AOHP 2011 National Conference Education Sessions Abstracts

W001
Wednesday, September 28, 2011 8:00 am - 5:30 pm
8-hour Workshop (Lunch is not included.)
Level: Basic

Title: Getting Started in Occupational/Employee Health
Presenters: Aftab Ahmed, RN MSN and Rosalie Sheveland, RN CIC COHN

Topic Overview: This comprehensive, informative course is designed for the occupational health professional new to the field. The eight-hour didactic course was developed from the Getting Started manual, which is updated every two years by the AOHP organization. Course content includes valuable resources, encourages interactive discussion and is presented by a team of knowledgeable experts. All participants will receive the 2010 edition of the Getting Started resource manual in CD format.

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. Identify 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.

Presenter Bio:
Aftab Ahmed is an independent consultant for occupational health and safety. He is a graduate from a nursing school in Manchester, England and also holds a Master’s Degree in Nursing from Lubbock Christian University. Ahmed has 30 years of nursing experience in a wide variety of healthcare settings, including intensive care, nursing administration and public health, including 19 years in occupational health. He has presented on various employee health and workers’ compensation topics at national conferences. In his role as a consultant, Ahmed assists healthcare facilities and industry to develop, implement and evaluate activities relating to health maintenance, drug free workplaces, hospital safety, decontamination response teams, respiratory protection programs, emergency preparedness task forces, and injury prevention and management.

Rosalie Sheveland, RN CIC COHN is the Director, Employee Health Services at O’Connor Hospital in San Jose, CA. She has 20 years experience in employee health and workers’ compensation program management and 12 years experience in infection control in the acute care hospital setting. Sheveland has been a member of AOHP for more than 20 years and has served as Region 1 Director, Chapter President, Vice President and is the current Secretary, AOHP CA Northern Chapter. She has presented on various workers’ compensation, infection control and employee health topics at national and state conferences.
W002  
Wednesday, September 28, 2011 8:00 am - 3:20 pm  
6-hour Workshop (Lunch is not included.)  
*Level: Intermediate*  

**Title: A Practical Guide for Developing, Maintaining and Enhancing Your Safe Patient Handling Program**  
*Presenters: Richard Barker, BS MA CPE, Catherine Gouvin, OTR CHT CSHE and Kent Wilson, BS CIE*  

**Topic Overview:** This 6-hour pre-conference workshop will offer recommendations and advice from three individuals who have experience with implementing and sustaining a safe patient handling (SPH) program from the perspective of the employer, consultant and vendor. This workshop will be geared for those who have a management role for SPH in an acute care environment. Practical examples and tools will be presented that will be useful in a clinical setting. The workshop will be a combination of lecture, group interaction and exercises, and review of case studies and assessment tools. Attendees are encouraged to bring their tough problems to the workshop for discussion.  

**Objectives:**  
1. Identify strategies for implementing and sustaining a Safe Patient Handling program.  
2. Explain the use of assessment tools for a Safe Patient Handling program.  
3. Clarify how to prepare and use a cost-benefit analysis using injury logs and insurance loss-runs.  
4. Define how to measure results of an effective Safe Patient Handling program.  

**Presenter Bio:** Richard Barker is a Certified Professional Ergonomist and a full member of the Human Factors and Ergonomics Society. He has also provided safety consulting services for a number of Fortune 500 companies and government agencies. Barker was the primary developer of an ergonomics risk assessment process adopted throughout the Department of Defense. He has served as an expert witness and consulted on multiple OSHA abatement cases.  

**Presenter Bio:** Catherine Gouvin is a Registered Occupational Therapist, Certified Hand Therapist and Certified Specialist in Health Ergonomics. She is responsible for the Ergonomics program and Safe Patient Handling program at Lawrence & Memorial Hospital. Gouvin has practiced occupational therapy in a variety of areas, including outpatient orthopedics, psychiatry and inpatient rehabilitation. She is a graduate of Quinnipiac University with a Bachelor of Science in Occupational Therapy.  

**Presenter Bio:** Kent Wilson has performed ergonomic and safety evaluations for dozens of healthcare facilities around the country. He is a Certified Ergonomist who takes an active role in the development of regulatory standards. He is a full member of the Human Factors and Ergonomics Society, The National Safety Council and The American Industrial Hygiene Association, as well as an active participant on their Ergonomic and Healthcare committees.  

W003  
Wednesday, September 28, 2011 8:00 am - 12:10 pm  
4-hour Workshop  
*Level: Intermediate*  

**Title: “In Sickness and In Health” – The Value of the OHN in Today’s Workplace Utilizing Outcomes**
**Presenter: Barb Maxwell, RN MHA COHN-S CCM CWCP QRP FAAOHN**

**Topic Overview:** In today’s plummeting economy, employers are challenged with reducing expenditures while maintaining revenues to their financial bottom lines. The impact of costs to corporations has occupational health nurses (OHN) proving their worth for future existence within the company. Can you prove your worth to your employer? Participation in this workshop will give OHNs useful tools to prove their worth utilizing various outcomes and identify what tools to use to achieve those outcomes.

**Objectives:**
1. Discuss two valuable components of a Strengths, Weaknesses, Opportunities, Threats (SWOT) analysis.
2. Define benchmarking.
3. Describe two benefits of measuring case management financial outcomes.
4. Define two cost terms.
5. Explain two tools the Occupational Health Nurse can use to achieve outcomes.

**Presenter Bio:** Barb Maxwell established a hospital-based occupational health program in 1986 known as Company Care for HCA. Her current responsibilities include management of operations for 10 Company Care occupational health programs and 16 employee health departments. She is Past President of FSAOHN and currently serves as Treasurer for FWCAOHN. She is a fellow through AAOHN. Maxwell received her RN from St. Luke’s Hospital School of Nursing, Kansas City, MO, and her BS and Master’s in Health Administration from the University of St. Francis, Joliet, IL. She is a contributing author for Dr. Nancy Menzel’s book *Workers’ Comp Management from A to Z*.

**W004**

**Wednesday, September 28, 2011 8:00 am - 12:10 pm**

4-hour Workshop

**Level: Advanced**

**Title: Disruptive Behavior in Healthcare: Zero Tolerance!**

**Presenter: Stephen A. Burt, BS MFA**

**Topic Overview:** Healthcare leaders have known for years that intimidating and disruptive behaviors are a serious problem. Verbal outbursts, condescending attitudes, refusing to take part in assigned duties and physical threats all create breakdowns in the teamwork, communication and collaboration necessary to deliver patient care. The Institute for Safe Medication Practices found that 40 percent of clinicians have kept quiet or remained passive during patient care events rather than question a known intimidator. The Joint Commission will require hospitals and other organizations to have a code of conduct that defines disruptive behavior and a process to address such behavior. The new Standard is coded LD.03.01.01, EP 4, EP 5, and became effective January 1, 2009.

**Objectives:**
1. Identify the 10 elements of performance for The Joint Commission Standard for disruptive behavior.
2. Explain the negative effects that undesirable behavior can have on healthcare.
3. Employ legal strategies to address issues of disruptive behavior at any level.

**Presenter Bio:** Stephen A. Burt is President and CEO of Healthcare Compliance Resources, an affiliate of Woods Rogers Consulting, a company developing and delivering strategic solutions to today’s healthcare regulatory compliance problems. From 1981 to 1994, Burt was the Corporate Director of Environmental Health for Carilion Healthcare System (Roanoke, VA), responsible for OSHA, EPA and Joint Commission.
compliance, and was awarded the prestigious American Hospital Association’s Phoenix Award. During this time, he was non-legislative appointee to the Joint Legislative Administrative Review Commission (JLARC). Most recently, he served two years as the Corporate Administrator of Employee Safety for Inova Health System in Falls Church, VA, with responsibility in employee health and for OSHA compliance. Burt conducts more than 50 full-day OSHA, HIPAA and employee health seminars each year for the University of North Carolina, Duke University, East Carolina University, Association of Occupational Health Professionals in Healthcare, the Virginia Hospital and Healthcare Association and the American Hospital Association, among others. He currently serves as Vice President of the AOHP Virginia Chapter and is a member of the Government Affairs national committee.

**W005**

**Wednesday, September 28, 2011 1:00 pm - 5:10 pm**

4-hour Workshop

*Level: Intermediate*

**Title: Antineoplastic Drugs in Healthcare: The Reality of the Risks and Control Measures to Minimize these Risks**

*Presenters: Chun-Yip Hon, MSc(A) CRSP CIH, Karen Karwowski, RN BSN MSN Ed and Karin L. Kolbus, MSN RN COHN-S/CM*

**Topic Overview:** This 4-hour workshop will provide an extensive review of risks and associated control measures for antineoplastic drugs in healthcare. The workshop will begin with a presentation on the toxicology, exposure potential and recommendations for reducing exposure to antineoplastic drugs as determined by the results of an extensive study. This discussion will be followed by a review of best practices in handling of hazardous medications in ambulatory care. The third component of the workshop will feature how Henry Ford Hospital and Health Network developed and implemented an antineoplastic medical surveillance program for its employees, a program that can be replicated across a wide variety of healthcare settings. The workshop will conclude with a question and answer session.

