



Making A Difference...

THE newsletter for occupational health professionals who are making a difference in the workplace lives of our nation's healthcare employees.

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Lydia F. Crutchfield, MA, BSN, RN, CLC
Executive President

Message from Executive President



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Despite the challenges of 2020, here we are in the New Year, thankfully, still strong, still persevering, still serving others. We offer our sincere sentiments as an organization to our members, families, friends, coworkers, and communities who lost loved ones in 2020.

AOHP is grateful for your meaningful impact on those you touch and serve. Take a moment and ask yourself, *“What about working as an occupational health professional satisfies me?”* Your thoughtful answer will generate reflective considerations. Whatever your answer, please know those you care for appreciate you. I’m certain each of you can recount words or notes of thanks and appreciation for something you’ve done for someone. These affirmations, large or small, few or many, help to keep us going... in a purposeful way.

My hat's off to you, celebrating you for making a better life today and a better future as a servant leader. Wherever you may be in your career, what has your life experience told you about your destiny? I say *you're destined for greatness!*

Sincerely,

Lydia Crutchfield, MA, BSN, RN, CLC
AOHP Executive President

Take Advantage of Your Benefits!

AOHP is your single best source for advanced practice information and support, and the only national professional organization with an exclusive focus on the needs and concerns of occupational health professionals in healthcare setting. Our association represents thousands of healthcare personnel – including you. AOHP's success is measured by the level of experience and dedication shown by our members.

Improve your practice by consistently using these benefits that our members find most valuable:

- Quarterly AOHP *Journal*
- Free Live Webinars
- Educational Offerings (AOHP National Conference, webinars)
- Networking (on local, regional, and national levels)
- Legislative Updates
- AOHP Listserv
- Quarterly eNewsletters
- Monthly E-Bytes
- Beyond Getting Started Resources

Access the most important and up-to-date occupational health information and resources – including those related to the COVID-19 pandemic – as well as best practices of fellow members. Visit our [website](#) for more information about the benefits of your AOHP membership.

Keep Your Benefits - Renew Your Membership!

The AOHP 2020 Membership Year expires on February 28, 2021. If you haven't renewed your 2021 membership, you should have recently received an annual renewal notice. [You can renew online at our website.](#) Just log in with your username, as shown on the renewal notice, and password. Contact AOHP Headquarters at info@aohp.org if you don't remember your username and password, or if you haven't received your notice.

Renew now to retain all the benefits AOHP offers while continuing to be a part of this vibrant, thriving organization that is well known as an authority in occupational health in healthcare.



Connect to the valuable information shared at AOHP’s 2020 Virtual Conference.

AOHP is pleased to provide access to the recorded sessions featured during our first-ever virtual conference. Hear from industry experts on best practices and lessons learned as they have acclimated during the past year of disruption and uncertainty. Engage in this education activity, which features the conference’s virtual education sessions and poster presentations, to earn up to 9.75 contact hours. A BONUS one-hour on-demand webinar is also included. Don’t miss this unique learning opportunity. The viewing deadline is February 28, 2021. [Register now.](#) [Conference site.](#) [Click here](#) to read the session abstracts and speaker bios.

AOHP’s [VIRTUAL EXPO](#) provided exhibitors opportunities to share information and engage directly with participants. Go to www.aohpconference.com to visit the exhibitors in the virtual exhibit hall to learn more about each company.

The [Solution Series](#) allows exhibitors to share their expertise directly during short informational sessions, offering insight to help you meet both day-to-day challenges and specific needs at work. Join our exhibitors to learn more at our [conference website](#).

Our Sponsors



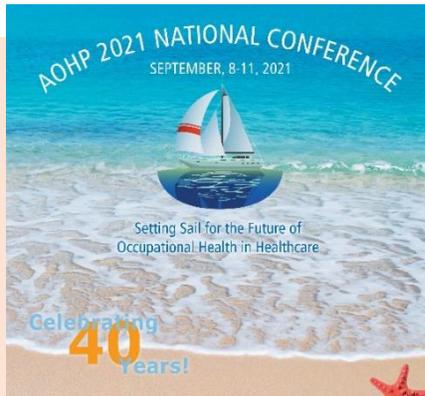
Our Exhibitors



This nursing continuing professional development activity was approved for 7.75 contact hours by the Association of Occupational Health Professionals in Healthcare, an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation.

