POSITION STATEMENTS

As the national leader for occupational health in healthcare, the Executive Board of Directors for the Association of Occupational Health Professionals in Healthcare (AOHP) communicates the association's position when matters of importance emerge related to the health and safety of healthcare personnel in healthcare. Position statements are consistent with the vision and mission of the association. The formation of position statements may also offer the opportunity to collaborate with occupational health and safety professionals in related organizations.

Current Active Position Statements:

- Confidentiality of Employee Health Records
- Injury and Illness Prevention Programs
- Safe Patient Handling
- Influenza Vaccination of Healthcare Personnel
- Respiratory Protection for Healthcare Workers
- Workplace Violence
- Best Practices for Healthcare Worker Immunizations
- The Critical Role of Occupational Health in Healthcare

Retired Position Statement

- Ergonomics (retired 4/2012; replaced by Injury and Illness Prevention Programs 4/2012)
- Occupational Health Professional in Healthcare Settings (retired)

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POSITION STATEMENT

Confidentiality of Employee Health Records

The Association of Occupational Health Professionals in Healthcare (AOHP) believes an imperative exists with regard to the confidentiality of occupational/employee health records. The occupational health professionals in healthcare settings, including nurses, nurse practitioners, physicians, physician assistants, and all allied health professionals, are charged with the protection of the individual worker's right to privacy with regard to his or her employee health records. As a general rule, release of information beyond medical fitness for duty or that which is required by law cannot be undertaken without the specific written request of the employee.

Regulations and statutes that address privacy and confidentiality issues include federal regulations under the Occupational Safety and Health Administration (OSHA,) the Americans with Disabilities Act (ADA) and the Health Insurance Portability and Accountability Act of 1996 (HIPAA.)* Federal law also restricts disclosure of drug and alcohol abuse treatment records. Workers' compensation is excluded by HIPAA, and pertinent information can be accessed according to the corresponding state's workers' compensation act for work-related injuries, illnesses or exposures. In addition, healthcare facilities may have health information requests made by other regulatory bodies such as The Joint Commission and state departments of public health. Each state has specific statutes for mandatory reporting of items, such as communicable disease diagnosis, which may include personally identifiable data. Release of information contained in the employee health record following receipt of a subpoena, warrant or summons that is issued or ordered by a court, grand jury or judicial officer must only be done based on the statutory requirements of the state where the records are maintained, and information released should only include that information specifically described in the subpoena, warrant or summons. Care must be taken to ensure that worker confidentiality is maintained when electronic communication methods are utilized. Specifically, institutional electronic security measures such as encryption may be needed to transmit this type of information.

Employee health records include the pre-placement medical history, results of physical examinations, medical surveillance and other screening data, vaccination records, information on assessments made at the request of the employer or the employee, exposure follow-up records, documentation of observations and counseling, and any other health records which come under the control of or are initiated by the occupational health professional, regardless of the source.

Management's requests for information beyond medical fitness for duty, workplace safety or that required by law must be carefully reviewed, as management is not empowered to override the obligation of confidentiality imposed upon the employee health professional. Health related information contained in the record will be kept confidential, except that: supervisors and managers may be informed regarding restrictions on the duties of persons with certain injuries or illnesses and regarding necessary accommodation; medical, first-aid and safety personnel may be informed when emergency or special medical treatment may be required; and government officials investigating compliance with state and federal law may be informed. An employer also reserves the right to disclose information from an employee's health record to anyone other than the employee when failure to disclose such information might place others at risk. Consultation with company legal counsel may be indicated. Aggregate health information without any form of

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identifiers can be used for statistical purposes to justify the cost/benefit of safety and health program initiatives.

Accurate health information cannot be secured when the confidentiality of these records cannot be ensured. Failure to secure complete and accurate information from an employee in the healthcare setting may present a threat to the health of patients as well as other healthcare personnel.

**Note: HIPAA's authority does not address an employer's use of information contained in the employee health record. In addition, occupational health professionals should also be aware of and refer to any statutory laws governing their particular state.*

What All Employers Need to Know About Protecting Employee ...

https://ogletree.com › insights › what-all-employers-need-to-know-about-pro...
Special guidelines apply to medical information pertaining to your employees. For example, the Americans with Disabilities Act (ADA) imposes very strict rules for handling information obtained through post-offer medical examinations and inquiries. Employers who are covered by the ADA must keep these medical records confidential and separate from other personnel records. This information may be revealed only to safety and first aid workers, if necessary to treat the employee or provide for evacuation procedures; to the employee's supervisor, if the employee's disability requires restricted duties or a reasonable accommodation; to government officials as required by law; and to insurance companies that require a medical exam.