**Section I – 1.5 hours**

**Toxicology, Exposure Potential and Recommendations for Reducing Exposure**

*Presenter: Chun-Yip Hon, MSc(A) CRSP CIH*

**Topic Overview:** Occupational exposure to antineoplastic drugs is known to result in various adverse health effects. Healthcare workers’ exposure to these agents is believed to be primarily through the dermal route, by contacting drug-contaminated surfaces or objects. A number of studies have looked at the risks faced by nurses and pharmacy personnel. However, given the fact that the medication circuit (i.e., how and where the drugs travel within the hospital from delivery to disposal) involves many departments, there is likely an underestimation of the total number of healthcare workers at risk of exposure. We undertook a study to better understand exposure of healthcare workers to antineoplastic drugs. Our study objectives were to: ascertain the amount and extent of antineoplastic drug contamination within a hospital; determine those job categories throughout the medication circuit that may be exposed to these agents, and; assess occupational exposure levels to these drugs via dermal and urine samples. To our knowledge, this is the largest study of its kind in North America. An overview of the toxicology of antineoplastic drugs will be presented, as well as the findings from the study. Recommendations to minimize occupational exposure to antineoplastic drugs will also be discussed.
Objectives:
1. Describe the toxicology of antineoplastic drugs.
2. Describe exposures to antineoplastic drugs in healthcare settings.
3. Review various control measures to minimize exposure to antineoplastic drugs.

Presenter Bio: Chun-Yip Hon is currently a doctoral candidate with the School of Environmental Health at the University of British Columbia. The short title of his thesis is “Studying Healthcare Workers’ Exposure to Antineoplastic Drugs.” Prior to pursuing his doctorate, Hon was the Occupational Hygienist for Vancouver Coastal Health, one of the largest health authorities in the province of British Columbia. He has been associated with the healthcare sector in British Columbia for more than five years. Hon has also worked as an occupational health and safety professional in other industries including government, manufacturing and consulting. He has more than 12 years of practical experience and has obtained his Certified Industrial Hygienist (CIH) and Canadian Registered Safety Professional (CRSP) designations.

Section II – 1.0 hour
Best Practices in Handling of Hazardous Medications in Ambulatory Care
Presenter: Karin L. Kolbus, RN MSN COHN-S/CM

Topic Overview: Risk assessment of the ambulatory care environment reflects that, with increasing frequency, treatments provided to our patients require employees to handle and administer drugs that have been identified by the National Institute of Occupational Safety and Health (NIOSH) as hazardous (carcinogens, teratogens, organ toxic or corrosive). The clinical staff of an ambulatory care environment includes a few licensed providers (MDs, NPs, PAs and nurse managers) supported by a medical assistant work force. Awareness of potential hazards and routes of exposure among unlicensed staff is particularly low. To adopt best practices in safe handling of hazardous medications, coordination at every step from purchasing to waste disposal is required. Training of clinical staff is needed to model best practices in safe handling of hazardous drugs. Healthcare workers are also more likely express confidence that they are empowered to protect themselves from this risk if the organization’s management is well informed and supportive.

Objectives:
1. Identify hazardous drugs utilization often unique to ambulatory care.
2. Recognize types of personal protective equipment and practices recommended for safe management of hazardous drugs in ambulatory care.
3. Describe common challenges in organizational policy related to handling hazardous medication.

Presenter Bio: Karin Kolbus is RN Certified in Occupational and Environmental Health, 2001, Certified Medical Case Management, 2001 and Certified OSHA 501 Trainer, 2004. She received her Master’s in Nursing Education in 2009. Currently employed by Intermountain Healthcare, Salt Lake City, Utah, as Employee Health Coordinator to Ambulatory Care, she is also a Community Health DNP student of the University of Utah. During the summer of 2011, she completed a study abroad project, providing occupational health nursing support to Global Health Uganda.

Section III – 1.0 hour
Developing an Antineoplastic Medical Surveillance Program for Employees
Presenter: Karen Karwowski, RN BSN MSN Ed
**Topic Overview:** In 2005, the NIOSH Alert *Preventing Occupational Exposures to Antineoplastic and Other Hazardous Drugs in Health Care Settings* was published. It called further attention to the healthcare professionals (HCPs) who were being exposed to antineoplastic medications daily, as well as highlighted once again the necessity of surveillance for these employees to assist in maintaining their safety while they provide care for their patients. Historically, Henry Ford Hospital and Health Network had a surveillance program for those employees who worked directly with chemotherapy medications, but the program had been eliminated many years ago with the advent of chemotherapy mixing hoods. In 2004, the Office of Environmental Safety began receiving calls requesting the re-implementation of such a program; the aforementioned NIOSH publication in 2005 brought this issue to the forefront. Discussions began soon after with Employee Health and in late 2005 an Ad-Hoc Antineoplastic Team was called together with Employee Health facilitating. A two-year multidisciplinary journey across the entire system culminated in the development and implementation of a sweeping Antineoplastic Medical Surveillance Program.

In October 2007, the new program was rolled out to our employees. This program is not only for medical professionals, but for all employees who come into contact with chemotherapy drugs. Employees are assigned to three groups according to their level of potential exposure risk: primary; secondary; and tertiary. The components of this program include: mandatory yearly education for all three groups regarding exposure risk; a surveillance questionnaire; and physical examination performed by our occupational physician and RN every two years. The physical exam includes blood work, EKG, systems and physical review, as well as specific personal protective equipment review.

As this program was able to be developed and implemented for a specific population in a large health system of employees spread over four counties in Michigan, both urban and suburban, this is replicable for both large and small healthcare settings. The safety and welfare of employees is one of the core values of Employee Health, and this program is an essential component of a robust safety initiative.

**Objectives:**
1. Identify employee groups who are affected by chemotherapy medications.
2. Recognize at least one employee group that fits into each of the three levels of exposure risk.
3. Identify at least one strategy to assist in developing a surveillance questionnaire.
4. Identify at least one strategy to assist in developing surveillance educational programming.

**Presenter Bio:** Karen Karwowski is the Nurse Manager of Employee Health for Henry Ford Hospital and Health Network and West Bloomfield Hospital, which employs approximately 20,000 of the 24,000 employees of the health system throughout southeastern Michigan. Employee Health provides pre-placement and annual screening, work-related injury treatment and management, BBP needlestick/splash and communicable disease management, antineoplastic surveillance examinations, for cause and HPRP drug and alcohol screening, and wellness supportive activities for employees. Karwowski has been an RN for more than 23 years in various hospital and inpatient sub-acute settings including behavioral and geriatrics. She has worked in many capacities that include staff nurse, charge nurse, clinical coordinator, inservice director, director of nursing, corporate nurse and nurse manager. She is certified by the state of Michigan as a TST instructor and provides courses throughout the state. In addition, she works as a part-time NCLEX-RN instructor for RN graduates preparing for their board examinations.

**Section IV – 0.5 Hour**
**Panel Questions & Answers**
**W006**  
**Wednesday, September 28, 2011 1:00 pm - 3:00 pm**  
2-hour Workshop  
*Level: Intermediate*

**Title: How Healthy are Your Employees? Challenges, Considerations and Conundrums**

*Presenter: Barbara McCarthy, RN MSED BSN COHN*

**Topic Overview:** Healthy employees are a major part of a successful workplace. But how do you achieve this? How do you engage so many different individuals with so many different needs, schedules and goals? How do you affect change when their own health is not necessarily their primary consideration? Best practices, success stories, failed programs and real life considerations for implementing healthy improvements will be presented and discussed. We will explore where our challenges for the future lie as occupational health nurses and what we can do to champion the cause of improved health for our employees.

**Objectives:**
1. Define and discuss wellness.
2. List five challenges and considerations that may be encountered when engaging employees in healthy behaviors.
3. Identify five things you can implement immediately that will have a direct effect on improving your employees’ health.
4. Discuss the challenges of Return on Investment (ROI) and how to evaluate the effectiveness of your programs.

**Presenter Bio:** As an Occupational health nurse for 17 of her 35 years in nursing, Barbara McCarthy has implemented health and wellness programs for federal, private and hospital populations including the Securities and Exchange Commission and the Consumer Product Safety Commission. She also has experience as a health educator for Health and Human Services (HHS) teaching HIV education mandated by President Clinton to federal agencies. McCarthy has presented nationally on wellness and safe patient handling programs for AAOHN and AOHP, as well as on patient safety and wellness topics for the Virginia State Podiatrists Annual Conference and the AOHP North Carolina Chapter. McCarthy is currently the Manager of Occupational Health for a 1,100 person healthcare system in northeastern North Carolina, where she plans and implements health and wellness programs in combination with a wellness manager and manages a successful safe patient handling program while running the day-to-day activities of the Occupational Health Department at four locations.