The AOHP 2020 National Virtual Conference has been approved by The Commission for Case Manager Certification (CCMC) for 7.75 contact hours.

This virtual conference has applied for Prescribed CME credits from the American Academy of Family Physicians.



Mark Your Calendar!
AOHP 2021 National Conference
September 8-11, 2021
San Diego Mission Bay Resort
San Diego, CA

It is never too early to start planning. Join us at the AOHP 2021 National Conference – Setting Sail for the Future of Occupational Health in Healthcare – to learn, network, and earn continuing education credit. This conference offers valuable information for both novice and experienced professionals in many occupational health practice areas.

Join the fun as we celebrate AOHP’s 40th anniversary!
Need help securing approval to attend?

Visit our [website](#) to download the Articulating Attendance Value Guideline and use the template to help to justify your conference attendance to your supervisor.

AOHP Archived Webinar

Building New Plans for Exposure Prevention: Adapting Exposure Control Plans for COVID-19

By Amber Hogan Mitchell, DrPH, MPH, CPH

[Visit our website to learn more.](#)

Topic Overview:

While COVID-19 sets a new precedent in safety regarding disease exposures, the methodology around its risk management and hazard control is still a systematic, ordered process of determining risk levels, making risk-based decisions, and using the Hierarchy of Controls as a foundation for effectiveness. These plans are centered on the same baseline as Bloodborne Pathogen Exposure Prevention Plans but extend into disease exposures with the scale and scope of COVID-19. As the situation evolves, and occupational health and safety professionals continue to adapt, this presentation will delve into the fundamental decisions required to develop and implement an Exposure Control Plan that will be effective to prepare for a pandemic-level disease.

Objectives:

1. Describe key steps for building an exposure assessment plan.
2. Define in the Exposure Control Plan steps for adapting to current and future pandemics.
3. Name hazard controls based on the Hierarchy of Controls.
4. Review where an Exposure Control Plan and Recordkeeping can be adapted into proactive, real-time controls.

CE Contact Hours: This activity awards one contact hour.

An Unusual Recruiting Path

I'm on a Facebook page for RN's centered around our love/passion for fitness. Often the conversation is not on the fitness topic but on various nursing topics, including jobs. When others post about "what to do next" in their careers, I always mention Employee Health. Last month, one of the members shared she has just accepted an EH position in a hospital in California and she 'definitely will be' joining AOHP. A small victory for our specialty that came from an unusual source.

Look for opportunities for unique ways to promote interest in our specialty.

Region 1 News

Thank you to the Region 1 Members, especially our colleagues in California who have been hit hard with increasing COVID rates and overwhelmed systems. You all are demonstrating the commitment to Employee Safety in the health care setting in an inspiring way.

Nancy Verhaar, RN, BSN, COHN-S
Region 1 Director

TB Tests and mRNA COVID-19 Vaccines

COVID-19 vaccination is an important tool to help stop the pandemic, and [CDC recommends healthcare personnel be among those offered the first doses of COVID-19 vaccines](#). As the [U.S. COVID-19 vaccination program](#) continues, some may have questions about the interaction between new COVID-19 mRNA vaccines and [tests used for tuberculosis \(TB\) infection](#).

There are no data to inform the impact of the [COVID-19 mRNA](#) vaccines on either the tuberculin skin test (TST) (administered by intradermal placement of 0.1 cc of purified protein derivative) or the interferon gamma release assay (IGRA). **There is no immunologic reason to believe that a TST or blood draw for IGRA will impact the effectiveness of COVID-19 mRNA vaccines.**

According to the [Vaccine Recommendations and Guidelines of the Advisory Committee on Immunization Practices \(ACIP\)](#), inactive vaccines do not interfere with TB test results. Vaccination with live viruses (such as the MMR vaccine) can cause mild immune system suppression, and may reduce the reactivity of the TST, possibly causing a false-negative reaction.

Although the COVID-19 mRNA vaccine is not a live virus vaccine, not enough is yet known of the potential impact of mRNA vaccines on immune responses to say conclusively whether the COVID-19 mRNA vaccine could have a potential effect on TST or IGRA test results during the first 4 weeks after COVID-19 vaccination.

Visit [this website](#) for more information.