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POSITION STATEMENT

Injury and Illness Prevention Programs

The Association of Occupational Health Professionals in Healthcare (AOHP,) as the national leader for occupational health professionals (OHPs) in healthcare, strongly supports the creation and implementation of injury and illness prevention programs (also known as safety and health management systems) within all healthcare settings. These programs involve a proactive process to find and fix workplace hazards before healthcare personnel are injured. These programs have the ability to decrease injury and illnesses as well as to change the culture of the work environment, including increasing productivity and quality, reducing turnover, reducing costs and increasing employee satisfaction.

The basic elements of a program include:

- Management leadership.
- Employee participation.
- Hazard identification and assessment.
- Hazard prevention and control.
- Education and training.
- Program/system evaluation and improvement.

These elements are individually important and collectively are interrelated and interdependent.

Every healthcare setting is different. These elements can be developed in a manner that will meet the specific needs of each organization.

OHPs in healthcare are well-suited to initiate and lead these efforts in their organizations. If the OHP is not the leader of the program, he/she is definitely a stakeholder who needs to be a member of the Injury and Illness Prevention Team.

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POSITION STATEMENT

Safe Patient Handling

The Association of Occupational Health Professionals in Healthcare (AOHP) strongly supports the provision of a safe and healthy environment for the nurse/caregiver and patient. Back injuries and other musculoskeletal disorders related to patient handling are the leading cause of workplace disability for nurses and other direct patient care providers. The importance of developing reliable approaches for prevention of back injuries and other musculoskeletal disorders related to patient handling is critical. AOHP supports actions, policies and laws that will help to establish a safer environment of care for nurses, other direct patient care providers and patients as it relates to safer patient handling and prevention of injuries.

- Employer and management commitment is needed to adopt an institutional policy that encompasses the safest approach for the caregiver, as well as the patient, when handling, moving and transporting patients. The safest approach is the use of assistive equipment that discourages the use of manual handling. There needs to be initial and ongoing investment in adequate supply of appropriate devices, ensuring: availability of and adequate storage space for equipment; proper disinfection based on infection control principles; educating staff on usage; and designating resource personnel for ongoing assessment and evaluation.

- Employee participation is vital in the assessment and implementation process to encourage acceptance and success of the program. Staff have a wealth of essential information about specific hazards in their work environment associated with patient handling and can assist in guiding actions that will ensure program effectiveness and positive outcomes. Staff must also be involved and given authority in the evaluation and selection of patient handling devices and equipment. They should participate in initial and ongoing education/training activities related to patient handling and the use of assistive devices and equipment.

- Regulation and enforcement of a standard to control ergonomic hazards in the healthcare industry is necessary to prevent back injuries and musculoskeletal disorders. The regulation should include the use of engineering controls for patient handling activities. AOHP supports a continued call to OSHA and state legislators to develop such standards that are appropriate and reasonable to healthcare employers.

- Support of research and evidence-based practice is crucial to continue the ongoing development of interventions to prevent back injuries and musculoskeletal disorders related to patient handling. Further study is also recommended to redesign other high-risk tasks to promote safer work environments for nursing staff. Prompt communication of current study findings to the association and partnering organizations is critical in reducing these injuries and disorders.

In summary, AOHP believes that manual patient handling is unsafe for the caregiver and patient. Such handling is also directly responsible for disabling back injuries and musculoskeletal disorders in nurses and other direct patient care providers. Utilizing safe patient handling reduces stress for nurses to help them stay in the profession. Safe patient handling can occur with assistive devices, ensuring improved quality patient care and outcomes. The ultimate benefits are afforded to the nurse/caregiver, patient and employer. AOHP welcomes the opportunity to work collaboratively with regulatory agencies and professional associations to promote safe patient handling and reduced healthcare worker injuries.

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POSITION STATEMENT

Influenza Vaccination of Healthcare Personnel

Influenza vaccination of healthcare personnel (HCP) has been in place for many years to prevent the transmission of influenza. HCP compliance rates have been poor, and therefore patients and residents in at-risk populations (e.g. immunocompromised, the very young and older adults) are at risk for contracting influenza from staff who transmit it. Since health care workers care for people at risk the CDC, the Advisory Committee on Immunizations Practices (ACIP), and the Healthcare Infection Control Practices Advisory Committee (HICPAC) recommend that all US health care worker get vaccinated annually against influenza. The annual flu vaccine is the first and best way to protect oneself against the influenza virus.