**W007**  
**Wednesday, September 28, 2011 1:00 pm - 3:00 pm**  
2-hour Workshop  
*Level: Advanced*

**Title: Preventing Transmission of Pandemic Influenza and Other Viral Respiratory Diseases: The Institute of Medicine’s Personal Protective Equipment for Healthcare Personnel Update**

*Presenter: Stephen A. Burt, BS. MFA*

**Topic Overview:** In 2009, the H1N1 influenza pandemic brought to the forefront the many unknowns about the virulence, spread and nature of the virus, as well as questions regarding personal protective
equipment (PPE) for healthcare personnel. In light of the unanswered research questions following the 2009 H1N1 influenza pandemic, the National Personal Protective Technology Laboratory (NPPTL) at the National Institute for Occupational Safety and Health (NIOSH) asked the Institute of Medicine (IOM) to conduct a study updating the progress on research and identifying future directions for PPE for healthcare personnel.

We now have sufficient knowledge to recommend a four-pronged strategy for immediate implementation of guidelines and planning for effective PPE use. The four elements in the IOM report include:
1. Discuss planning and preparation at the leadership and organizational levels.
2. Describe the comprehensive training for all personnel, including supervisors and managers.
3. Describe the importance of widespread and convenient availability of appropriate PPE devices.
4. Explain the accountability at all levels of the organization.

Objectives:
1. Examine PPE (which may include respirators, face masks, gloves, gowns, eye protection and face shields) as it can be most effectively used to prevent the spread of the virus.
2. Discuss how to ensure that frontline personnel know how to properly wear and use the appropriate PPE and the important role the occupational health professional has to play.
3. Understand the differences among and correct uses of respirators and face masks.
4. Review methodologies to assist managers and frontline workers in understanding and accepting their roles and responsibilities to ensure that PPE for the healthcare workers is:
   - Able to reduce the risks of disease and injury to healthcare personnel.
   - Able to minimize negative interactions with or effects on patients and their families.
   - Acceptable and usable by healthcare personnel in their daily tasks.
   - Practical regarding issues of cost, time and training to use.
   - Appropriate to the occupational risk being encountered.

Presenter Bio: Stephen A. Burt is President and CEO of Healthcare Compliance Resources, an affiliate of Woods Rogers Consulting, a company developing and delivering strategic solutions to today's healthcare regulatory compliance problems. From 1981 to 1994, Burt was the Corporate Director of Environmental Health for Carilion Healthcare System (Roanoke, VA), responsible for OSHA, EPA and Joint Commission compliance, and was awarded the prestigious American Hospital Association’s Phoenix Award. During this time, he was non-legislative appointee to the Joint Legislative Administrative Review Commission (JLARC). Most recently, he served two years as the Corporate Administrator of Employee Safety for Inova Health System in Falls Church, VA, with responsibility in employee health and for OSHA compliance. Burt conducts more than 50 full-day OSHA, HIPAA and employee health seminars each year for the University of North Carolina, Duke University, East Carolina University, Association of Occupational Health Professionals in Healthcare, the Virginia Hospital and Healthcare Association and the American Hospital Association, among others. He currently serves as Vice President of the AOHP Virginia Chapter and is a member of the Government Affairs national committee.

**W008**

**Wednesday, September 28, 2011 3:30 pm - 5:30 pm**

2-hour Workshop

*Level: Basic*
**Title: Employees and Bariatric Surgery: What You Need to Know About Caring for this Increasing Employee Population**  
*Presenter: Barbara McCarthy, RN MSED BSN COHN*

**Topic Overview:** Obesity is an epidemic and one of the greatest health problems Americans face. Weight loss surgery has been greatly improved and is becoming increasingly common and affordable. Do OHNs have the knowledge to identify, care for and advocate for the needs of these employees? Do we know enough about bariatric surgery to provide appropriate support for them? This workshop promises to offer an open and honest discussion by an OHN who is also a bariatric patient to help participants become better informed about how to care for this increasing employee population. Although this area of employee health needs continues to grow, very little information is currently available to OHNs to help them care for this special needs population.

**Objectives:**
1. Define bariatrics.
2. Identify the different weight loss surgeries and how they work.
3. Identify the dietary changes that occur after bariatric surgery. Describe the identity changes and challenges that may occur after bariatric surgery. Discuss challenges that this employee population faces when returning to the workplace.

**Presenter Bio:** Barbara McCarthy is an OHN with 35 years of experience who has numerous employees who are bariatric patients and is also a bariatric patient herself. As a bariatric patient, she is intimately familiar with the challenges and changes needed to achieve success after this procedure. Not all workplaces are accommodating and may require some changes to support these employees on their journey to better health. McCarthy understands the challenges, fears, needs and possible complications that a bariatric patient might face when contemplating this change and when returning to the workplace.

**A001 Thursday, September 29, 2011 8:05 am - 9:35 am**  
Keynote Speaker – 1.5 hour General Session  
*Level: Intermediate*

**Title: Well Being: Research, Recommendations and Real Life**  
*Presenter: Terri Anne Flint, LCSW PhD*

**Topic Overview:** This presentation will introduce the findings of Gallup’s international survey on wellbeing. Participants will discuss the five elements identified as being critical to thriving, not just surviving. Included will be specific, personal actions that can be taken to increase overall wellbeing. Participants will also discuss the role of occupational health nurses in supporting this concept for individual employees and workplace environments.

**Objectives:**
1. Discuss the five elements of wellbeing as identified by Gallup.
2. Identify at least one action that can improve wellbeing in each element.
3. Examine multiple ideas on how occupational health can support wellbeing for employees and facilities.

**Presenter Bio:** Dr. Terri Anne Flint is the Director of Employee Health for Intermountain Healthcare, a system of hospitals, doctors and a health plan with more than 32,000 employees and multiple locations in Utah and Idaho. Being the Director of both Employee Health and the Employee Assistance Program,
she has a holistic view of employee health and safety. Flint has 21 years of experience in supporting individual employees and hospital teams to become healthy and resilient, especially in difficult times. To practice what she preaches, Flint lives in Park City, Utah, a ski resort town, where she loves to ski, read, garden and ride her horses, Henri and Gus.

A002
Thursday, September 29, 2011 9:40 am - 10:40 am
General Session
Level: Intermediate

Title: How Immunology Helps Employee Health: An Update on the Use of Immunologic Tests from TB to Hepatitis
Presenter: Lee S. Newman, MD MA FCCP FACOEM

Topic Overview: Major advances have been made in our understanding of the immune basis of disease. As a result, over the past 30 years a great number of clinical tests have been developed that measure the immune system's reactions to foreign invaders. Examples include the ability to measure antibodies, antigens, cell proliferation and the release of chemicals from cells (cytokines). We benefit every day from these “biomarkers” of immunity in employee health surveillance programs and clinical practice. Examples include the use of antibody assays to measure hepatitis antigens and antibodies, T lymphocyte responses to tuberculosis antigens, and antibodies to allergens like formaldehyde and latex, among others. There remain significant challenges because each of these tests, when used in screening or in diagnosis, is associated with a certain sensitivity and specificity. Test results must be interpreted with care and with an understanding of what the test is trying to measure. This lecture will briefly review the basics of immunology, the immune basis of several important assays used in employee health clinical practice, and some of the limitations, as well as future potential uses, of immunoassays in the healthcare setting.

Objectives:
1. Identify the major components of the immune response.
2. Describe the application of immune assays in employee health practice.
3. Describe how tests commonly used in practice are measuring the immune response to infectious agents.
4. Discuss some of the limitations of immunologic tests commonly used to detect hepatitis, TB and other hazards in healthcare workers.

Presenter Bio: Lee S. Newman, MD MA FCCP FACOEM is Professor of Environmental and Occupational Health in the Colorado School of Public Health and Professor of Medicine in the Division of Allergy and Clinical Immunology and Division of Pulmonary Sciences and Critical Care Medicine in the School of Medicine at the University of Colorado, Anschutz Medical Campus, Aurora, CO. In addition, he is the CEO of Axion Health, Inc. He conducts research, consults and teaches in the Colorado School of Public Health and is Director of the Mountain and Plains Education and Research Center funded by the National Institute for Occupational Safety and Health (CDC/NIOSH). For 20 years, Newman’s clinical practice has focused on the diagnosis, management and prevention of occupational and environmental lung disorders and granulomatous diseases, especially chronic beryllium disease. His epidemiologic and immunology laboratory research focuses on the immune basis of granulomatous disorders, metal immunotoxicology, the relationship between genetics and environmental triggers of allergic disease, and disease prevention through the development of immune biomarkers for use in clinical practice. In addition, he has focused extensively on the development of electronic health records and clinical
decision support tools for employee health. He is the author of more than 250 peer-reviewed publications and scholarly reviews.