OSHA Log Recording Question

Recently, **Stephen Burt, BS, MFA, Our Chair, Governance Affairs Committee** was asked *“If an employee is vaccinated and has a vaccine reaction, is this OSHA recordable?”*

*Receipt of the vaccine is voluntary but is administered at clinics in the workplace. The only reference related to voluntary vaccine reactions and OSHA recording was from the smallpox vaccine back in 2004. **If an employee has an adverse reaction to a smallpox vaccination, is it recordable under OSHA's recordkeeping rule?***

If an employee has an adverse reaction to a smallpox vaccination, the reaction is recordable if it is work related (see [29 CFR 1904.5](#)) and meets the general recording criteria contained in [29 CFR 1904.7](#). A reaction caused by a smallpox vaccination is work related if the vaccination was necessary to enable the employee to perform his or her work duties. Such a reaction is work-related even though the employee was not required to receive it, if the vaccine was provided by the employer to protect the employee against exposure to smallpox in the work environment. For example, if a health care employer establishes a program to vaccinate employees who may be involved in treating people suffering from the effects of a smallpox outbreak, reactions to the vaccine would be work related. The same principle applies to adverse reactions among emergency response workers whose duties may cause them to be exposed to smallpox. The vaccinations in this circumstance are similar to inoculations given to employees to immunize them from diseases to which they may be exposed to in the course of work-related overseas travel.

<https://www.osha.gov/smallpox/vaccination>

Steve responded:

As of today - adverse reactions will be recordable events under OSHA's recordkeeping rule.

In the example, under OSHA's recordkeeping rule, if an employee has an adverse reaction to smallpox vaccination, the reaction is recordable if it is work-related (i.e., **necessary to enable the employee to perform his or her duties**). Logic would dictate that it stands to reason that adverse reactions to a COVID-19 vaccination if required, could similarly be deemed a recordable event. To put it another way, since the vaccine was mandated by the employer any injuries that result as part of that activity will be considered work-related and recordable if it results in medical treatment beyond first aid, restricted duty, lost time, loss of consciousness or death. This case should be recorded as a lost time incident and logged for the maximum 180 days on the OSHA log if the employee cannot return to work.

Injuries at Voluntary Charitable Events: Recordable Under OSHA?

Stephen Burt, BS, MFA

Many employment-related issues can be raised when businesses provide employees opportunities to participate in various charitable events. One key question includes whether an employee injury which occurs during such an event is recordable and possibly compensable through workers' compensation. The answer may hinge on facts such as whether or not the employees are required to participate, if the activity occurs during normal business hours, or whether employees are incentivized or otherwise motivated to attend.

The Occupational Safety and Health Administration (OSHA) recently reconfirmed in a Letter of Interpretation that injuries that result *solely* from voluntary participation in recreational activities should not be considered work-related and thus need not be recorded on the OSHA 300 log. The agency has made it clear that it does not matter whether the event was for a charitable purpose or not. In the Letter of Interpretation, OSHA reminds employers that additional questions, such as whether participation is purely voluntary or conducted at the direction of the employer, may make it more likely that such an injury may be work-related and therefore must be recorded on the employer's OSHA 300 log.

OSHA's recordkeeping regulation at 29 CFR § 1904.5(a) provides that an injury or illness must be considered work-related *if* an event or exposure in the work environment either caused or contributed to the resulting condition or significantly aggravated a pre-existing condition, unless an exception in section 1904.5(b)(2) applies. Section 1904.5(b)(1) defines "work environment," in part, as "the establishment and other locations where one or more employees are working or are present as a condition of their employment." Also, when an employee is away from the establishment, the question in determining work-relatedness is whether the employee is engaged in work activities "in the interest of the employer" as set forth in section 1904.5(b)(6). Although 1904.5(b)(2) and 1904.5(b)(6) are not strictly interchangeable, the two provisions complement one another to address instances both involving and not involving travel away from the physical place of business.

Please keep in mind that such activity would likely be considered work-related if the activities at the charity event are not purely voluntary or are conducted at the direction (or persuasion) of the employer. Accordingly, it is a good reminder that employers should document the circumstances of participating in such charitable events for OSHA and other employment-related reasons.

Lessons from Nursing Home Staff to Address Burnout and Enhance Joy in Work

Across the country, approximately 40 percent of all deaths from COVID-19 have been in [long-term care facilities](#). Grief, trauma, long-term stress, and exhaustion are compounding existing challenges. [Nursing home staff burnout](#) is reaching a critical point.

