Hello 2020! We are off to another year of life and living! Reflecting on the past year and contemplating the future, what will you do with this year; these months, weeks, and days? All of us want to matter, and you do. Why do you matter? Think about what you do when you get up every day, what you do throughout the day, and how you end each day. I presume you are intentional about your work and play with an end goal of being productive, fruitful, and satisfied.

What do you exist to do? Finding purpose in life is one of those speculative questions we ponder until we, hopefully, discover a definitive answer. Whatever you were put on earth to do should involve your unique talents and energetic passion, wherein lies your sweet spot.

It’s no coincidence you are a member of AOHP. As a member, we’d like to tap into whatever it is you have to offer. You will soon be receiving a member survey, and we’d love to have every one of you respond. We’d like to discover your sweet spot and what you can bring to AOHP through your professional knowledge, industry wisdom, and well... just being you.
Time flies, and so will this year. Make the most of it by focusing your energy, living well, and being impactful. While doing what you do, always remember to take care of yourself. It’s important.

Let’s see our way clear in 2020!

Looking forward to a great year,

Lydia

Keep Your Benefits - Renew Your Membership!
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. Our association represents thousands of healthcare workers – including you. AOHP’s success is measured by the level of experience and dedication shown by our members.

If you haven’t renewed your 2020 membership, you should have recently received your 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 user name and password, or if you haven’t received your notice.

The deadline to renew your membership for the coming year is February 29, 2020. 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.

SAVE THE DATE!
September 2-5, 2020
Austin Marriott Downtown
Austin, TX

It is never too early to start planning. Join us at the 2020 National Conference – Deep in the Heart of Healthcare. It will feature the most up-to-date information from basic to advance for your practice. This conference offers valuable information for both novice and experienced professionals in many occupational health practice areas.

Need help to get approval?
Visit our website at http://www.aohp.org/aohp/EDUCATION/NationalConference.aspx to download the Articulating Attendance Value Guideline, and use the template to help to justify your conference attendance to your supervisor.
My Occupational Health Story

I graduated from a family nurse practitioner (FNP) program in 1999. At that time, I had been employed in a county hospital as a surgical RN for seven years. The hospital was a trauma facility, and I enjoyed the fast pace, especially never knowing from shift to shift what cases from the Emergency Room would end up in the Operating Room.

The hospital had no open NP positions available following my graduation. I went part-time in surgery while I gained NP experience in the office of one of the hospital’s ENT surgeons. Almost a year into this schedule, Human Resources informed me the Employee Health nurse would be retiring, and I would be taking her place. My initial reaction: “There is no way I am going to work in that boring place.” I was told I had no choice. The hospital had paid part of my tuition, and I would have to pay it back if I did not take the position.

I agreed to take the Coordinator role in Employee Health in January 2001. Fortunately, the NP who was retiring stayed for three months during the transition and really helped me to understand the role/work. I must admit, it was a far cry from boring. I joined AOHP the same year and had the opportunity to attend the Florida Chapter meetings, later serving as President.

AOHP is a great organization in which to learn and grow professionally through networking and education. I attended my first AOHP National Conference in 2005 in Sacramento, CA, which was a wonderful event. Executive Director Annie Wiest asked for volunteers, so I started by keeping time and then moved to introducing speakers at the pre-conference sessions. Through further engagement in the conference over the years, I have volunteered for the Solution Series and now introduce speakers in the general conference.

I was approached in the past to consider running for an officer position on the AOHP Executive Board, and this year felt like the right time. I am excited that I was recently elected to serve as Executive Secretary. I do hope my story will encourage you to get involved with AOHP. The Chapter level is a great place to start. We become stronger as individuals and as an association when we work together in alignment to keep AOHP viable and visible.

Audrey Sadler, MSN, FNP-BC, COHN-S, CEAS
AOHP Executive Secretary

Novel Coronavirus

CDC is closely monitoring an outbreak of respiratory illness caused by a novel (new) coronavirus first identified in Wuhan, Hubei Province, China. Chinese authorities identified the new coronavirus, which has resulted in more than a thousand confirmed cases in China, including cases outside Wuhan City. Additional cases have been identified in a growing number of other international locations, including the United States. There are ongoing investigations to learn more.