Newman earned his Bachelor of Arts at Amherst College and Master of Arts in Social Psychology at Cornell University Graduate School of Arts and Sciences. He earned his MD at Vanderbilt University School of Medicine and completed his internship and residency in Internal Medicine at Emory University School of Medicine and pulmonary fellowship at the University of Colorado Denver/National Jewish Health. Newman is a Fellow of the American College of Occupational and Environmental Medicine, Fellow of the American College of Chest Physicians and Fellow of the Collegium Ramazzini.

A003
Thursday, September 29, 2011 11:50 am - 12:50 pm
General Session
Level: Intermediate

Title: Common and Unrecognized Allergens in the Healthcare Workforce
Presenter: Karin Pacheco, MD MSPH

Topic Overview: Working from real-life case presentations, this talk provides an overview of commonly, and not so commonly, recognized exposures that can cause allergic respiratory and skin diseases in healthcare workers. Allergens will include latex, glutaraldehyde and formaldehyde, enzymatic cleaner solutions, quaternary ammonium compounds and wet work. The talk will be updated with any new product information just prior to the presentation. It will conclude with an approach to recognize and limit exposures, and to prevent disease in this essential class of skilled workers.

Objectives:
1. Recognize different allergenic exposures causing respiratory disease in healthcare workers.
2. Describe components and advantages of a latex-safe workplace compared to a latex-free workplace.
3. Describe ways to identify exposures and protect skin from an occupationally-induced dermatitis.

Presenter Bio: Dr. Karin Pacheco is an Assistant Professor in the Division of Environmental and Occupational Health Sciences at National Jewish Health. She holds a similar position in the Colorado School of Public Health and the Division of Allergy and Immunology, Department of Medicine, at the University of Colorado School of Medicine in Denver, CO. She received her Doctor of Medicine with honors from the New York University School of Medicine and completed a residency in Internal Medicine at the University of Colorado, followed by fellowships in Allergy/Immunology and Occupational Medicine. Pacheco is board-certified in Internal Medicine, Allergy/Immunology, and Occupational and Environmental Medicine, and is Level-II accredited in the state of Colorado. She is a contributing author to the AMA Guides 6th edition and to the 2008 Chest Consensus Statement on the diagnosis and management of work-related asthma, as well as an invited member of the ACOEM panel to develop treatment guidelines for occupational asthma. Since completion of her training, Pacheco has worked in an academically based occupational allergy practice in the Division of Environmental and Occupational Health Sciences at National Jewish.
A004

Thursday, September 29, 2011 1:50 pm - 2:50 pm
General Session

Level: Intermediate

Title: OSHA Update
Presenter: Mary M. Bauer, CSP CIH

Topic Overview: This presentation will cover OSHA's current policies, priorities and areas of emphasis. Existing and new emphasis programs, and outreach initiatives such as distracted driving, will be discussed, as well as items on the regulatory agenda. The basic elements of the VPP (Voluntary Protection Program) will be introduced.

Objectives:
1. Define current OSHA policies and goals.
2. Review the emphasis programs that trigger OSHA inspections.
3. Describe the basic elements of the Voluntary Protection Program.

Presenter Bio: Mary Bauer is the Compliance Assistant Specialist (CAS) in the Eau Claire Area OSHA office. She has a bachelor’s degree from UW-Eau Claire and holds certifications for CSP (Certified Safety Professional) and CIH (Certified Industrial Hygienist). Bauer served as a compliance officer for 20 years and a CAS for five years in the Eau Claire area.

A005

Thursday, September 29, 2011 2:55 pm - 4:25 pm
1.5 hour General Session

Level: Advanced

Title: Addicted Healthcare Professionals
Presenter: Omar Manejwala, MD FAPA

Topic Overview: Healthcare providers with addiction often go undetected in the work setting. Dr. Manejwala will review the epidemiology of addicted healthcare professionals, describe specific environmental factors that increase the risk of addiction and explain key behavioral characteristics of healthcare providers with addiction. Subpopulations at particular risk such as anesthesiologists will be reviewed. Approaches to intervening on addicted healthcare professionals, strategies for evaluation and return to work issues will be explored.

Objectives:
1. Describe five environmental factors that increase the risk of addiction in healthcare professionals.
2. Explain 10 key warning signs of addiction in the healthcare workplace.
3. Review five key considerations in returning healthcare professionals to work after treatment.

Presenter Bio: Dr. Omar Manejwala, a psychiatrist, is a leading expert in addiction medicine whose practice includes a focus on addiction treatment for healthcare professionals. His responsibilities include leading a team of physicians, providing care for patients, and overseeing the expansion of Hazelden’s addiction treatment program for healthcare professionals at the Center City campus. This highly regarded and highly specialized program has been offered at Hazelden's center in Newberg, OR, since 1990. Manejwala most recently served as Associate Medical Director at The Farley Center at
Williamsburg Place in Virginia, an addiction treatment center known in particular for its healthcare professionals program. He is a fellow of the American Psychiatric Association and a diplomate of the American Board of Addiction Medicine. A graduate of the University of Maryland School of Medicine, he began his career in organizational leadership as the Executive Chief Resident in Psychiatry at Duke. Manejwala's background also includes education in business and organizational development at the University of Virginia’s prestigious Darden School.

One of today’s leading addiction medicine experts, Manejwala has been interviewed on Good Morning America, The Early Show, CBS Evening News with Katie Couric, 20/20, ABC World News Tonight, Primetime, the United Kingdom’s Sky News, and the international RTL Network. He has also been featured in articles in The New York Times, Chicago Tribune, Los Angeles Times and the United Kingdom’s Guardian.

A006
Thursday, September 29, 2011 4:30 pm – 5:30 pm
General Session
Level: Intermediate
Title: AOHP Interactive Court: "Hire or Fire" (audience participation as jury)

Presenters: Walter S. Newman Jr., MD, Curtis Chow, RN PA-C COHN and Barbara Brown, RN MPH MSN COHN-S/CM

Topic Overview: "All rise" as AOHP Court is called to order! Two AOHP members will serve as “attorneys” and present colorful employment cases, examining key issues in employee accommodation, disability and termination. The entire audience will serve as jurors, and by vote, will determine the fate of the employees and hospitals involved. After the jury vote is rendered, the honorable presiding judge will explain the decisions as rendered in federal court. AOHP Court will undoubtedly be provocative, educational and entertaining.

Objectives:
1. Describe fundamentals of disability and impairment as outlined in ADA II.
2. Examine real cases of employee termination or non-accommodation and the associated litigation.
3. Explain key medico-legal issues involved in everyday occupational health.

Presenter Bio: AOHP Court’s presiding judge is the (very) Honorable Walter Newman, MD, an alumnus of Stanford University and the The University of California, San Francisco School of Medicine. He is a member of the AOHP Northern California Chapter and is Adjunct Associate Professor of Medicine, Stanford University. He serves as consultant or medical director for numerous employers in the San Francisco Bay Area and is a member of the ACOEM House of Delegates. He is President-elect of the Western Occupational and Environmental Medical Association (www.woema.org).

Curtis Chow, Esq. (Attorney for Plaintiffs) is also an RN PA-C COHN. Attorney Chow, (when not appearing as senior counsel for AOHP Court) serves as Employee Health Coordinator for Mercy Medical Center in Redding, CA.
Barbara Brown, RN MPH MSN COHN-S/CM. When not defending her hospital clients in AOHP Court, Attorney Brown serves as Occupational Health Program Manager for the Solano County Health and Social Services Department in northern California.

**B001**  
**Friday, September 30, 2011 8:00 am - 9:00 am**  
General Session  
*Level: Intermediate*

**Title: Safe Patient Handling: Legislation, Implementation and Education**  
**Presenter: Steven Hecker, MSPH**

**Topic Overview:** Effective safe patient handling programs require cultural change in the healthcare workplace. Institutions vary in their positions along this pathway of cultural change. Legislation in 2006 gave an impetus to the implementation of SPH programs in Washington state’s acute care hospitals and provided financial support through tax credits. Unions, hospitals, associations and state agencies recognized the need for assistance and support to facilities in implementing such programs. This presentation describes the educational and technical assistance efforts that were developed and the successes and challenges encountered. It also describes the evaluation and assessment initiatives that have been carried out and the interim findings to date. The interaction of legislation with other drivers of safe patient handling programs is explored.

**Objectives:**
1. Identify barriers and facilitators to the implementation of hospital safe patient handling programs.
2. Identify key components of safe patient handling programs.
3. Describe the role and impact of legislation on hospital-based safe patient handling programs.
4. Define access to safe patient handling educational materials.