During the pandemic, staff care for residents while managing concerns about their own health and the safety of their family members. Their goals are to provide safe, high-quality care for residents, support staff, and [create a just culture](#). [Click here](#) to learn ideas for enhancing staff joy in work come from IHI Training Center participants.

Updates from the National Vaccine Program

[U.S. Department of Health and Human Services](#)

The U.S. Department of Health and Human Services released a roadmap to guide planning towards an optimized immunization system in the United States with a 5-year outlook. Building upon the [2010 National Vaccine Plan](#), two mid-course reviews of the 2010 Plan, and the [2016 National Adult Immunization Plan](#), the new plan addresses new opportunities as well as ongoing challenges since these reports were published.

The [Vaccines National Strategic Plan 2021-2025](#) (Vaccine Plan) sets forth an overarching vision:

The United States will be a place where vaccine-preventable diseases are eliminated through safe and effective vaccination over the lifespan.

The Vaccine Plan focuses on policies related to vaccines that are routinely used to prevent diseases in the United States across the lifespan of people based on age, health condition, and other risk factors. The Vaccine Plan does not address vaccines for the 2019 coronavirus disease (COVID-19).

The immunization system engages a vast network of government agencies and offices, vaccine researchers and experts, health care providers and systems, public health, health communicators, vaccine manufacturers, and health plans. The Vaccine Plan provides a common vision for the immunization system to better protect the public from vaccine-preventable illnesses. The plan provides a set of interconnected goals and specifically defined objectives and strategies to achieve the goals.

For more information on the Vaccine Plan, visit <https://www.hhs.gov/vaccines/index.html>. For more information on vaccines and immunizations, visit [Vaccines.gov](https://www.hhs.gov/vaccines).

COVID Vaccinate Resources

Are you receiving calls from individuals with questions about COVID-19 including how and where to sign up for a COVID-19 vaccine? If so, you are not alone! Vaccinate Your Family (VYF) has been fielding an unprecedented number of calls from seniors and others who don't know where to go to sign up or to sign up a loved one for a vaccine.

In response, VYF has created resources that we believe will also make your lives easier. Below are links to our Q&A page and to a section that provides direct links to every state and territorial health department COVID page.



[Questions and Answers About COVID-19 Vaccines | Vaccinate Your Family](#)

It is completely understandable to have questions about the new COVID-19 vaccines. While medical and public health experts are still learning about COVID-19 and the COVID-19 vaccine, this is a website is a place where you can start getting answers.

WHEN AND WHERE CAN I GET THE COVID-19 VACCINE?

[COVID-19 Vaccines: Find Your Health Department | Vaccinate Your Family](#)

Submit Required 2020 Injury and Illness Data to OSHA by March 2, 2021

The Occupational Safety and Health Administration (OSHA) has issued a [press release](#) reminding employers that the agency began collecting calendar year 2020 Form 300A data on January 2, 2021. Employers must submit the form electronically by March 2, 2021.

Electronic submissions are required by establishments with 250 or more employees currently required to keep OSHA injury and illness records, and establishments with 20-249 employees classified in [specific industries](#) with historically high rates of occupational injuries and illnesses. Visit the [Injury Tracking Application Electronic Submission of Injury and Illness Records to OSHA](#) for more information and a link to the Injury Tracking Application.



New Technical Report from NPPTL on FFRs with Exhalation Valves

A [new technical report](#) from the National Personal Protective Technology Laboratory (NPPTL) provides improved science-based recommendations on the use of filtering facepiece respirators (FFRs) with an exhalation valve. A concern with these devices is that wearers may spread disease if unfiltered, virus-laden aerosols pass through the valve. Therefore, the question has emerged about the effectiveness of using an FFR with an exhalation valve for source control—i.e., to filter respiratory secretions to prevent disease transmission to others—and whether the valve should be covered with a surgical mask, procedure mask, or a cloth face covering that does not interfere with the respirator fit.

The findings in this report, based on tests of 13 FFR models from 10 different manufacturers, show that FFRs with an exhalation valve can reduce particle emissions to levels similar to or better than those provided by surgical masks, procedure masks, or cloth face coverings. This study also shows that modifications to these respirators can further reduce particle emissions. Specifically, the use of an electrocardiogram pad or surgical tape secured over the valve from the inside of the FFR can provide source control similar to that of an FFR with no exhalation valve. These findings have important implications for guidance on source control and mitigation.

[Click here](#) to read the report.