This is an emerging, rapidly evolving situation and CDC will provide updated information as it becomes available, in addition to updated guidance.
ANCC Renews AOHP Accreditation for Four Years

The Continuing Education Committee is pleased to announce that AOHP has once again been approved by the American Nurses Credentialing Center (ANCC) to provide continuing nursing education. The four-year accreditation approval was the result of a months-long re-certification process, which included scrutiny of AOHP’s prior educational offerings. ANCC, a subsidiary of the American Nurses Association, accredits healthcare organizations that provide and approve continuing nursing education, and accredits transition to practice programs and prepares nurses for new practice roles. Its mission is to promote excellence in nursing and healthcare globally through credentialing programs.

This renewed accreditation is great news for AOHP, as we continue to present the organization as a leading authority in occupational health in healthcare by providing members with excellent educational opportunities. Please use the AOHP Continuing Education Committee as a helpful resource when you plan your next educational event. We are happy to answer questions and assist you with the forms and workflow.

Mary M. Cox, RN, MSN, COHN-S
Lead Nurse Planner
AOHP Continuing Education Chair

Is Your Facility a Joint Employer?

Stephen Burt, BS, MFA
Chair, AOHP Governance Affairs Committee

It is not unusual for a healthcare facility to need the assistance of temporary employees in filling jobs while staff are out on long-term leave or while waiting for a position to be filled by Human Resources. Many questions may arise as to who is the employer of record and, therefore, responsible for training, vaccinating, and recording injuries. To assist in this determination, the Department of Labor (DOL) announced on January 12, 2020, a final rule to update and clarify its regulations interpreting joint employer status under the Fair Labor Standards Act (FLSA). The FLSA aims to promote certainty for employers and employees, reduce litigation, and encourage innovation in the economy. Under the new regulations, the potential joint employer must actually exercise control. Merely reserving control can be relevant, but only if the facility actually exercises control in at least one of four ways.

The first major update to DOL’s joint employer guidelines since 1958, the final rule provides a four-factor test for determining joint employer status in situations where an employee performs work for one employer that simultaneously benefits another entity or individual. The test assesses whether the potential joint employer:

- Hires or fires the employee.
- Supervises and controls the employee’s work schedule or conditions of employment to a substantial degree.
- Determines the employee’s rate and method of payment.
- Maintains the employee’s employment records.

The potential joint employer’s maintenance of the employee’s employment records alone will not lead to a finding of joint employer status. The final rule also clarifies factors that are not relevant to determining joint employer status. The effective date of the final rule is March 16, 2020.
OSHA Now Requires EIN on Form 300A
When electronically submitting OSHA Form 300A to the Occupational Safety and Health Administration, you must provide your Employer Identification Number as of January 2, 2020.

CDC Forecasts Ongoing Elevated Influenza Activity
The Centers for Disease Control and Prevention (CDC) reminds clinicians that influenza B viruses can cause severe illness in people of all ages, including children. CDC continues to recommend influenza vaccination and prompt antiviral treatment of high-risk outpatients and hospitalized patients with suspected influenza.

The CDC Health Advisory notifies clinicians that influenza activity remains high in the United States. Ongoing elevated activity is due to influenza B/Victoria viruses, increasing circulation of influenza A(H1N1)pdm09 viruses, and low levels of influenza B/Yamagata and influenza A(H3N2) viruses. CDC’s influenza forecasts suggest that national influenza activity will remain elevated for several more weeks. Because influenza activity is elevated, and both influenza A and B virus infections can cause severe disease and death, this health advisory also serves as a reminder that early treatment with antiviral medications improves outcomes in patients with influenza.

Early treatment with antiviral medications is recommended for hospitalized patients and high-risk outpatients, including children younger than two years. Clinicians should continue efforts to vaccinate patients for as long as influenza viruses are circulating and should promptly start antiviral treatment of severely ill and high-risk patients with suspected influenza without waiting for laboratory confirmation. For more information about this report, please click here.

2019 Workers’ Compensation Benchmarking Study Report Released
The seventh annual Workers’ Compensation Benchmarking Study Report has been released.

