well known for his unique approaches to complicated medical and business issues. Specifically, Ken has pioneered such diverse concepts as Balance Centers to help reduce falls in the elderly and diagnostic technology programs for treating soft tissue back injuries. Ken is a graduate of the University of Oregon.

Bob is the Manager of Workers’ Compensation for Ascension Health. In this capacity he is responsible for the loss prevention and safety programs at Ascension Health. Additionally, he oversees the management of the disability related absence and return to work programs. He has been responsible for developing a successful safe patient handling program, modified duty program, and associate wellness incentive plan for clinical staff. Additionally, he has participated in local and national task forces on latex sensitivity and safe sharps programs for healthcare workers. He is a graduate of Saginaw Valley State University with a bachelor’s degree in nursing. He has completed his master’s degree in Health Care Administration at Central Michigan University.

TITLE

Creating And Marketing A Safe Patient Handling Program

Learn tactics and strategies for truly changing the institutional culture. Emphasis will be placed on how to make the economic case to senior management, the clinical case to nursing administration, and the practical case to the clinical staff.

OBJECTIVES:

1. Identify the financial impact on the institution if a zero lift program is not adopted. How much has been lost over the last three years, how much will be lost over the next three, how much do we need to spend, and what will be the return on investment?
2. Formulate how to recruit the financial people to your team.
3. Illustrate how to sell the business solution to senior management. The concepts of social marketing, how to recruit objective advocates, and turning critics into advocates.
Illustrate how to sell the program to the clinical staff. Determining how to get buy in at the department and staff level and how to make senior managements visible. Organizing the feedback and promoting the successes.

Mary Amann, RN, MS, COHN-S/CM, FAAOHN

BIOGRAPHY
Mary has been in the field of nursing for 37 years. Prior to joining the American Board of Occupational Health Nurses (ABOHN) she was a consultant in health care management and information systems along with being a clinical faculty member at the University of Illinois at Chicago. She also served on the continuing education faculty for the Great Lakes Center of the University of Illinois School of Public Health, which is a NIOSH Education and Resource Center. Mary has served as Section Editor for the AAOHN Journal Informatics and Management columns. She is widely published and has made numerous presentations on many topics integral to occupational and environmental health.

TITLE
Results Of A National Practice Analysis And The Implications For Hospital Occupational Health Nurses

The practice of Occupational Health Nursing is dynamic and evolutionary! As a prerequisite for competent practice, occupational health nurses must acquire and maintain the knowledge and skills necessary to assure public safety and optimal service outcomes. One way to demonstrate mastery of the knowledge and skills inherent in Occupational Health Nursing is through certification. The primary responsibility of a credentialing organization is to assure consumers that holders of the certification have the necessary education, expertise and experience to practice at the proficient level. This presentation will provide results of the 2004 ABOHN Practice Analysis and the findings of a sub-analysis of hospital-based occupational health nurses.

OBJECTIVES
1. Describe the demographic and work characteristics of occupational health nurses in the United States.
2. Identify the types of tasks most commonly performed by occupational health nurses.
3. Describe the primary content areas that characterize the tasks performed by occupational health nurses.
4. Discuss the implications and emerging trends in the role of hospital-based occupational health nurses.

David Ashkin, MD, FCCP

BIOGRAPHY
Dr. Ashkin is the current Medical Executive Director at A.G. Holley State Tuberculosis Hospital at Lantana, the last original TB sanitarium still functioning as such in the United States. He is also Florida’s State TB Controller. Dr. Ashkin is a board certified Pulmonologist and Intensivist, who trained at St. Lukes/Roosevelt Hospital in New York during their outbreak of multidrug resistant tuberculosis and did his pulmonary fellowship at the University of Miami during their outbreak (Watch out Typhoid Mary!). His interests and research have been in the clinical aspects of TB. As Medical Director at A.G. Holley Hospital, Dr. Ashkin is actively involved in providing care to some of the most difficult cases of tuberculosis in the state. Dr. Ashkin is also currently on the faculty of the Pulmonary Department at the University of Miami, as well as the Medical Educational Institutions at the University of Florida and NOVA Southeastern University.
Latent Tuberculosis Infection: Everything You Didn’t Know You Needed to Know

This lecture will review the epidemiology and pathogenesis of tuberculosis. Recent guidelines from the Centers for Disease Control and Prevention concerning Targeted Testing and Treatment of Latent Tuberculosis including new diagnostic modalities will be reviewed. The lecture will include potential pitfalls, areas of controversy and helpful hints that Occupational Health Professionals can apply to their everyday practice.

OBJECTIVES

1. Relay the epidemiology of tuberculosis in the United States and Florida.
2. Determine the pathogenesis of tuberculosis infection and disease.
3. Recognize the new and current guidelines for the diagnosis and treatment of TB infection, including potential adverse effects and pitfalls.