COVID-19 Vaccination Training- Become a COVID-19 Immunizer

AOHP Pacific Northwest Chapter President, Andrea Dayot, RN, BSN helped put together a COVID-19 Vaccination Training Video for OHSU: <https://www.ohsu.edu/school-of-medicine/cpd/covid-19-vaccination-training>. This course offers free CME credits and is available externally.

This training has been picked up by California to train EMTs and Paramedics. Here is the [announcement](#) and a live interview she did about this: [OHSU shares vaccine training video | KOIN.com](#)

CDC Launches CE Modules for HCP on Administering COVID-19 Vaccines

CDC recently launched three new [web-on-demand, self-paced continuing education modules](#) for healthcare providers (HCP) who will administer COVID-19 vaccines. A description of each module is provided below.

- [COVID-19 Vaccine Training: General Overview of Immunization Best Practices for Healthcare Providers](#) – This module provides HCP with information about COVID-19 vaccine Emergency Use Authorization and safety, as well as general information about vaccine storage, handling, administration, and reporting (15 minutes)
- [Moderna COVID-19 Vaccine: What Healthcare Professionals Need to Know](#) (30 minutes)
- [Pfizer-BioNTech COVID-19 Vaccine: What Healthcare Professionals Need to Know](#) (30 minutes)

Continuing education credit is available for a variety of HCP by viewing a module and completing an evaluation.

In the Forefront of COVID-19 Pandemic Response - You Make Us Proud!



AOHP Members at Work

AOHP is proud to recognize the many ways our members promote health, safety, and well-being for healthcare personnel in their facilities – especially this year. The unprecedented challenges of COVID-19 have stretched frontline health professionals to unforeseen limits, and we know your efforts equip them for success. While much remains to be done, AOHP is pleased to recognize the accomplishments of occupational health professionals across the nation through a photo collage featuring our members at work. This collage – the center spread of the Fall 2020 AOHP *Journal* – was the inspired idea and creation of Pacific Northwest Chapter President, Andrea Dayot, RN, BSN, Program Manager, Occupational Health, Oregon Health & Science University. Special thanks to Andrea, and to everyone who participated by sending photos of their teams at work. To display this poster in your office, [download the printable file here.](#)



Keeping a Sharp Focus on Preventing Needlestick Injuries During Mass COVID-19 Vaccination Programs

As states roll out COVID-19 vaccination programs, including distribution of both the vaccine and accompanying hypodermic syringes and needles, it is critical to remain focused on the importance of preventing needlestick injuries, in addition to protecting vaccinators from the coronavirus that causes COVID-19 disease itself. There has been so much national focus on the role personal protective equipment (PPE) plays, such as N95 or elastomeric respirators, but almost no attention paid to engineering controls like devices with sharps injury prevention (SIP) features.

It is uncertain if all vaccines that are distributed come with SIP devices. It appears as if most are being accompanied by either retracting or sheathing needles. However, the OSHA Bloodborne Pathogens Standard (BPS) requires employers to not only use SIP devices, but also to have those devices identified, evaluated, and selected by non-managerial employees. If vaccine distributors are shipping doses with the syringe and needle pair of their choice, this step is missing.

It is important that frontline employees evaluate and select medical devices – needles, syringes, blood collection, etc. - so that they feel confident in not only effectively using the device, but also activating the safety feature and safely disposing of the device immediately after the injection has been given. If a worker is faced with using a device, they are not familiar with it is likely the safety feature is not engaged, and an injury or exposure may occur. There are great tools available to use when evaluating devices, like those from the [TDICT Project](#).

Granted, uptake of the vaccine itself, is an important measure in protecting the public's health and should take center stage. However, given the measures healthcare facilities have taken over the past year to ramp up supply and accessibility of PPE, improve ventilation, and improve staffing ratios to protect workers from COVID-19, it should not be done at the expense of increasing risk to needlestick injuries and bloodborne pathogens exposures.

This year marks the 20th anniversary of the Needlestick Safety and Prevention Act and its incorporation into additional safeguards in the OSHA BPS. The International Safety Center, along with sharps injury prevention stakeholders, experts, and advocates released "[Moving the Sharps Safety in Healthcare Agenda Forward in the United States: 2020 Consensus Statement and Call to Action](#)". In consensus statement, there are practice- and policy-based recommendations for facilities to reduce sharps injuries, including those from disposable hypodermic syringes. According to [EPINet data](#), these injuries account for the second most prevalent incident type (25.8%), surpassed only by injuries from suture needles (28.1%).