DOWNLOAD LINK
2019 Study Report: Comparing Claims Leader & Frontline Staff Perspectives

REPORT SUMMARY
For the first time ever, the 2019 Workers’ Compensation Benchmarking Study surveyed frontline claims professionals (instead of claims executives) to ascertain alignment between
industry leadership and staff who directly handle workers’ compensation claims. As the industry’s largest talent constituency, with the greatest influence on financial and injured worker outcomes, the 2019 report provides recommendations to improve overall operational performance and strategies for how to best incentivize and retain this critical talent pool.

**ACIP Updates Tdap/Td Recommendations**

*Technically Speaking* is a monthly column written by Dr. Deborah Wexler, Immunization Action Coalition (IAC) Executive Director, for *Vaccine Update*, a monthly e-newsletter from the Vaccine Education Center (VEC) at Children’s Hospital of Philadelphia (CHOP). The column covers practical topics in immunization such as vaccine administration, scheduling, and recommendations.

Her November 2019 column is titled *ACIP Votes to Approve That Tdap and Td Vaccines May Now Be Used Interchangeably*. The CDC’s Advisory Committee on Immunization Practices voted unanimously to approve this recommendation at its October 2019 meeting.

### 2020 ASPHP National SPHM Education Event

**March 2 - 5, 2020**  
San Diego, CA

This is time to reserve your place at our 2020 National SPHM Education Event. The interactive, solutions-based program — to be held at Town & Country, San Diego, CA — will provide participants with practical strategies and implementation tips that can be adapted and applied to your safe patient handling programs.

In this program, you will learn:

- Framework for program structure and management
- Objective assessment of clinical excellence
- Best practice and culture of excellence across the organization
- Strengthen community confidence in the quality and safety of patient handling
- Engage in the practical application of equipment, devices and tools across practice settings

For more information, visit [www.asphpevents.com](http://www.asphpevents.com).

Register Now
Research Committee Appoints New Chair

The Research Committee is pleased to announce its new Chair, Mandy Bodily-Bartrum, DNP, MPH, RN, CIC, FAPIC. Mandy, the Vice President of Infection Prevention at Vibra Healthcare, has worked in Infection Prevention and Quality for 11 years in various institutions across the country. She holds a Doctorate in Nursing Practice in Public Health from the University of Colorado, a Master of Public Health in Epidemiology and Environmental & Occupational Health from Saint Louis University, and a Bachelor of Science in Nursing from Arizona State University. She is Board Certified in Infection Control and is a Fellow of the Association for Professionals in Infection Control and Epidemiology (APIC). Mandy was a contributing author for the current edition of the Getting Started Manual and serves on the Research Committee for APIC. She is excited to help move AOHP forward by being involved with the Research Committee.

Mandy is filling the role which was previously held for eight years by Dr. Linda Good. Linda recently retired from her position as Manager, Occupational Health Services for Scripps Health, San Diego, CA. An active member of AOHP for more than 20 years, Linda also served as: Chair of the Julie Schmid Research Scholarship; reviewer, author mentor, and column contributor to the Journal; Region 1 Director; AOHP Conference Chair; and Co-founder of the EXPO-STOP annual blood exposure survey.

Thank you, Linda and Mandy, for your amazing service to AOHP and the field of occupational health in healthcare!

Archived Webinar WEB028-2019

USP 800: The Role of Occupational Health

Presented by Nancy Gemeinhart, BSN, MHA, RN, CIC, FAPIC

Member: $20 Non-Member: $35

Click here to register

Topic Overview:
This presentation will provide the fundamentals for the occupational health professional with an overview of USP 800 guidelines, as well as practical tips and guidance for implementing a comprehensive acknowledgement of risk and medical surveillance program for workers at risk for hazardous drug exposure.

Objectives:
1. Describe USP and the purpose of USP 800.
2. Describe the components of a practical medical surveillance program for hazardous drugs.
3. Identify approaches to ensure healthcare workers are notified of their risk of exposure with hazardous medications.

CE Contact Hours: This activity awards 1 contact hour

Accreditation Statement
The Association of Occupational Health Professionals in Healthcare is accredited as a provider of continuing nursing education (CNE) by the American Nurses Credentialing Center’s (ANCC) Commission on Accreditation.