**Presenter Bio:** Steven Hecker directs continuing education programs for the University of Washington Northwest Center for Occupational Health and Safety, the Region 10 NIOSH Education and Research Center. He has directed research and training projects in healthcare ergonomics over the past 20 years in Washington and Oregon, working with varied occupations including nurses, dental hygienists, physical and occupational therapists, and EMTs. Since 2006, he has worked with the Washington Safe Patient Handling Steering Committee on educational interventions to assist with the implementation of the state’s safe patient handling legislation and is primary author of the Best Practices Guide to Safe Patient Handling Programs. Hecker has a Master’s Degree in Industrial Hygiene from the University of Washington.

**B002**  
**Friday, September 30, 2011 9:05 am - 10:05 am**  
General Session  
*Level: Intermediate*

**Title: Immunization of Healthcare Workers: Pertussis**  
**Presenter: Hilary M. Babcock, MD MPH**

**Topic Overview:** This session will review which vaccines are recommended for healthcare personnel, when they are recommended and the accepted contra-indications for each vaccine. The session will
include MMR, varicella, influenza, meningococcal and hepatitis B vaccine. Additional time will be spent reviewing the Tdap vaccine and the updated recommendations for its use among healthcare workers.

Objectives:
1. Review vaccinations recommended for healthcare personnel.
2. Review contra-indications for recommended vaccines.
3. Discuss the update on Tdap vaccine for healthcare personnel.

Presenter Bio: Hilary M. Babcock, MD MPH is an Assistant Professor of Medicine at Washington University School of Medicine in St Louis, MO. She is the Medical Director of the Infection Prevention and Epidemiology Consortium at BJC Healthcare and Medical Director of Occupational Health (Infectious Disease) for Barnes-Jewish and St. Louis Children’s Hospitals. She received her undergraduate degree from Brown University and her medical degree from the University of Texas Southwestern Medical Center at Dallas. After completing her residency, chief residency and Infectious Disease fellowship at Barnes-Jewish Hospital, she joined the faculty of the Infectious Disease division. She completed a Master’s Degree in Public Health from St. Louis University School of Public Health in 2006.

B003
Friday, September 30, 2011 11:00 am - 12:00 pm
Breakout Session
Level: Intermediate

Title: Building a Business Case for Risk Reduction Programs
Presenters: Edward Hall, CSP MS, Mary Spangler, COHN NP and John Vaughan, CPE CSP MSE

Topic Overview: This workshop provides a toolkit to allow participants to customize templates and develop a financial plan supporting resource allocation for programs that reduce injury risk at the local level. This methodology is especially useful in the hospital setting where the risk variables may differ greatly. The toolkit includes strategies for estimating program costs, as well as predicting return on investment.

Objectives:
1. Discuss how to use the nationally recognized best practice cost justification process for occupational health programs.
2. Identify how to present the business case for safe patient handling.
3. Identify how to utilize decision analysis in an effective manner.

Presenter Bio: Edward Hall is Senior Director of Loss Control and Education in the Risk Management Department at Stanford University Medical Center, Palo Alto, CA. He has developed a patented total value creation decision analysis model that demonstrates financial return on risk management investments by quantifying loss control benefits and costs. Data analysis identifies patterns and trends and focuses leadership strategy to areas where practical risk solutions can be applied. Hall was awarded Risk Innovator of the Year, 2010, by Risk and Insurance Magazine for his approach in quantifying all factors bearing on the costs and benefits of a particular decision, which leads to creation of new alternatives for increasing value.
Presenter Bio: Mary Spangler is Director of Occupational Health Services, Stanford University Medical Center, Palo Alto, CA. She is responsible for the strategic planning, program development and administration of the occupational health program, including pre-placement screenings, infection control/surveillance, workers’ compensation clinical management, transitional return to work, and pre-accident/loss control activities. She has a Master of Science Degree in Nursing, certifications in several occupational health nursing specialties and more than 20 years of experience managing occupational health clinics.

Presenter Bio: John Vaughan is Senior Safety Engineer in the Risk Management Department at Stanford University Medical Center, Palo Alto, CA, and is responsible for managing the occupational safety programs for employees of the hospitals and clinics. He has more than 30 years of experience in occupational safety and ergonomics, including consulting to the insurance, semiconductor, electronics and space industries. At Stanford, he utilizes the decision analysis methodology to assess and choose among various safety initiatives to help ensure cost effective budget utilization. Vaughan is a Certified Professional Ergonomist (CPE) and has a Master’s Degree in Safety Engineering.

B004
Friday, September 30, 2011 11:00 am - 12:00 pm
Breakout Session
Level: Basic

Title: Essential Job Functions: Utilizing an Analysis of the Physical Requirements of Jobs Throughout Employment
Presenter: Diane Like, RN COHN-S

Topic Overview: Diane Like will explain how to implement a physical assessment/job analysis program to be incorporated into the job description for each position. She will discuss how tasks are to be analyzed, by whom, and which tasks are analyzed. The session will include a review of how to implement key partnerships and work after the RTW note. The presenter will offer practical advice and best practices for pre-placement screening, assessing restrictions, alternate placement and requests for accommodations.

Objectives:
1. Describe how to implement a physical assessment/job analysis program to be incorporated into the job description for each position.
2. Explain steps to develop consistent processes for evaluation of pre-placement screenings and return to work after injury/illness.
3. Review steps to develop a consistent methodology for evaluation of performance issues concerning the employees’ ability to perform the essential functions of their position.

Presenter Bio: Diane Like, RN COHN-S is the Regional Manager of Employee Health for Baycare Health System, which includes 11 hospitals and more than 18,000 team members. She received her degree from Purdue University School of Nursing and is a Certified Occupational Health Nurse Specialist by the American Board of Occupational Health Nurses. Like has taught “Leading Quality Improvement” for QLU and is responsible for the development and implementation of all policies, procedures, processes and competencies related to employee health at Baycare Health System.
Title: NIOSH’s Update on Development of the Occupational Health Safety Network

Presenters: Ahmed Gomaa, MD ScD MSPH

Topic Overview: The National Institute for Occupational Safety and Health (NIOSH) is developing a new electronic surveillance system called the Occupational Health Safety Network (OHSN). The vision of the OHSN is to create a knowledge system for accumulating, exchanging and integrating relevant information and resources among private and public stakeholders to support local and national efforts to protect workers. The first version of the OHSN will be limited to the healthcare sector, but other industry sectors may be addressed in the future. The first OHSN healthcare sector module will focus on three common types of events that can lead to injuries or musculoskeletal disorders among healthcare personnel (HCP): musculoskeletal disorders due to patient handling and working in awkward postures (overexertion/ bodily reaction injuries); slips, trips and falls; and workplace violence. Through interactions with stakeholders, we have learned that most healthcare facilities already use internal healthcare personnel safety data collection systems – either commercial products or in-house databases – to meet Occupational Safety and Health Administration (OSHA) recordkeeping requirements, but these systems are not currently meeting their needs to benchmark and integrate relevant information and resources to improve healthcare workers’ occupational health. NIOSH is working with major vendors to adapt their software so that files containing the required data for OHSN can be exported. Within the healthcare sector, the OHSN will complement the Healthcare Personnel Safety (HPS) Component of the National Healthcare Safety Network (NHSN), which focuses on infectious disease-related adverse events (i.e., bloodborne pathogen exposures and influenza) among HCP.

Objectives:
1. Describe the first module of the OHSN, which will track work-related traumatic injuries and musculoskeletal disorders among HCP.
2. Describe the specific health outcomes that will be tracked with this module.
3. Explain how healthcare facilities can participate in pilot testing of this module.

Presenter Bio: Dr. Ahmed Gomaa started his career as an orthopedic surgeon treating occupational injuries for five years in Alexandria, Egypt before he joined Tulane University to study occupational and environmental epidemiology. He completed his internal medicine training at the University of South Alabama and occupational medicine training at Harvard University. He is board certified by the American Board of Preventive Medicine in Occupational Medicine. During his career at the CDC, he worked in many environmental and occupational medicine activities, including healthcare worker surveillance during his tenure with NIOSH Cincinnati.

Presenter Bio: Dr. Sara Luckhaupt joined the Surveillance Branch, Division of Surveillance, Hazard Evaluations, and Field Studies of the National Institute for Occupational Safety and Health/Centers for Disease Control and Prevention in July 2006 as an Epidemic Intelligence Service (EIS) Officer in the US Public Health Service Commissioned Corps. She received her medical degree from the Ohio State
University in 2002 and completed a preventive medicine residency with a Master’s Degree in Public Health at the University of Michigan in 2006. Her current duties include serving as the project officer for an occupational health supplement to the 2010 National Health Interview Survey, serving as co-project officer for a NIOSH project to enhance occupational health surveillance among healthcare workers, and assisting with a project to code and analyze industry and occupation data in the California Cancer Registry.