STEVE BIERMAN, MD

BIOGRAPHY

Dr. Bierman, Founder and Chief Medical Officer, has 22 years of experience in critical care medicine. For 18 years, he was an Emergency Physician at Scripps Memorial Hospital, Encinitas, California. Dr. Bierman holds an undergraduate degree from the University of California at Los Angeles and earned his medical degree from the Northwestern University School of Medicine. Dr. Bierman has had over eight years of extensive experience in the medical device industry and has been involved in all levels of the Company’s operations, from design and production to management. Dr. Bierman is the inventor of the StatLock line of safety securement products, for which he holds over 60 patents.

Sharp Injury Risk To Physicians: A Preliminary Survey

Physicians under-report accidental needlestick injuries. Often the most common such injury is caused by suture needles. EpiNet and other data attest to the enormous risk from suture needles to doctors, nurses and other hospital staff. The newly-published AOHP/NAPPSI Survey on suture needlesticks shines light on causes and “cures” of these dangerous occurrences. Both primary and secondary prevention modalities – some new and exciting, some tried and true – combine to maximize workplace safety. A sample OSHA-ready Exposure Control Plan is included in the presentation.

OBJECTIVES

1. Recognize pre-existing data value on suture injury.
2. Formulate results of survey.
3. Explore primary prevention approaches to reduce risk.
4. Contrast secondary prevention approaches to reduce risk.
5. Identify sample Exposure Control Plan.

Robert D. Booth, MPH, CIH, LHRM

BIOGRAPHY

Robert has worked in healthcare for over 20 years. His experience includes overseeing Risk Management, Employee Health, and Infection Control Departments. Managed Workers’ Compensation program for a four hospital Systems. Worked as staff industrial hygienist, laser safety officer, and clinical risk manager. Graduate degree in industrial hygiene and toxicology. Worked for the Occupational Safety and Health Administration. Helped in the review and
writing of the Bloodborne Pathogens Standard. Has conducted over 500 indoor air quality
surveys related to employee complaints, mold exposures, and various other health problems.

TITLE
Investigating & Solving Indoor Air Quality Problem
The Industrial Hygienists approach to investigating Indoor Air Quality complaints will be
outlined and explained. Issues related to indoor environmental air quality including causes of
complaints, visual findings, and environmental monitoring data interpretation will be discussed
during the presentation. The participant will learn how to conduct an indoor air quality
investigation and collect data for forming an opinion. Myths related to the need for air
sampling and expensive remediation will be discussed.

OBJECTIVES
1. Discussion of issues related to indoor environmental air quality.
2. Relate causes of complaints to evaluation findings, observations, and environmental
   monitoring data.
3. Identify air sampling methods, the disadvantages of sampling, current recommendations for
   evaluation methods, and remediation actions will be reviewed and discussed.

Karen Bosley, RN, BSN
Jane M. Collins, PT, MS

BIOGRAPHY
Karen is the Manager of Employee Health Services at Butler Memorial Hospital in Butler,
Pennsylvania. She has served as the Co-chairman of the Worker Safety/Injury Prevention
Committee since its inception three years ago. She has published articles in Hospital Employee
Karen is currently on the AOHP Board of Directors and serves as the Region 4 Director.

Jane has served as Director of Rehabilitation Services at Butler Memorial Hospital for the past
four years. She served on the Worker Safety/Injury Prevention Committee as Co-chair and was
instrumental in mobilizing Physical and Occupational Therapy staff to train all clinical staff at
Butler Memorial Hospital in the principles and practice of safe lifts and transfers. Jane received
her B.S. in Physical Therapy in 1991 from the State University of New York at Stony Brook and
her M.S. in Physical Therapy from the University of Pittsburgh in 1999.

TITLE
Success Story: Worker Safety: Lift Injury Prevention
Implementation of a lifting injury prevention program at Butler Memorial Hospital (BMH) has
significantly reduced the number of these injuries and related costs. Keys to BMH's success
include; application of the Shewhart Cycle of process improvement, administrative support, and
a focus on involving the front line employee. Employee education and training, more accessible
equipment and individual accountability resulted in a 33% decrease in the first year and a 57%
decrease this year in spite of a larger workforce. These reduced injuries have also resulted in an
estimated savings of $250,000.

OBJECTIVES
1. Identify strategies for initiating a lift program.
2. Describe methods for implementing an employee lift injury prevention program.
3. Discuss how to achieve accountability.
4. Identify how to measure the success of a program.
Teresa Brady, PhD

BIOGRAPHY
Dr. Brady is a Senior Behavioral Scientist in the Arthritis Program at the Centers for Disease Control and Prevention, focusing on the implementation of the National Arthritis Action Plan (NAAP). Dr. Brady has primary responsibility for providing technical assistance to state health departments, academic institutions and others on health communications, self management interventions, and health system change interventions to reduce the impact of arthritis. Dr. Brady was the lead staff member in the development of a health communications campaign promoting physical activity among people with arthritis. Dr. Brady has a PhD in Psychology from the University of Minnesota, and a BS in Occupational Therapy from the University of North Dakota.