ANCC Provider Number P0341
SC Chapter to Host Occupational Health & Wellness Symposium
The South Carolina Chapter will host a continuing education conference, Occupational Health & Wellness Symposium: Solving the Rubik’s Cube, on March 6, 2020 at Spartanburg Regional Healthcare System. Topics will include: Americans with Disabilities Act; Wellness; Occupational Safety and Health Administration Recordkeeping; Work Conditioning; Tuberculosis Screening; and the Opioid Epidemic and Worker Safety. AOHP members receive a discounted registration. Spaces are still available for exhibitors, so please inform any interested vendors. Thanks for your support of our program!

AOHP SC Chapter Education Event
Occupational Health & Wellness Symposium: Solving the Rubik’s Cube
Friday, March 6, 2020
8:00 am – 4:00 pm
Heart Center Auditorium
101 East Wood St.
Spartanburg Medical Center
Spartanburg, SC
• Wellness Programs • OSHA Recordkeeping
• Work Conditioning & Essential Function Tests
• ADA and Medical Exams • Tuberculosis Update • Opioid Update

Download the [conference brochure](#) for more information.

Mary C. Giovannetti, DNP, APRN, FNP
AOHP SC Chapter President

News from AOHP Pacific Northwest Chapter
Happy New Year from the PNW Chapter! We kicked off the year with a chapter meeting and educational session on the new OSHA-approved fit testing protocol. We also launched a 2020 Chapter Strategic Planning Survey and entered participants into a raffle to win a scholarship (registration) to the AOHP 2020 National Conference in Austin, TX. The raffle winner is Shelly Lev, RN, BSN, from Willapa Harbor Hospital in South Bend, Washington.

We held our annual holiday meeting in Washington State on December 6, 2019. Our Elaine Carty Scholars presented a hot topic from the National Conference, and we participated in a white elephant gift exchange.

Andrea Dayot, RN, BSN
AOHP PNW Chapter President
CALL FOR SPEAKERS
AOHP 2020 NATIONAL CONFERENCE
September 2-5, 2020
Austin Marriott Downtown, Austin, TX
Deadline to submit - January 31, 2020

AOHP is soliciting presentation submissions for its 2020 National Conference. The speaker submission will occur in two phases. The committee will evaluate the first submission to determine if your presentation meets the needs of the conference. Please provide as much detail as possible in the submission, including a description of any relevant methods, techniques, tools, results, lessons learned, etc.

Prospective Topic Suggestions

1. Opioid crisis
2. Implementation of the SHEA Guideline for Management of Healthcare Workers Who are Infected with Hepatitis B Virus, Hepatitis C Virus, and/or Human Immunodeficiency Virus
3. Hepatitis B vaccination recommendations (evidence that immunity wanes over time)
4. Mandatory vaccinations: MMR, V, TDaP, Influenza
5. Immunization updates
6. Worker fatigue – how organizations manage safety
7. Psychological strain and burnout in healthcare - evidence-based interventions
8. Developing wellness programs
9. Wellness – employee self-care
10. Financial planning as related to wellness
11. Workplace violence (WPV) - The Joint Commission Sentinel Event alerts
12. WPV - peer support, critical incident stress debriefing, prevention of patient to employee
13. Ergonomics
14. Workers’ compensation
15. Root Cause Analysis / FMEA / Fault Tree Analysis, etc. (investigations)
16. Human trafficking
17. Mentoring young nurses
18. Succession planning – veteran nurses mentoring young nurses
19. Panel – marijuana / CBD
20. Crucial Conversations – how to
21. USP 800 - permissible exposure limits, medical surveillance / lab testing
22. Health Savings Accounts
23. Preventing latent TB
24. Highly Infectious Diseases – measles, Ebola, etc.
25. Legal issues on job accommodations - interactive process, post-offer medical questionnaire and exam, what can and can’t be asked
26. ADA and job accommodations
27. Identifying staffing ratios
28. Best practices for charting, notifications, tracking, surveillance, workload reports
29. EEOC and privacy (which records are considered HIPAA and which are not)
30. Culture of Safety - how to engage employees
31. Safe patient handling (SPH) - case studies on effectively decreasing injuries
32. SPH and Hierarchy of Controls when equipment / personnel are unavailable
33. Pandemic readiness/Disaster management
34. OSHA updates
35. Respirator protection – pros and cons of N95s vs. PAPRs
36. New OSHA respiratory protection guidelines
37. Hearing conservation
38. Aging workforce - occupational risks and needs
39. Hiring for the exodus of experienced RNs
40. Pregnant employees / Pregnancy Discrimination Act
41. Needle/sharps safety and decreasing exposures
42. Total Worker Health (TWH) and opportunities for AOHP members
43. First set of competencies, skills, and knowledge of TWH professionals
44. Leadership training and leadership communication skills
45. ABCs of radiation exposures and monitoring
46. Chemical (including pharmaceutical) exposures
47. Newly emerging drugs of abuse
48. Healthier Hospitals initiatives
49. Climate change and healthcare workers: what we need to know, share, and achieve
50. Laser Safety – types, risks, safety measures, exposures, developing a laser safety program
51. Collaboration of on-site clinics and Employee Health
52. Organizational structure and where Employee Health fits – Population Health, On-Site Care, Infection Prevention, Occupational Health & Safety, Human Resources, etc.
53. Updated Infection Control in Health Personnel: Infrastructure and Routine Practices for Occupational Infection Prevention and Control from the CDC