**B006**  
**Friday, September 30, 2011 11:00 am - 12:00 pm**  
Breakout Session  
*Level: Basic*

**Title:** Work Patterns for Gynecologic Cancer Survivors: The First Six Months Following Diagnosis  
**Presenter:** Nancy M. Nachreiner, PhD MPH RN COHN-S

**Topic Overview:** The number of cancer survivors continues to grow, with current estimates of more than 11 million survivors in the United States alone, and approximately 38 percent of these survivors in the typical working ages of 20-64. Treatment for some cancers, including ovarian, is usually protracted, requiring multiple cycles of chemotherapy, which presents additional challenges for working women. Gynecologic cancer survivors who were employed at the time they were diagnosed completed written surveys about their experiences with work and treatment, primarily in the first six months following diagnosis. Participants also consented to a review of their medical records to obtain data on clinical characteristics. There were 110 women who reported working at the time of their cancer diagnosis. We will describe the industries and occupations of these survivors, how work patterns changed over the first six months following diagnosis, the reasons hours increased or decreased, and changes in the desire to return to work. We will also describe survivors’ knowledge of legal protection, such as the Americans with Disabilities Act, the Family and Medical Leave Act, and return to work programs specific to an employer. Key to this conversation is the communication among treating physicians, the survivor, and the occupational health physicians and nurses. Improving our understanding of gynecologic cancer survivors’ work patterns and treatment implications over the first six months following diagnosis is necessary to improve the return to work process for survivors, and occupational health professionals play a critical role in this process.

**Objectives:**
1. Identify during which month most gynecologic cancer survivors decreased their work hours, and by which month they increased hours.
2. Describe how many survivors were familiar with various legal protections for their employment.
3. Identify opportunities unique to occupational health physicians and nurses to bridge the gap for successful return to work for gynecologic cancer survivors.
4. Review the benefits of survivors who reported speaking with their treating physician about their employment.

**Presenter Bio:** Nancy Nachreiner is an Assistant Professor at the University of Minnesota School of Public Health and the Co-Director of the Occupational and Environmental Health Nursing Program at the Midwest Center for Occupational Health and Safety. She is a Certified Occupational Health Nurse Specialist (COHN-S) and has worked in clinical settings for seven years, and in research and academic settings for more than 15 years. Nachreiner teaches “Introduction to Occupational Health and Safety”
and “Interdisciplinary Evaluation of Occupational Health and Safety Field Problems.” She was selected by the Minnesota Association of Occupational Health Nurses (MAOHN) as the Occupational Health Nurse of the Year in 2009.

**B007**
Friday, September 30, 2011 2:10 pm - 3:10 pm  
Breakout Session  
*Level: Intermediate*  
**Title:** After Birth: Women’s Postpartum Health and Breastfeeding: What’s Work Got to Do with It?  
*Presenter: Patricia McGovern, PhD MPH RN*

**Topic Overview:** This presentation will summarize the research on women’s postpartum health concerns, breastfeeding patterns and the associated personal and work-related risks and protective factors. Findings on the use of Family and Medical Leave Act (FMLA) policies, breastfeeding policies and work-family supports that present opportunities for occupational interventions will be discussed. Attendees will participate in a case study applying the session content to a supervisor-employee example on intermittent leave under the FMLA to support maternal postpartum recovery and successful return to work.

**Objectives:**
1. Identify health concerns for mothers returning to work after childbirth.  
2. Discuss risks and protective factors for maternal health and continued breastfeeding upon return to work.  
3. Describe the research on sources of support for new mothers in the workplace. Discuss a case study applying concepts from the presentation.

**Presenter Bio:** Patricia McGovern, PhD MPH RN is a nationally recognized researcher and educator on the topic of women’s postpartum health, and family and medical leave policies. She is the Bond Professor of Occupational and Environmental Health at the School of Public Health, University of Minnesota.

**B008**
Friday, September 30, 2011 2:10 pm - 3:10 pm  
Breakout Session  
*Level: Intermediate*  
**Title:** Sustaining a Successful Safe Patient Handling Program  
*Presenter: Mary Bliss, RN COHN*

**Topic Overview:** With several states incorporating laws regarding Safe Patient Handling, it is more important than ever for facilities to take a serious look at how to incorporate and sustain a Safe Patient Handling Program (SPHP). This “enthusiastic and energizing” session will provide an in-depth look into how one facility identified the need for a SPHP, devised methods for implementation, and made the journey to success, knowing that “it is not just about the equipment, it is about the program!” This presentation will also show how the facility achieved their goals for a successful program, recognized a Return on Investment, and continues to maintain momentum for sustaining success. Attendees will
learn the strategies, knowledge base and enthusiasm needed to implement successful SPHPs at their facilities.

**Objectives:**
1. Identify the need for a SPHP.
2. Explain how to implement the process for a SPHP.
3. Discuss successful outcomes of a SPHP.
4. Discuss sustaining the momentum for continued success of the SPHP.

**Presenter Bio:** Mary Bliss, RN COHN, has been employed at Methodist Medical Center in Peoria, IL since October 1987. Methodist is a Central Illinois Hospital with approximately 3,000 employees, including staff at 52 off-site facilities. She oversees the operations of Employee Health Services at Methodist, assuring that all new hires meet the requirements of local, state and federal governing agencies. She also manages the Workers’ Compensation program. Bliss has been a member of AOHP for approximately 15 years and has held the offices of Vice President and President of the Illinois Chapter. She currently is on the National Board of AOHP as Region 3 Director. Her experience with AOHP, and the knowledge gained through attending several AOHP National Conferences, has enabled her to initiate and sustain a successful SPHP at her facility. Bliss has presented at two Safe Patient Handling conferences in Illinois, AOHP chapter meetings in Illinois and Indiana, Magnet Consortium, and a Safe Patient/Resident/Client Handling conference at the Northern Illinois University in Naperville, IL.

**B009**
Friday, September 30, 2011 2:10 pm - 3:10 pm
Breakout Session

*Level: Basic*

**Title: Employee Safety: A Prerequisite for Patient Safety and High Quality Medical Care**

*Presenter: Andrew I.S. Vaughn, MD MPH*

**Topic Overview:** Healthcare workers have not participated in the general reduction in workplace injuries and illnesses achieved by private industry in recent years. Increasing agency emphasis on patient safety largely ignores the occupational health risks faced by the healthcare worker. This presentation will use studies from the literature to show why patient and employee safety are inextricably linked and how employee safety directly impacts patient safety. Cultural obstacles to improving employee (and patient) safety performance will be identified and options presented for enabling an integrated safety culture that better serves the needs of patients, healthcare workers and healthcare institutions.

**Objectives:**
1. Identify why and how employee safety and patient safety are linked.
2. Describe how employee safety performance determines the quality of healthcare.
3. Identify potential approaches to establishing an integrated safety program.

**Presenter Bio:** Dr. Andrew I.S. Vaughn is Medical Director, Occupational and Environmental Safety at the Mayo Clinic in Rochester, MN. His previous occupational health experience includes the private practice of occupational medicine, as well as service as Global Chief Medical Officer and Corporate Medical Director for the Eastman Kodak Company. He holds a bachelor’s degree from the University of Georgia, Athens, and an MD from the Medical College of Georgia, Augusta. After practicing internal medicine in
California, New Hampshire and England, he completed a fellowship in Occupational Medicine and a Master’s in Public Health at the Johns Hopkins School of Hygiene and Public Health, Baltimore, MD. He is board certified in both Internal Medicine and Preventive Medicine/Occupational Medicine.

**B010**  
**Friday, September 30, 2011 2:10 pm - 3:10 pm**  
Breakout Session  
*Level: Intermediate*  
**Title: Analysis of a Successful Risk Reduction Program and What It Can Do for Your Organization**  
*Presenter: Barb Maxwell RN MHA COHN-S CCM CWCP QRP FAAOHN*  

**Topic Overview:** Are your workers’ compensation injury costs going through the roof? Many organizations have felt an increase in their employee workers’ compensation injury costs in the last few years that has hit their financial bottom lines. Organizations are looking toward being proactive and implementing aggressive prevention programs to decrease their workers’ compensation costs while increasing employee morale. Participants in this class will be given tips on what a risk reduction program is comprised of and how to implement it in the workplace.

**Objectives:**
1. Discuss how an effective Employee Safety Committee can serve a vital role in increasing safety within an organization.
2. Identify “key players” within an Employee Safety Committee and their functions.
3. Discuss active and passive Employee Safety Committee tasks for improving an organization’s culture for safety.
4. Review an integrated Risk Reduction Program model to enhance health and safety.