TITLE
Using Health Communications To Promote Physical Activity Among People With Arthritis
The purpose of this session is to introduce Physical Activity. The Arthritis Pain Reliever- A health communications campaign designed to promote physical activity among people with arthritis. The session will summarize formative research used to develop the campaign, demonstrate campaign materials (including radio spots, brochures, print ads and posters), and describe lessons learned from early implementation of campaign materials. The session is designed to provide participants with the working knowledge they need to implement the campaign through their organization or in their community.

OBJECTIVES
1. Describe arthritis, and inactivity among people with arthritis, as a major health issue.
2. Identify key findings from the physical activity-related formative research with people with arthritis from lower socio-economic levels.
3. List campaign materials for the Physical Activity. The Arthritis Pain Reliever. campaign and how materials can be obtained.
4. Summarize results of the campaign pilot-test.
5. Discuss effective implementation strategies for the Physical Activity. The Arthritis Pain Reliever. health communications campaign.

Cheryl Brennan, RN, BSN

BIOGRAPHY
Cheryl is the Healthcare Industry safety specialist at Berkley Risk Administrators Company, LLC working with hospitals, long term care facilities, assisted living facilities, group homes and clinics. She holds a Bachelor of Science Degree in Nursing from the College of St. Theresa and a Master of Arts in Organizational Leadership from the College of St. Catherine.

TITLE
How To Herd Cats: A Lesson on Effective Workers’ Compensation Injury Management
Many employers find injury management a frustrating and time consuming task. Most people who have been in the injury management role have at least one “horror” story to tell. However, with the right tools, the right person in the role and the right backing from top management, injury management can be very successful.
Aggressive injury management is one of the most effective tools a company can use to immediately impact workers’ compensation costs. In fact, injury management starts before the time of hire when the applicant is advised of the company policy and procedures on injury management.

Come to this session and walk away with sample policy, procedures, some useful forms, and some “tricks of the trade” examples on how to hold everyone in the process accountable. The session will include an interactive “cat herding” section that will put your skills with injury management to the test!

OBJECTIVES
1. Identify management strategies that will help leverage opportunities to guide workers’ compensation cases to a timely and successful conclusion.
2. Differentiate injury management tactics that can dramatically cut losses.
3. Explain the importance of total integration of all components of the injury management program components.

Elaine Carty, RN, CIC, COHN

BIOGRAPHY
Elaine is the coordinator of Infection Control, Employee Health and Safety for a 50-bed rural hospital on Whidbey Island, Washington. Whidbey Island is located in the middle of Puget Sound north of Seattle. Elaine is a past president of her AOHP chapter and a board member of the Puget Sound APIC chapter and the Washington State Healthcare Safety Council.

TITLE
Success Story: Cost Effective Pre-Employment Drug Screening

Patient safety is compromised when healthcare organizations unknowingly hire candidates with substance abuse problems. Using new technology, occupational health nurses can assist in saving employers money by avoiding costly hiring, orientation and termination of impaired workers. For occupational health nurses looking for ways to impact patient safety and to be vital to their workplace, this could be “Your Ticket To Tomorrow!”

OBJECTIVES
1. Articulate the need to screen healthcare workers for drug use before employment therefore contributing to patient safety.
2. Create a cost-effective program for the workplace.
3. Illustrate how on-site rapid testing can place healthcare workers on the job as soon as possible.

Loretta Cochrane, RN, MSN, CNS, COHN-S/CM
Sandy Ohlson, RN, BSN, CIC, COHN-S/CM

BIOGRAPHY
Sandra joined the Return-to-Work/Disability Management Team at Lawrence Livermore National Laboratory, California, in 1999, having been Director of Employee Health/Workers' Comp at San Ramon Regional Medical Center in the California Bay Area. Loretta is the Manager of Injury/Illness Records in the Hazards Control Department at Lawrence Livermore National Laboratories. Both Sandra and Loretta have been key developers of the Disability Management Team/Return to Work Program at Lawrence Livermore for the 7,000 employees and will present the success of their program.
TITLE
Success Story: The Nuts And Bolts Of A Successful Return To Work Program

A team approach to disability management and early return to work efforts can make an impact on overall Workers’ Compensation costs as well as incidence and severity rates of injuries. This session will entail a description and discussion of the Disability Management Team/Return to Work Program at Lawrence Livermore National Laboratory, an employer of over 7,000 employees. This Team has representation from multiple disciplines throughout the Laboratory and has demonstrated by both Workers’ Compensation cost data and OSHA recording data that the work effort from each individual on the Team as well as the overall structure has been effective and collectively made a difference.