Session speakers are asked to participate on a "gratis" basis. **Speakers receive FREE registration for the day of their presentation and one complimentary night hotel stay.** To discuss alternative speaker compensation, please contact AOHP Headquarters at info@aohp.org.

We appreciate your time and look forward to working with you for the 2020 Conference.

Sincerely,
Cory Worden, PhD Candidate, MS, CSP, CSHM, CHSP, REM, CESCO
AOHP 2020 National Conference Chair

**Deadline to submit is January 31, 2020.** Successful applicants will be notified by **April 27, 2020.**

You can download the [speaker submission](#) here, or [submit online](#).
NEWLY Revised Getting Started Manual (GSM)

AOHP has published the expanded 16th edition of its flagship publication, *Getting Started: Occupational Health in the Healthcare Setting*. This comprehensive resource manual has proven its value to occupational health professionals (OHPs) for nearly two decades as the specialty practice of occupational health in healthcare has evolved in scope and complexity.

*Getting Started* provides an overview of essential information the novice OHP needs to promote the health, safety, and well-being of healthcare personnel. The manual also serves as a valuable reference for experienced OHPs who are working to launch a new project emphasizing health promotion, improvements in productivity, and/or maintaining a safe working environment. Chapter 12, which contains more than 200 current references, provides extensive resources to assist those who are preparing for occupational health nursing certification.

The revision process was overseen by a core team of editors who worked with the contributing content experts (which included AOHP members) to develop new subject matter.

Some areas of occupational health practice that require expertise supported by the expanded 16th edition of *Getting Started* including:
- New regulatory and compliance requirements.
- Emphasis on a safe and healthy worksite.
- Injury prevention and case management to reduce workers’ compensation costs.
- Development and use of outcomes monitoring tools.
- Risk management and loss control.
- Emergency preparedness and response, including natural disasters, terrorist events, and pandemic influenza.

New areas of content for the 16th edition of *Getting Started* including: The Centers for Disease Control and Prevention’s 2019 revised tuberculosis recommendations; hazardous drugs; lab animal workers; healthcare safety culture; and slips, trips, and falls. The manual is divided into three major sections: Fundamentals of Occupational Health in Healthcare; Essential Components of Health and Safety Programs Within a Facility; and Professional Advancement in Occupational Health. Sample documents and references are also included.

For more information, or to order an electronic copy of *Getting Started*, visit our website or contact AOHP Headquarters at 800-362-4347 or info@aohp.org.
OSHA Penalties Increase Effective January 16, 2020

Stephen Burt, BS, MFA
Chair, AOHP Governance Affairs Committee

On January 15, 2020, the Federal Register published the Federal Civil Penalties Inflation Adjustment Act Annual Adjustments for 2020. The Inflation Adjustment Act requires the Department of Labor to annually adjust its civil monetary penalties for inflation no later than January 15 of each year. The Act provides a cost-of-living formula for adjustment of the civil penalties.