**Presenter Bio:** Barb Maxwell established a hospital-based occupational health program in 1986 known as Company Care for HCA. Her current responsibilities include management of operations for 10 Company Care occupational health programs and 16 employee health departments. She is Past President of FSAOHN and currently serves as Treasurer for FWCAOHN. She is a fellow through AAOHN. Maxwell received her RN from St. Luke’s Hospital School of Nursing, Kansas City, MO, and her BS and Master’s in Health Administration from the University of St. Francis, Joliet IL. She is a contributing author for Dr. Nancy Menzel’s book *Workers’ Comp Management from A to Z.*

**B011**  
**Friday, September 30, 2011 3:20 pm - 4:50 pm**  
1.5 hour Breakout Session  
*Level: Intermediate*  
**Title: Rounding for Outcomes, Rounding for Strength**  
*Presenter: Sharon Petersen, MHA RN COHN/CM*  

**Topic Overview:** Rounding is the regular practice of asking specific questions of key stakeholders in the healthcare organization. It helps ensure that key safety behaviors are hardwired in the organization. Rounding helps employees feel listened to and cared about. It is the practice of recognizing great things that are happening, identifying gaps and areas of opportunity, and is a critical instrument used to build
clear communication at all levels of the organization. The information obtained from rounding is useful and actionable. Historically used as a tool for organizational leadership, rounding should become an integral part of the employee health nurse’s practice. Rounding helps employee health nurses maintain a consistent focus on employee health and safety. It is effective when managed for outcomes that improve employee health and safety. Effective rounding will build relationships, increase employee satisfaction and retention, and help employee health nurses to increase their own visibility.

Intermountain Healthcare Employee Health developed and piloted an innovative employee health rounding program for employee health nurses in 2011. This presentation will share the rounding tools used, challenges, lessons learned and early results.

Objectives:
1. Develop a clear understanding of what rounding is and why it is important to the employee health nurse practice.
2. Identify different methods of rounding.
3. Identify specific focus questions.
4. Describe how to use rounding tools to gather information and measure outcomes.

Presenter Bio: Sharon Petersen completed her nursing and graduate degrees from Weber State University in Ogden. She has 18 years of occupational health nursing experience in both industry and healthcare and, as the Corporate Employee Health Manager for Intermountain Healthcare, developed, coordinated and implemented a comprehensive employee health program for a population of more than 32,000 healthcare workers from all disciplines and settings. She participates on various corporate committees and leads a group of more than 40 employee health staff. Petersen also facilitates a literature review group, is Vice President of the local chapter of AOHP, is board certified in Occupational Health and Case Management and is a member of ANA, AAOHN, UCMA and her local infection control association.

B012
Friday, September 30, 2011 3:20 pm - 4:50 pm
1.5 hour Breakout Session
Level: Basic
Title: How Healthy is Your Wellness Program?
Presenter: Barbara McCarthy, RN MSED BSN COHN

Topic Overview: Employee health and wellness is a major goal of occupational health and is recently becoming a high focus goal of employers, especially in relation to benefits and costs. It is well known that healthy employees have less lost time, lower medical claims and lower workers’ compensation claims.

This informative, practical presentation will include discussion on the increased focus of implementing wellness programs in the workplace. Discussion will include why it is important to evaluate your population’s needs, how to encourage participation and how to identify and develop programs that will help improve the fitness of your diverse employee population. Examples of successful activities will be discussed to help jumpstart ideas for your workplace, as well as low or no cost resources that you can take home and use immediately.
Participants will be able to identify how to evaluate their employee population’s health and wellness needs, why wellness programs are important to an organization’s bottom line and what ideas, programs or information may be available to implement in the workplace.

Objectives:
1. Identify why wellness programs are necessary for the workplace, and the benefits they can provide.
2. List three types of wellness activities to implement in the workplace.
3. Identify how to encourage participation of your staff and why employees fail to participate in wellness programs.

Presenter Bio: As an Occupational health nurse for 17 of her 35 years in nursing, Barbara McCarthy has implemented health and wellness programs for federal, private and hospital populations including the Securities and Exchange Commission and the Consumer Product Safety Commission. She also has experience as a health educator for Health and Human Services (HHS) teaching HIV education mandated by President Clinton to federal agencies. McCarthy has presented nationally on wellness and safe patient handling programs for AAOHN and AOHP, as well as on patient safety and wellness topics for the Virginia State Podiatrists Annual Conference and the AOHP North Carolina Chapter. McCarthy is currently the Manager of Occupational Health for a 1,100 person healthcare system in northeastern North Carolina, where she plans and implements health and wellness programs in combination with a wellness manager and manages a successful safe patient handling program while running the day-to-day activities of the Occupational Health Department at four locations.

B013
Friday, September 30, 2011 3:20 pm - 4:50 pm
1.5 hour Breakout Session
Level: Intermediate
Title: Ergonomics for Nursing – More Than a Zero-Lift Policy
Presenter: Richard Barker, BS MA CPE

Topic Overview: Nurses and aides have above average rates of work-related musculoskeletal disorders (WMSD). The factors that contribute to these injury rates are as varied as the tasks performed within the jobs. The physical demands associated with patient lifting have been receiving increased attention over the past decade; however, there are exposures to other WMSD hazards that should also be considered covering tasks ranging from moving furniture to dispensing medications. Improvements in these other tasks can be the next step following improvements in patient handling, or they can be a first step that enhances the credibility of future efforts. This presentation focuses on practical improvements that can be implemented for patient care.

Objectives:
1. Identify specific risk factors associated with at least four common patient care tasks.
2. Describe countermeasures appropriate for improving each of these tasks.
3. Define at least three benefits of implementing ergonomic improvements.
4. Select prevention measures which may be useful for your organization.

Presenter Bio: Richard Barker, Senior Consultant and Ergonomics Engineer for Humantech, supports clients’ workplace safety and performance objectives through training programs, team facilitation, process management support, ergonomics assessments and workplace redesign. He earned a Master’s
Degree in Human Factors and Ergonomics from the University of Dayton and is professionally certified through the Board of Certification in Professional Ergonomics (http://www.bcpe.org/). He has been practicing full-time in ergonomics and human factors since 1991, including eight years focused exclusively on hospitals. Barker has provided safety consulting services for a number of Fortune 500 companies and government agencies. He has provided risk assessment services and engineering solutions including the identification of existing products, conceptual design of new products, modifications in workstation design and facility design consulting. Currently, he focuses on expanding the application of ergonomics in services, healthcare and long-process manufacturing tasks.

**B014**
**Friday, September 30, 2011 3:20 pm - 4:50 pm**
1.5 hour Breakout Session
*Level: Advanced*

**Title: OSHA in Healthcare: Out of Sight & Out of Mind?**
**Presenter: Scott Harris, PhD MSPH**

**Topic Overview:** OSHA claims nosocomial infections to be “among the leading causes of death in the United States, accounting for an estimated 1.7 million infections and 99,000 associated deaths in 2002.” If accurate, healthcare-associated infections – these things you catch while there for something else – kill more people in the United States every year than AIDS, drug overdoses, food-borne illness, murder, highway, rail and plane crashes, lightning, tornadoes, West Nile Virus and workplace fatalities COMBINED. In its 2010 Infection Control Request for Information, OSHA characterizes healthcare as having “a weak culture of safety.” Eleven million employees across thousands of sites, incident rates far higher than general industry norms, low inspection rates, complaints driving half of hospital inspections, millions of infections and 99,000 fatalities per year make healthcare an attractive target. A view of The Joint Commission (TJC) accreditation as the program that matters, combined with few healthcare inspections by OSHA, have marginalized occupational health and safety programs within healthcare and nurtured the myths discussed in this presentation.

The setting begs for regulatory intervention. OSHA thinks too many healthcare workers are getting sick at work and that voluntary practices have failed. There are no OSHA healthcare exemptions, and years of operating under the honor system haven’t worked. Healthcare must give OSHA requirements the same emphasis they currently give TJC. This presentation explores OSHA coverage for healthcare workers, the 2010 RFI, historical inspection rates and results, and why OSHA sees healthcare as a high-hazard general industry sector, but healthcare still sees OSHA as an abstract concept.

**Objectives:**
1. Identify healthcare’s place within the OSHA program.
2. Relate OSHA inspection priorities to healthcare.
3. Describe the facts behind debunked healthcare OSHA myths.
4. Summarize conditions within healthcare that have led to OSHA scrutiny.
5. Discuss the implications of OSHA and healthcare disconnects.

**Presenter Bio:** Scott Harris, PhD MSPH is the Senior Risk Manager for IESO, LLC, an advisory member of the ASSE Healthcare Practice Specialty, and a Course Director and Advisory Board member for the NC OSHERC at UNC - Chapel Hill. His experience spans 29 years of EHS management in federal and state...
government, consulting, general industry and university instruction. Dr. Harris is a former EPA Region 6 Federal On-Scene Coordinator and member of their Emergency Readiness Team. He received his PhD in Environmental Science, with a specialization in Disaster and Emergency Management, from Oklahoma State University, and holds degrees in Geology (BS) and Public Health (MSPH) from Western Kentucky University.