OBJECTIVES
1. Describe why Disability Management and early Return to Work is a “win-win” situation.
2. Identify and differentiate between secondary prevention and disability management.
3. Discuss the influence a solid team approach can have on implementing early Return to Work and Disability Management principles.
4. Identify how to develop a comprehensive and effective team to implement early Return to Work concepts.
5. Resolve return to Work barriers through a team approach.

Sharon Craig, NP

BIOGRAPHY
Sharon has 31 years of nursing experience and implemented an Advanced Practice nursing role in a hospital Employee Health Department in Nashville, Tennessee. Additionally, she is responsible for the hospital’s Management Safety Accountability Program and has developed a patient handling program, resulting in a 38% reduction in costs for patient handling injuries in the hospital. Sharon has submitted an article to ANA’s ‘Handle with Care’ campaign and has presented to both local and national groups on patient handling program development and implementation.

TITLE
PHI – The Key Is Prevention

Patient handling injuries consumed 76% of our acute care hospitals’ Workers’ Compensation costs in 2000. By developing an ergonomic committee, developing/implementing pilot programs in high incidence areas, refining the program where needed, we were able to reduce the costs to 40% by 2002.

OBJECTIVES
1. Identify two interventions to prevent patient handling injuries.
2. Describe at least two technological solutions for safe patient handling and movement.
3. Discuss the development of a plan to reduce PHIs.

Andine Davenport, RN, BSN, COHN-S
Linda Good, RN, MN, COHN-S

BIOGRAPHY
Andine has been the Employee Occupational Health Coordinator since 1988 at Scripps Mercy Hospital, a 500-bed urban teaching hospital and trauma center in San Diego, CA. She earned her BSN from San Diego State University and has completed the UCSD Professional Certificate Program in Occupational Health Nursing and holds a certificate in Workers’ Compensation Claims Administration by the Insurance Education Association. In the past 16 years, she has...
been an active, reporting member of the hospital's medical staff Infection Control Committee and has coordinated a variety of employee occupational health programs for a diverse group of customers, many of which include an infectious disease component which she will be sharing with participants in the "Success Story" Breakout Session, "Getting Along with Infection Control".

Linda is the Employee Occupational Health Coordinator at Scripps Memorial Hospital, La Jolla, CA, overseeing a program promoting the health and safety of approximately 3,000 employees and volunteers. She earned her BSN at California State University, Long Beach and her Masters of Nursing at the University of Washington in Seattle.

She works closely with her facility's Infection Control Committee and has found the work involving infectious diseases some of the most interesting and challenging of her career and looks forward to presenting some timely, practical examples as one of this year's "Success Stories".

**TITLE**

*Success Story: The Dynamic Duo: The Employee--Infection Control Connection*

Employee Health “overlaps” with Infection Control in many ways and it is crucial to have Infection Control as an ally. Andine and Linda will share with the group practical examples of how they have successfully collaborated with their Infection Control colleagues in exposure prevention and follow up programs at their facilities. As they discuss the roles of Employee Health and Infection Control they will provide real-life examples and practical tips on dealing with the exposure issues we so frequently encounter: Tuberculosis, bloodborne pathogens, viral illnesses, scabies, lice, and the “new” challenges, such as SARS, bioterrorism and the new JCAHO “Tracer Methodology” format and its implications for upcoming surveys.

**OBJECTIVES**

1. Discuss examples of successful Employee Health/Infection Control collaboration.
2. Define Employee Health and Infection Control roles in exposure prevention and follow up.
3. Discuss the new JCAHO “Tracer Methodology” and its implications for the Employee Health/Infection Control portions of the survey.

**Butch de Castro, PhD, MSN/MPH, RN, PHN**

**BIOGRAPHY**

Dr. Butch de Castro is the Senior Staff Specialist for the American Nurses Association, Center for Occupational Health and Safety. He earned a PhD degree from The Johns Hopkins University School of Public Health, Division of Occupational and Environmental Health, as well as completing a dual Master of Science in Nursing/Master of Public Health degree program in partnership between the School of Public Health and School of Nursing. Dr. de Castro has extensive experience working within the national OSHA Office of Occupational Health Nursing in Washington, DC. There he worked to support the development of regulations and outreach and training materials, particularly for issues involving special worker populations at risk, such as racial/ethnic minorities and youth. He is published in peer-reviewed journals and routinely authors the Health and Safety column in the *American Journal of Nursing*.