This final rule increases civil penalties the Department of Labor assesses, including those issued by the Occupational Safety and Health Administration (OSHA), based on workplace inspections and potential violations of safety and health standards. The rule is now effective, and beginning January 16, 2020, OSHA civil penalties increased and will apply to any penalties assessed after the effective date of the rule. Employers who have open and ongoing OSHA inspections can expect that any citations now issued by OSHA will reflect the increased penalties.

OSHA penalties for other-than-serious, serious, and failure to abate violations increased by $234, from $13,260 per violation to $13,494 per violation. The penalty for willful and repeat violations increased from $132,589 to $134,937, an increase of $2,348. The minimum penalty for a willful violation went from $9,472 to $9,639, an increase of $167. The new penalty increase will apply to any citations issued from January 16 through the remainder of 2020. The following table displays the increases from 2019 to 2020.

<table>
<thead>
<tr>
<th>Violation</th>
<th>Penalties as of January 24, 2019</th>
<th>Penalties as of January 16, 2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>Any willful violation of OSHA rules or standards</td>
<td>Minimum of $9,472 up to $132,589</td>
<td>Minimum of $9,639 up to $134,937</td>
</tr>
<tr>
<td>Any repeat violation of OSHA rules or standards</td>
<td>Up to $132,589</td>
<td>Up to $134,937</td>
</tr>
<tr>
<td>Any serious violation of OSHA rules or standards</td>
<td>Up to $13,260</td>
<td>Up to $13,494</td>
</tr>
<tr>
<td>Any not serious OSHA violation</td>
<td>Up to $13,260</td>
<td>Up to $13,494</td>
</tr>
<tr>
<td>Failure to correct a violation</td>
<td>Up to $13,260 for each day the condition continues</td>
<td>Up to $13,494 for each day the condition continues</td>
</tr>
<tr>
<td>Violation of posting requirements</td>
<td>Up to $13,260</td>
<td>Up to $13,494</td>
</tr>
</tbody>
</table>

NOTE: The penalty increase applies to Federal OSHA states; however, OSHA expects that states such as North Carolina and Virginia, which operate their own occupational safety and health programs, will align penalty structures with Federal OSHA so that such programs are equally effective as Federal OSHA.
The Negative Implications of Personal Pride on Safety
Cory Worden, PhD ABD, MS, CSHM, CSP, CHSP, ARM, REM, CESCO

Pride is an interesting thing. It can be good, especially when linked to confidence, competency, and ability. It can lead to esprit de corps. It can lead to excellence. However, pride can also lead to arrogance. It can lead to conceit. It can lead to not listening to someone else, regardless of logic and reason, if only out of spite.

What does this have to do with safety?

Human interaction and communication are the cornerstone of safety. Hazards must be identified; hazard controls must be developed, trained, and communicated; unsafe conditions must be communicated; and unsafe behaviors must be coached. If pride gets in the way of this – and it does – safety suffers. Unfortunately, defending one’s pride is human nature. When the defense of pride interferes with recognizing or controlling a hazard, someone with a strong ego might remain exposed to hazards, or worse – expose others to hazards.

Case Study #1 – Pride at Home

A grandmother has raised her children. Despite some bumps, bruises, and illnesses over the years, they grew up well and then had children of their own. Grandma has a play area with toys in it for when she volunteers to watch the grandchildren. Some of these toys are small enough to fit in the kids’ mouths. Often, Grandma will walk between rooms while doing laundry as the kids play with their toys.

One afternoon, Grandma’s son, the children’s father, notices the toys that could be choking hazards. He asks Grandma if she monitors the kids playing with these toys to ensure they don’t choke on them. Grandma immediately takes offense to this question, stating that those toys were, in fact, the same ones her son played with growing up and, after all, he didn’t choke on them. Furthermore, how dare he question her ability to keep the kids safe?