**C001**  
**Saturday, October 1, 2011 7:40 am – 9:10 am**  
1.5 hour General Session  
*Level: Advanced*

**Title:** Healthcare Legislative Update: What’s New and Coming  
**Presenter:** Stephen A. Burt, BS MFA

**Topic Overview:** Occupational health plays a pivotal role in the ongoing safety of the work environment. As members of the management team, it is essential for the Occupational Health Department to know and understand the potential changes in the regulatory environment caused by the passage of newly introduced legislation. This general session will review the pertinent and germane bills introduced in the 112th Congress and give highlights into the reasons behind the issues.

**Objectives:**
1. Recognize which new legislation introduced into the 112th Congress may impact occupational health.
2. Describe the issues behind the newly introduced legislation.
3. Identify strategies to address departmental changes brought on by the newly introduced legislation.

**Presenter Bio:** Stephen A. Burt is President and CEO of Healthcare Compliance Resources, an affiliate of Woods Rogers Consulting, a company developing and delivering strategic solutions to today's healthcare regulatory compliance problems. From 1981 to 1994 Burt was the Corporate Director of Environmental Health for Carilion Healthcare System (Roanoke, VA), responsible for OSHA, EPA and Joint Commission compliance, and was awarded the prestigious American Hospital Association's Phoenix Award. During this time, he was non-legislative appointee to the Joint Legislative Administrative Review Commission (JLARC). Most recently, he served two years as the Corporate Administrator of Employee Safety for Inova Health System in Falls Church, VA, with responsibility in employee health and for OSHA compliance. Burt conducts more than 50 full-day OSHA, HIPAA and employee health seminars each year for the University of North Carolina, Duke University, East Carolina University, Association of Occupational Health Professionals in Healthcare, the Virginia Hospital and Healthcare Association, and the American Hospital Association, among others. He currently serves as Vice President of the AOHP Virginia Chapter and is a member of the Government Affairs national committee.

**C002**  
**Saturday, October 1, 2011 9:15 am - 10:45 am**  
1.5 hour General Session  
*Level: Basic*

**Title:** Can’t Work or Won’t Work? Psychiatric Disability in the Workplace  
**Presenter:** Liza H. Gold, MD
**Topic Overview:** Disability evaluations are functional assessments intended to provide administrative or legal systems with information they can translate into concrete actions such as awards of benefits or legal damages. Work disability is the result of a dynamic process between factors internal to the individual and external factors not limited to work impairment. The presence of a psychiatric diagnosis does not automatically imply functional impairment, and functional impairment, when present, does not necessarily result in disability. Mental health professionals are not the final arbiters of disability decisions: their role is to provide information to arbiters that facilitates fair and reasonable decision-making. Comprehensive disability evaluations should consider medical, psychiatric, personal, social, economic and workplace factors, utilizing a work capacity model. Evaluations should provide information about specific psychiatric impairments and associated dysfunction correlated with specific job requirements and work skills, possible alternate causation of claims of work-related mental health injury, motivation to work and the possibility of malingering. This presentation will review these issues and discuss information gathering, assessment models, typical requested opinions and guidelines for assessment.

**Objectives:**
1. Analyze the relationships among psychiatric disorders, impairment and disability.
2. Identify all relevant mental health and non-mental health factors that contribute to the development or claim of disability.
4. Identify the questions frequently asked in a mental health disability evaluation.

**Presenter Bio:** Liza H. Gold, MD is a Clinical Professor of Psychiatry at the Georgetown University Medical Center and teaches at the Georgetown Department of Psychiatry Residency and Forensic Fellowship Program. She is the co-author of *Evaluating Mental Health Disability in the Workplace: Model, Process, and Analysis* (Springer 2009), which won the American Psychiatric Association and American Academy of Psychiatry and the Law 2011 Guttmacher Award. Gold is also the author of *Sexual Harassment: Psychiatric Assessment in Employment Litigation* (Guttmacher Award 2006) and co-editor of *The American Psychiatric Textbook of Forensic Psychiatry*, now in its second edition (2009). She has authored numerous articles and book chapters on these and other clinical and forensic psychiatric subjects. Gold lectures nationally to audiences of mental health professionals, human resource professionals and attorneys on disability evaluations and other types of employment-related evaluations. She maintains an active clinical and forensic psychiatric practice in Arlington, VA.

**C003**
**Saturday, October 1, 2011 11:00 am - 12:00 pm**
General Session
*Level: Intermediate*

**Title: Managing Occupational Exposures to Bloodborne Pathogens**
**Presenter: David K. Henderson, MD**

**Topic Overview:** Disability evaluations are functional assessments intended to provide administrative or legal systems with information that can be translated into concrete actions such as awards of benefits or legal damages. Work disability is the result of a dynamic process among factors internal to the individual and external factors not limited to work impairment. The presence of a psychiatric diagnosis does not automatically imply functional impairment, and functional impairment, when present, does not
necessarily result in disability. Mental health professionals are not the final arbiters of disability decisions: their role is to provide information to arbiters that facilitates fair and reasonable decision-making. Comprehensive disability evaluations should consider medical, psychiatric, personal, social, economic and workplace factors, utilizing a work capacity model. Evaluations should provide information about specific psychiatric impairments and associated dysfunction, correlated with specific job requirements and work skills, possible alternate causation of claims of work-related mental health injury, motivation to work and the possibility of malingering. This presentation will review these issues and discuss information gathering, assessment models, typical requested opinions and guidelines for assessment.

Objectives:
1. Recognize the magnitude of risk for infection with various bloodborne pathogens following occupational exposures to these organisms.
2. Describe the evidence supporting use of antiretroviral chemoprophylaxis for occupational exposures to Human Immunodeficiency Virus.
3. Review both current and proposed Public Health Service recommendations, as well as emerging strategies, for managing exposures to Human Immunodeficiency Virus, Hepatitis B and Hepatitis C.

Presenter Bio: Dr. David K. Henderson is a graduate of Hanover College, Hanover, IN, and the University of Chicago Pritzker School of Medicine. He took postgraduate training in Internal Medicine and Infectious Diseases at Harbor-UCLA Medical Center in Torrance CA, subsequently joining the UCLA faculty in 1978. In 1979, he joined the senior staff of the Clinical Center at the National Institutes of Health (NIH) in Bethesda, MD as Hospital Epidemiologist – a position he still holds. He has also held several positions at NIH, including: Coordinator of AIDS Activities for the Clinical Center (1985 to 1988); Associate Director for Clinical Quality and Hospital Epidemiology (1988 to present); and Acting Clinical Director (1991 to 1996). In 1994, he was named Deputy Director for Clinical Care of the Clinical Center. In his current role, he supervises all aspects of clinical care in the Clinical Center and maintains responsibility for hospital epidemiology, clinical quality, emergency preparedness and patient safety at the NIH Clinical Center.

Henderson has been elected to several professional societies and organizations and has received numerous honors and awards, including the Clinical Center Director’s Award, the NIH Director’s Award (five times), The Secretary, US Department of Health and Human Services’ Distinguished Service’s Award (twice), and a Special Citation from the General Counsel of the US Department of Health and Human Services. He was elected Academic Councillor and was also named the first Chair of the Research Committee for the Society for Healthcare Epidemiology of America (SHEA). He is a Fellow in the American College of Physicians, a Fellow in the Infectious Diseases Society of America (IDSA) and a Fellow in SHEA. Beginning in 2001, he was selected for both the Public Policy Committee and the Bioterrorism Workgroup of IDSA. In 2005, he was elected Chair of Division L (Nosocomial Infections) for the American Society for Microbiology and also was appointed as NIH liaison to the Healthcare Infection Control Practices Advisory Committee (HICPAC) for DHHS and CDC. In 2010, he was selected as the SHEA Lecturer for the 5th Decennial Conference on Nosocomial Infections.

Henderson maintains an active research interest in infectious diseases and hospital epidemiology, concentrating in the area of risks for occupational infections in healthcare providers. His work helped define the magnitude of risk for transmission of the human immunodeficiency virus infection in healthcare settings, publishing on infections among both patients and providers. He has published more than 125 manuscripts in refereed journals in addition to more than 65 chapters in medical textbooks. He
has been an invited speaker at many national and international conferences, including the International Conference on AIDS, the Annual Conference of the Infectious Diseases Society of America, the Annual Meeting of the American Society for Microbiology, the 3rd, 4th, and 5th Decennial Conferences on Nosocomial Infections, the Interscience Conference on Antimicrobial Agents and Chemotherapy, the Annual Meeting of the Association for Professionals in Infection Control and Epidemiology (APIC), the International Conference on Antiretroviral Therapy, and the International Conference of the Hospital Infections Society. He has served as a consultant to the Centers for Disease Control and Prevention on many issues relating to the prevention of transmission of bloodborne and airborne pathogens in the healthcare setting.