**TITLE**

*ANA’s Handle With Care Campaign: A Multi-Component Strategy To Address*
Musculoskeletal Disorders Among Nurses

ANA's Handle With Care campaign is a multi-faceted effort aimed at preventing back injuries and other musculoskeletal disorders among nurses. Nurses have been and continue to be at high risk for injury secondary to manual patient handling and other ergonomic hazards in the healthcare workplace. Solutions are available and being effectively implemented to prevent injury among patient care providers. Elements of the campaign include introducing federal and state legislation, promoting the use of safe patient handling equipment and devices, training programs for nurses, educating healthcare employers, and developing safe patient handling curriculum for schools of nursing.

OBJECTIVES
1. Explain the terms "patient care ergonomics" and "safe patient handling."
2. Discuss patient handling as a major health and safety risk for nurses.
3. Describe the components of the ANA Handle With Care campaign.

Kathryn Duesman, RN, BSN

BIOGRAPHY
As Director of Clinical Affairs and Marketing for Retractable Technologies, Inc. (RTI), Kathryn provides clinical expertise on existing VanishPoint and other products in development. She assists in developing training/marketing materials, presents, and provides training on needle safety for RTI.

TITLE
Safety By Design: Preventing Needlestick Injuries With Engineering Controls

Engineering controls have been at the top of the hierarchy for preventing needlestick injuries for over a decade. This presentation looks at the types of engineering controls available and identifies impediments to safety as well as strategies to increase healthcare worker involvement in the selection and use of safer devices.

OBJECTIVES
1. List three types of engineered safety designs, along with features and benefits of each.
2. Identify impediments to successful implementation of engineering controls.
3. Discuss methods of clinician involvement in the use of engineering controls to enhance successful sharps injury prevention.

Trina Girimont, MSN, ARNP, COHN-S

BIOGRAPHY
Trina currently serves as the Director of Occupational Health Services for Shands HealthCare in Gainesville, Fl. which includes 7 hospitals. She is a member of AOHP, AOHN, North Central Florida Advanced Practice Nurse Council and Sigma Theta Tau. Trina is also published in Sharps Injury Prevention Program: A Step by Step Guide.

TITLE
Success Story: Implementing A Successful Return To Work Program: Utilization Of A Return To Work Coordinator In A Multi-Hospital Healthcare System

Having a well-structured and early return to work (RTW) program for injured employees has been demonstrated to reduce disability and workers’ compensation costs by multiple authors. Strategies for returning an injured employee to work are often complex and multi-factorial. Yet, there is limited literature to demonstrate the effectiveness of implementing a dedicated position to return to work and Americans with Disability Act accommodation issues. In 1999, Shands HealthCare developed a job...
description and hired a full-time Return to Work Coordinator to institute a comprehensive, value-added program with effective and efficient processes to provide transitional work during recovery for injured or ill employees.

OBJECTIVES
1. State the benefits of implementing a Transitional Work Program.
2. Articulate key elements/requirements for a Return to Work Coordinator job description.
3. Demonstrate methods to measure and communicate program value.

Diane Halstead, PhD., D. (ABMM), FAAM

BIOGRAPHY
Dr. Halstead is Director, Infectious Disease Laboratories Baptist Health in Jacksonville, FL. She has a MS in Microbiology and a Doctorate in Microbiology & Immunology. Dr. Halstead has been a principle investigator for research studies in 1997, and presently serves as faculty at three university medical centers.

TITLE
Emerging and Re-Emerging Infectious Diseases: Evolving Challenges And Recent Developments

OBJECTIVES
1. Describe the public health implications of emerging and re-emerging pathogens.
2. Discuss the recent developments in identifying newly recognized diseases such as SARS, new strains of influenza virus, nvCJD, and re-emerging diseases such as pertussis.
3. Identify preventive measures to control these infections.

Linda Haney RN, MPH, COHN-S, CSP

BIOGRAPHY
Linda currently serves as the Clinical Director for Diligent and is responsible for developing and providing on-site clinical consultants to over 180 acute and long-term care facilities. Linda was previously elected as the outstanding Occupational Health Nurse in Massachusetts. To her credit, Linda has served on several boards including the ABOHN and continues as an item writer for that organization. She is published in numerous national publications. Her speaking experience includes over a decade of presentations. Linda was recently nominated as the Safety Professional of the Year for the Healthcare Section of the American Society of Safety Engineers.

TITLE
Using Benner’s Model Of Novice To Expert As Tool For Increasing Knowledge Through Experiential Learning

This program will use Benner’s model of learning explaining the value of experiential learning so that participants will know more than the data, figures, and procedures related to minimal lift programs. Benner describes this type of learning as stories related to “gut feelings” and methods of practice that go beyond the procedure manuals. It is what defines an expert or competent nurse or advanced beginner or a novice. She makes the case that this type of learning typically gets lost because it is not made visible – we need to begin to make it visible so that others can build on the knowledge base.

OBJECTIVES
1. Describe Benner’s model of learning relative to nurses going from novice to expert.
2. State six learning statements as the result of selected case studies about “minimal lift” programs.
3. Provide a forum for participants to share at least one case study/person about their experiences with “minimal lift” programs.
4. Summarize case studies in a written document in order for others to learn about what works and what doesn’t work.