This situation has now become a defense of pride. In reality, the situation is simple. A possible choking hazard was identified. A risk was assessed in that the kids could choke on the toys, as they play with them several hours a day. Two hazard controls exist – eliminate the hazard by removing the toys, or administratively monitor the kids to ensure they don’t choke. However, instead of simply controlling the hazard, pride got in the way of safety. The conversation becomes instead about Grandma’s ability to take care of the kids. Grandma, in defending her competence, would rather her son apologize for questioning her, thereby allowing the hazard to remain a risk to the grandkids, if only to spare her pride.
Even in a cost versus benefit analysis, removing the toys requires no effort or cost, but removes the hazard, while not removing the toy leaves a risk exposed. No good can come from not controlling the hazard, but plenty of negative outcomes may arise from not doing so. However, somehow, pride has gotten in the way of this simple situation being resolved.

How does this relate to work?

Case Study #2 – Pride at Work

A Registered Nurse has been in his role for 17 years. He has received awards and recognition many times by his hospital and the entire hospital system. He is not only considered a technical subject matter expert, but is also a supervisor on his unit and is responsible for the performance of other nurses. However, the nurses on his unit have sustained a series of injuries and exposures over the past many years, a trend first acknowledged after a new Safety Manager was hired.

The new Safety Manager began looking into the safety situation in the hospital system and talking with individual hospital Safety Committees and leaders. It became evident that there was no process to develop a hazard analysis and risk assessment so leaders and employees could know and understand what hazard areas and associated severity levels applied to their work. The common sentiment was that the hazards were simply “the cost of doing business”, and injuries were not preventable. Some of the hazards, such as patient handling, could even lead to patient safety issues. Other hazards, such as occupational disease exposure, could lead to cross-contamination issues and infection control challenges.

After all levels of the organization were included in the discussion, provided feedback and bought into the solutions, hazard analyses were developed, and hazard controls were implemented. However, this nurse and the nurses on his unit were found to not utilize them. With patient handling equipment available, this nurse didn’t use it, even at the risk of his own safety and that of his patients and fellow employees. Leading indicators such as observations showed noncompliance with hazard control use, while lagging indicators continued to show injury rates sustained or increased. Often, this nurse also refused to complete observations or inspections to participate in the safety program.

When the Safety Manager discussed these issues with this nurse and, eventually, his administrative leadership, the Safety Manager was barraged with comments referring to unavoidable hazards, assistive devices and personal protective equipment (PPE) slowing them down. The nurse accused the Safety Manager of not understanding nursing practice because he wasn’t a clinician. The Safety Manager was told the nurses should simply be left alone to handle their business as they wanted to, even if it meant bodily fluid exposures, needlesticks, and back injuries. After all, he was told, it was Occupational Health and Safety’s job to “support them and help them after they were injured”. Furthermore, he was told, it was Safety’s job to perform observations and that safety leadership “shouldn’t be
punted to them”. As he stated, they had been doing their jobs for many years and didn’t need somebody coming in and telling them any different.

Ultimately, the pride of this nurse got in the way of safety. Hazards were recognized that had been known to cause multiple injuries, including disease contraction and permanent back injuries. Hazard controls were known, available, implemented, and even convenient for use, but this nurse refused to use them, even at great risk to himself, his team, and patients. He felt it beneath him to work with a new Safety Manager, especially one who wasn’t a nurse.

Furthermore, by communicating, directly and indirectly, negative sentiments regarding safety to his team members, this leader was destroying any safety culture in the unit. In short, this nurse would rather let clear and present dangers exist to him and his team than utilize and implement hazard controls, if only to spite the Safety Manager who dared to ask questions about injury rates, causations, and the lack of due diligence on the unit.

**It Can Happen Here**

This sort of prideful negligence of safety can happen anywhere. It can certainly happen in manufacturing, when general managers can convince themselves that productivity is a greater goal than safety and that the Safety Manager is just “being paranoid”. It can happen in government, when leaders would rather continue unsafe practices, even when fatalities and catastrophic injuries have taken place, rather than risk a political situation of admitting a program gap.