Healthcare and other essential workers are top tier for getting COVID-19 vaccinations per [CDC and state-based recommendations](#). In addition, so are people 65 and older and those with underlying medical conditions, [such as HIV](#). The Baby Boomer population also has an extremely high prevalence of [hepatitis C](#), but it is also on the rise among all generations and can pose an occupational risk should there be a needlestick or mucocutaneous blood exposure.

Additionally, approximately 25% of people living with [HIV are also coinfecting with HCV](#), increasing this occupational health risk.

As occupational health and safety professionals, we need to take a more proactive role working with infection prevention and control, risk management, supply chain, and local departments of health and public health to ensure that preventing needlestick injuries during COVID-19 vaccination programs remains a top priority. We must work towards full-facility engagement, including those in positions of leadership, management, and frontline worker representation to address potential and existing gaps in safety and health. Doing so may help bring a safer culture within the workplace, protecting workers from needlestick injuries not just amid COVID-19 vaccination programs, but also during regular working conditions. Moving forward, we must remain diligent about protecting our healthcare workers so they can effectively provide care for patients, as well as their co-workers, as they administer vaccines more broadly in workplaces and out in the community.

Authors

Amber Hogan Mitchell, DrPH, MPH, CPH

International Safety Center, The Public's Health, National Institute of Environmental Health Sciences Worker Training Program, University of Maryland School of Medicine, Author *Preventing Occupational Exposures to Infectious Disease in Health Care: A Practical Guide*

Eric Persaud, DrPHc, MEA

Department of Environmental and Occupational Health Sciences, SUNY-Downstate School of Public Health. COVID-19 Training Program Evaluator. National Institute of Environmental Health Sciences Worker Training Program.

You Can Be a ROC Star!

AOHP Recruit Our Colleagues (ROC) – A Better and Greater Campaign

(Jul 1, 2020 – Jun 30, 2021)

The 2020 – 2021 Recruit Our Colleagues (ROC) starts Jul 1, 2020 – Jun 30, 2021. ROC is a great way for members to help AOHP grow while earning rewards that can be used toward education and membership. The ROC campaign offers five levels of individual awards, as well as an award for the chapter recruiting the most new members.

For full details of the awards and campaign rules, please visit [our website](#). You can download this [ROC Flyer](#) to share with your colleagues.

SAFE + SOUND



SAFE AND SOUND AT WORK

HELPING BUSINESSES IMPLEMENT SAFETY AND HEALTH PROGRAMS IN THE WORKPLACE

Safe + Sound Week may be over, but safety is ongoing and continuous. Implementing a meaningful safety and health program takes dedicated planning, but even incremental improvements are valuable. If you are not quite ready to implement a complete safety and health program, the [10 Ways to Get Your Program Started](#) document provides simple steps you can use to build your safety and health program.

[Download Now](#)

Apply for Funding: Pilot Project Research Grants

Deadline: March 31, 2021 at 5:00pm MT



Are you an **early-career investigator** looking to jump-start your career? Or are you an **established researcher** trying to enter the field of occupational health and safety?

Apply for a grant to fund your research!

MAP ERC Awards

This grant supports scientific research and research-to-practice initiatives, that apply scientific knowledge in real-world situations, in environmental and occupational health and safety. Projects are funded for up to a maximum of \$17,500, depending upon the scope of the research and available funds.

Total Worker Health® Awards

This grant supports scientific research and research-to-practice projects in Total Worker Health. If your project addresses both protection from work-related safety and health hazards and health promotion, you are encouraged to apply for this award. Projects are funded for up to a maximum of \$25,000, depending upon the scope of the research and available funds.

Center for Health, Work & Environment
colorado school of public health

[Learn more and apply](#)

We ask that you apply for the funding opportunity that best matches your research project. Have questions? Contact Carol Brown at carol.brown@cuanschutz.edu.

Introducing Net Health's Mobile Immunization Tracking

Our web-based, easy to navigate application tracks patient verification, consent forms, Vaccine Information Statements (VIS), and allows for easy distribution of administration and confirmation information.

CONVENIENT

- Application runs on tablet or laptop

COMPLIANT

- Immunization data and VIS is pulled directly from CDC

ACCURATE

- Scan patient badges to quickly identify employees

[Learn more. | nethealth.com/mit](https://nethealth.com/mit)