MICHAEL HODGSON, MD, MPH
BIOGRAPHY
Dr. Hodgson is the Director of the Occupational Health Program, Veterans Hospital Administration in Washington, D.C. and is an Adjunct Professor of Occupational and Environmental Health at the George Washington University School of Public Health. Dr. Hodgson has received numerous grants to investigate a wide variety of occupational and environmental health issues and has authored over 150 publications and manuscripts in this area.

TITLE
Personal Protective Equipment In Healthcare Facilities After Terrorist Events
Despite the recognition of chemical emergencies, terrorist events, and ongoing threats, little practical guidance exists for healthcare facilities. Dr. Hodgson will present the approach and controls developed by the Veterans Health Administration over the last two years to enhance the existing emergency management program.

OBJECTIVES
1. Identify type of PPE for type of "zone."
2. Discuss three approaches to PPE in healthcare facilities.
3. Contrast exposure control to patients versus healthcare workers.

Mary Jackson, RN, BSN
BIOGRAPHY
Mary has 30 years experience in public health, as a school nurse, later as the state school nurse consultant, and then director of a division in the Texas Department of Health that included several multimillion dollar state and federal programs. Now, after retiring from public health and successfully completing a clinical refresher course, she is working part-time on a medical-surgical floor, and using her PDA more than ever!

TITLE
Success Story: The PDA As A Clinical Tool For Nurses
Are you using all available tools to help you in your nursing practice? How about handheld technology? Personal digital assistants (PDAs) are much more than just personal calendars and phone books. They can help you save time, reduce errors and enhance personal effectiveness. This workshop will demonstrate how they can enhance your decision making; provide critical facts in an instant; serve as a portable computer with a variety of calculators; keep important lists and notify you to significant dates and times. This session will review many of the practical aspects in selecting and using handheld technology.

OBJECTIVES
1. List benefits of personal digital assistants (PDA)s.
2. Review essential information about PDAs -- their functions and basic terminology.
3. Compare and contrast a variety of features available on PDAs.
4. Identify methods of managing information and databases.
5. Discuss sources of software for PDAs, both commercial and freeware.
6. Articulate resources and discussion groups for nurses using PDAs.

Christine Pionk, MS, RN, CS

BIOGRAPHY
Christine is employed as Adult Nurse Practitioner at the Employee Health Clinic, University of Michigan Health System, where she has worked since 1989. Christine provides treatment for work-related injuries and illness, and facilitates the early return-to-work program. She is Secretary for AOHP-Michigan Chapter.

TITLE
Success Story: Development Of A Nursing Competency Resources For Promotion Of Ergonomic Safety In The Office Setting

Development of a workstation ergonomics competency program. Allows staff to access information regarding ergonomic principles in the office setting, completing a personal workstation assessment, using a web based Office Ergonomics Learning Module. Specific resources for promoting ergonomic safety in the office setting are identified; use of an office ergonomics checklist to allow active participation in the review process is available; information and resources to obtain equipment and supplies is provided.

OBJECTIVES
1. Identify resources for promoting ergonomic safety in the office setting.
2. Use a “Nursing Blitz” competency program to increase awareness of workstation ergonomics.
3. Review assessment of personal workstation, identifying potential ergonomic safety enhancement opportunities.
4. Utilize an office ergonomics checklist to actively participate in facilitation of an ergonomically safe workstation.

Debra Quirarte, RN, COHN

BIOGRAPHY
Debra has practiced Occupational Health nursing for the past six years at Children's Mercy Hospitals and Clinics in Kansas City, Missouri. In her current position, Debi has been instrumental in starting and continuing wellness programs for approximately 4000 employees and volunteers. Debi’s 27 year career as a nurse includes adult and pediatric nursing experience in a variety of venues including, acute care, home care, long-term care, community nursing and clinics. Debi began her career as a nursing assistant and is now a Registered Nurse with Certification in Occupational Health. Her speaking engagements have included training and education on a variety of motivational and health related subjects.

TITLE
Have Flu Vaccine, Will Travel

Even though we work with healthcare professionals it is difficult at times to get them to take care of themselves. It is important to educate staff, even healthcare professionals, about flu symptoms, the difference between the flu and other viruses and complications due to the flu. At our facility we have increased the percentage of vaccines given every year for the past five years. Given the challenges of unit staffing, shift work, off-site locations and reasons given for declining the vaccine we use strategy, increased staffing, and education to operate a successful campaign. The campaign can be successful in numbers as well as a high percentage of the most
“at-risk” employees being vaccinated and educating them while doing it. In this presentation I will discuss influenza, its complications, rationale for receiving the influenza vaccine and strategies to get healthcare workers to receive the flu vaccine.