Leaders who discourage safety as a matter of pride, as political collateral, as a roadblock to productivity, regenerate as new generations of leaders rise after having listened to this message for years. Grandparents who continue negative safety behaviors only because their kids didn’t get hurt are continuing to roll dice, this time with their grandkids. Cultures degenerate to the point in which everybody involved becomes numb to unsafe behavior. At this point, the frequency increases and, with it, so does the severity. By the time the dice roll on a negative outcome, the frequency and severity have risen so high there is no alternative but a catastrophic injury. Sadly, this has happened many times. When it does, the same negative culture persists to the point of labeling an event a “freak accident’” to favor pride.

Every time a hazard isn’t identified, or any time a hazard isn’t controlled, the culture deviates to a dice roll as to whether an injury will happen that day. Every time safety isn’t communicated on a recurring and consistent basis, the culture deviates to another, better communicated priority. But this message just might discourage safety. One example is a reward offered for increased productivity, a feat that can be achieved by bypassing safety procedures.

Every time a leader reinforces that the operational focus should be elsewhere besides safety deviates the culture. In healthcare, this manifests in the cultural touchstone that healthcare workers should sacrifice themselves for the patient when, in actuality, the
patient is far better off when the employee is also safe. Every time an employee delivers a safety concern to a leader and the leader doesn’t act on it, even if only assuring the employee of why the task is safe, the culture degenerates a little more.

The only way to build and reinforce a safety culture is to consistently and continually identify hazards, seek engagement, assess hazards, control hazards, communicate safety expectations, oversee and validate safety behaviors and conditions, follow-up and investigate accidents and injuries and exposures, and reward and recognize positive behaviors while coaching negative ones. Without this continual cycle of safety, the culture will hit obstacles on a daily basis. Pride will cause these failures when it turns to arrogance. Arrogance has no place in safety or the workplace. Leaders who fail to adapt in production are eventually pegged as non-performers. Leaders who fail to adapt in safety are often allowed to continue. This has to change. It can change.

You Can Be a ROC Star!

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

*(Jul 1, 2019 – Jun 30, 2020)*

The 2019 – 2020 Recruit Our Colleagues (ROC) starts Jul 1, 2019 – Jun 30, 2020. 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.

**FREE Archived Webinar**

**Sharps Injuries: Impact, Trends and Successful Reduction Strategies**

Presented by Linda Good, RN, PhD, COHN-S and Terry Grimmond, FASM, BAgrSc, GrDpAdEd&Tr

**Topic Overview:**

Bloodborne pathogen exposures are potentially devastating to healthcare workers and their families, and occupational health professionals devote a significant portion of their practice on minimizing these exposures. This webinar will demonstrate how research and evidence-based practice can inform HCW and their management of this crucial concern and assist in bringing about sustainable staff behaviors to reduce blood exposures. The session will include: Results of the 2018 AOHP-sponsored Exposure Survey of Trends in Occupational Practice (EXPO-S.T.O.P.), the trends in national incidence, and an overview of successful reduction-strategies used by hospitals to successfully reduce their exposure-incidence.

**Objectives:**

1. Identify the urgent need to halt the rising US blood-exposure incidence.
3. Discuss best practices in reducing blood exposures.

Visit our [website](#) for more information.
Do You Know the Many Benefits AOHP Offers to Members? 
Let’s Name A Few!

Listserv
AOHP hosts an electronic Discussion Email List Service as a free benefit of membership. The purpose of the AOHP Listserv is to facilitate discussions among AOHP members. By joining, you can connect with colleagues across the nation via email to share best practices and dialogue about the challenges and successes of working in occupational health in healthcare. Subscribe now to explore electronic networking, change your subscription format and access archived posts.

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AOHP E-Bytes provides a summary of current occupational health information. It is distributed electronically from Headquarters every month and provides updates on the latest educational, regulatory and association information to keep members informed about pertinent, current information related to your professional practice.

AOHP Insight!
AOHP Insight, offered exclusively to AOHP members, provides a wide range of occupational health tools and resources that can enhance every level of practice from beginner to enhanced. From up-to-date professional information to legislative updates, AOHP Insight is committed to deliver the knowledge you need to the right place, at the right time.

For more information about the benefits of your AOHP membership, visit http://www.aohp.org/aohp/MEMBERSERVICES/MemberBenefits.aspx or email info@aohp.org.

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