OBJECTIVES
1. Describe why influenza remains a major health care concern.
2. Review the rationale for influenza vaccine recommendations for healthcare workers.
3. Discuss successful strategies used in the challenge to compel healthcare professionals to obtain the flu vaccine.

JoAnn Shea, ARNP, MS, COHN-S
BIOGRAPHY
JoAnn is a Nurse Practitioner and Director of Employee Health Services at Tampa General Hospital. JoAnn has worked in Employee Health for 17 years and currently is the administrator for the Employee Health clinic, Workers Compensation, Injury Prevention, Lift Team, Employee Wellness Center, Employee Fitness Room, FMLA, Drug Free Workplace, etc. The Injury Prevention Program has been a great success at her hospital and she would like to share her expertise in this area with all of us.

**TITLE**
Success Story: Show Them The Money.........Getting Administrative Support For An Injury Prevention Program
This "on the road" presentation to Tampa General Hospital will provide the audience with tips on getting administrative support to develop an Injury Prevention Program. Highlights of the talk include presenting statistics, gaining key administrator support, developing a cost-benefit analysis and developing objectives. The attendee will go to Tampa General Hospital (Level 1 trauma center and teaching hospital with 683 beds and 4700 employees) to observe the Lift Team in action, review the Lift Team logs, surveys, statistics and transfer equipment. This field trip is a "must" for anyone thinking of implementing a Lift Team or wanting information on transfer equipment.

OBJECTIVES
1. State two key hospital administrators whose support is required for an Injury Prevention Program.
2. Describe statistics that should be presented to administration to gain support.
3. List two objectives of a successful Injury Prevention Program.

Manon L Short, R.P.T.
BIOGRAPHY
Manon is a Registered Physical Therapist licensed in the state of Florida with a BS in Physical Therapy from McGill University in Montreal, Canada. She is a certified ergonomic assessment specialist through the Back School of Atlanta. She studied one year of Kinesiology at the University of Ottawa. She currently serves at the Injury Prevention Coordinator in the Employee Health Department at Tampa General Hospital where she developed and implemented the lift team program.

**TITLE**
Success Story: How To Make Your Lift Team A Success
Tampa General Hospital implemented a Lift Team in 2002 and in two years has had a 62% decrease in patient handling injuries. This presentation will give the audience practical pointers
on how to develop, implement and evaluate a successful Lift Team in a hospital setting. Topics will include how to choose the right lift team staff, setting up a paging system, educating patient Care staff, use of transfer equipment, preparing statistics, survey results, maintaining logs and presenting successful outcomes.

OBJECTIVES
1. List three routine transfers performed by a hospital Lift Team.
2. Explain how to develop assessment tools and equipment evaluations for patient care areas.
3. Identify two methods to evaluate outcomes for a Lift Team.
4. Describe how logs are created to track Lift Team calls and transfers by department.

Joan M. Spencer, CIH, MPH

BIOGRAPHY
Joan is presently employed as the Compliance Assistance Specialist in the Tampa Area Office of the Occupational Safety and Health Administration. She provides advice, education and training to businesses, labor organizations and other associations to promote voluntary compliance with OSHA’s safety and health standards.

Joan began her employment with the Agency in 1990 as an Industrial Hygienist. In this capacity, Ms. Spencer conducted health-related field inspections in general industry, construction and maritime establishments. Prior to OSHA, she was employed as the Safety and Health Coordinator at a secondary lead smelter and as an Environmental Scientist with an environmental regulatory agency. Joan holds a Bachelor of Science degree in Chemistry from the University of Tampa and a Master of Public Health in Industrial Hygiene/Safety Management from the University of South Florida. She was certified by the American Board of Industrial Hygiene in 1994.

TITLE
Most Frequently Cited OSHA Standards In Healthcare And How To Prevent Such Hazards

The session is designed to show the employee health personnel how OSHA inspections are conducted in healthcare. Learn both the safety and health hazards in healthcare and how to control such hazards. The session will be interactive with the audience participation.

OBJECTIVES
1. Illustrate the most frequently cited OSHA standards are for healthcare.
2. Describe both the safety and health hazards and how you can control the hazards.
3. Summarize how the compliance officer inspects for standard compliance.

Beverly DaCosta Tobias, MBA, RN, COHN-S, CCM, FAAOHN

BIOGRAPHY
Beverly has presented several topics on nursing, environmental and technical topics to local, State, National and International organizations. She has worked for major corporations including Hewlett Packard, Solectron Corporation and now owns her own company DaCosta-Tobias Assoc. She also works for Concentra as a field case manager. She serves as president of the South Bay Black Nurses association, National Treasurer for the American Association of Occupational Health Nurses and is active in Jack and Jill of America and an Alpha Kappa Alpha Sorority pledge.
Selling Your Skills To Management
Management looks for outcomes, they track the bottom line and they want value for their investment in the skills we bring to the table. We must learn the language of the management and articulate our outcomes in alignment with their goals and market these outcomes so that our value to the organization is championed - creating an imbedded need for our services. The nursing profession produces many skill sets that can be offered to management. These skills are reflected in the daily goals, measurements, and marketing of the services we provide.

OBJECTIVES
1. Formulate the skills management wants.
2. Review the nurses’ marketable skills.
3. Identify measurable outcomes.
4. Articulate job needs.
5. Create a need for services.

Bette J. Tweten, PhD

BIOGRAPHY
Dr. Tweten is Assistant VP of the Department of Employee Development at Carolinas HealthCare System. She works with clients to design and present programs on customer service, managing change, building teams, conflict resolutions and intercultural communications. Bette has served as faculty at two universities, and has consulted to variety of businesses including US Department of Defense and the American Hospital Supply Corporation.

Managing And Valuing Differences: Yours, Mine, And Ours
Creating a workplace environment where differences are accepted, welcomed, and fully utilized is not easy. Every individual brings cultural background and experiences to the workplace. This presentation will provide strategies for supporting and managing diversity in the organizational environment.

OBJECTIVES
1. Defining what diversity really means.
3. Identify how diversity can be recognized and managed as an asset at work.
4. Articulate ways to communicate more comfortably and honestly in diversity situations.

Kathleen W. VanDoren, RN, BSN, COHN-S/CM, Paralegal

BIOGRAPHY
Kathleen is Occupational Health Nurse for Procter & Gamble, Corporate Health Services, providing the EAP services. She was employee health manager at Good Samaritan Hospital, Cincinnati, Ohio as well as Coordinator at Bethesda Good Samaritan and Children’s Hospital in Cincinnati. She completed her internship for Paralegal, focusing in medical malpractice, personal injury, and workers compensation. Kathleen was AOHP Executive President from ’95 to ’99, and currently Chair of the National Continuing Education Committee. Being active since 1988 with AAOHN, Kathleen is currently Treasurer for the Southwestern Chapter.
**Success Story: Why Implement An Employee Assistance Program?**

Employee Assistance Programs (EAP) are multifaceted programs designed to assist employees and their families with problems that may affect their well being and their ability to perform their jobs effectively. EAP’s offer comprehensive and confidential assessment, short-term counseling, referral if necessary and follow-up.

**OBJECTIVES**

1. State two reasons for implementing an EAP
2. List three types of formal referral processes
3. Discuss optimal outcomes of the referral process

**Paula O. White**

**BIOGRAPHY**

Since 1995, Ms. White has served as OSHA’s Director of Cooperative and State Programs, a Senior Executive Service position. In this position, Ms. White is responsible for the agency’s voluntary and cooperative programs, including the Voluntary Protection Program, partnership programs, the State-run OSHA Consultation Program, Alliances and the Susan Harwood Training Grant program. In addition, Ms. White is in charge of the agency’s training and education programs, including the Office of Training and Education and the OSHA Training Institute in Arlington Heights, Illinois. Ms. White also oversees State Plan State programs. Her responsibilities include coordinating the agency’s compliance assistance and outreach programs.

Ms. White began her career as a management intern with the U.S. Department of Labor. She served as OSHA’s Budget Officer, and was subsequently selected as the Agency’s Financial Manager. In 1991, she worked in the Office of the Secretary of Labor, guiding the establishment of a new management system for the Department’s Executive Secretariat.

**TITLE**

**OSHA’s Cooperative Programs**

Ms. White will give an overview of OSHA’s Cooperative Programs, focusing on the Alliance Program and specifically, the AOHP Alliance. She will discuss progress the Alliance has made in attaining its goals as well as its successes and milestones. She will also cover the latest developments in OSHA’s extensive compliance assistance efforts and website offerings.

**Polly G. Zimmermann, RN, MS, MBA, CEN**

**BIOGRAPHY**

Polly is currently an Assistant Professor in Nursing at the Harry S Truman College in Chicago and a contract Associate Occupational Health Nurse for American Airlines. She has an extensive background in emergency nursing, management, and shuffling papers as a frequent author, lecturer and Associate Editor of the *Journal of Emergency Nursing*.

**TITLE**

**Success Story: Making Your Office Time More Effective**

The average manager has 200 hours of backlogged office work. Excessive information, constant interruptions, and endless paperwork lurk to create chaos, waste time, and erode effectiveness in any occupational health office. Learn about others’ “secrets” to control their situation’s paperwork, communication, people, and meetings.
OBJECTIVES
1. Describe various tips and tricks for organizational paperwork filing and retrieval.
2. List five suggestions to make e-mail use more effective.
3. Discuss methods of effectively handling drop-in interruptions.
4. Identify ways that will enhance the effectiveness of meetings.