Historical/Background Data

Preventing Influenza Transmission

Infection prevention and control experts recognize that vaccination is an effective tool in preventing transmission of influenza and is important to patient safety and quality of care. The risk of HCP transmitting influenza to patients during the course of their duties is of significant concern. Vaccinating HCP will help reduce transmission of influenza to the patient population in general, as well as decrease the likelihood that HCP and/or patients will become ill. For many years, the Centers for Disease Control and Prevention (CDC,) along with many other organizations, has recommended influenza vaccination for HCP. Influenza immunization coverage of Health Care Personnel is highest among facilities that require vaccination

The Association for Professionals in Infection Control and Epidemiology (APIC) Influenza Immunization of HCP 2011 Position Statement advises that “seasonal influenza vaccination of HCP offers an important method for preventing transmission of influenza to high-risk patients. Evidence supports the fact that influenza vaccine is effective, cost efficient and successful in reducing morbidity and mortality. Evidence also demonstrates that the current policy of voluntary vaccination has not been effective in achieving acceptable vaccination rates.” APIC proposes that healthcare providers have an obligation to ensure that all HCP are vaccinated against influenza. They state “as healthcare providers, we have an obligation to ensure that all HCP are vaccinated against influenza. As a profession that relies on evidence to guide our decisions and actions, we can no longer afford to ignore the compelling evidence that supports requiring influenza vaccine for HCP. This is not only a patient safety imperative, but is a moral and ethical obligation to those who place their trust in our care.” In the same document, they state “as a profession dedicated to the prevention of infection, we have an ethical responsibility to protect those individuals entrusted to our care. We must do a ***better job*** of immunizing HCP every year to ensure patient safety and to protect those individuals at high risk of developing complications of influenza.”

Vaccination of HCP serves several purposes: to prevent transmission to patients, including those with a lower likelihood of vaccination response themselves; to reduce the risk that HCP will become infected with influenza; to create “herd immunity” that protects both HCP and patients who are unable to receive vaccine or are unlikely to respond with a sufficient antibody response; to maintain a critical societal workforce during disease outbreaks, and to set an example concerning the importance of vaccination for every person.”

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Mandating Vaccination

The American Academy of Family Physicians, American Academy of Pediatrics, American College of Physicians, American Hospital Association as well as the American Nurses Association are among various Associations that recommend the influenza vaccination be required unless there is a medial or religious exemption.

AOHP's Position

AOHP is a national association whose members represent thousands of HCP nationwide. AOHP promotes health, safety and well-being for HCP through: advocacy; occupational health education and networking opportunities; health and safety advancement through best practice and research; and partnering with other invested stakeholders.

- In an effort to promote the health, safety and well-being of HCP, AOHP advocates for a policy with the coordination of local, state, and national government that supports requiring the influenza vaccination for all health care workers unless there is a qualified medical or religious exemption.

- All HCP should be offered the influenza vaccine, at no charge, as long as it is not medically contraindicated.

- AOHP strongly supports that all HCP are provided with education regarding influenza illness, vaccine efficacy and safety, and infection control practices, including CDC recommendations.

- AOHP supports local, state and national policies/recommendations that increase influenza vaccination rates.

- AOHP supports that research and evidence-based practice is necessary related to influenza transmission in the healthcare environment and vaccination of HCP.

- AOHP supports the use of masks during influenza season for those that are unable to be vaccinated.

In summary, AOHP believes that influenza management through vaccination is vital to the protection of our employees, patients, other healthcare workers and the community we serve and live in. This approach is a cornerstone to minimize absenteeism related to influenza in HCP. Occupational health professionals should strongly encourage a comprehensive influenza prevention program within the facilities they serve.

For more information, please call AOHP Headquarters at (800) 362-4347 or e-mail info@aohp.org.

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https://www.nursingworld.org/~49177c/globalassets/docs/ana/executivesummarypositionstatement_immunizations.pdf

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POSITION STATEMENT

Respiratory Protection for Healthcare Workers

The health and safety of healthcare personnel (HCP) is the primary function of the Occupational Health Professional (OHP) in healthcare. In order to advocate for worker safety, the OHP must be knowledgeable and competent in a variety of areas related to the health and safety of healthcare workers. One major area is respiratory protection (RP) which is governed by the Occupational Safety and Health Administration's (OSHA) Respiratory Protection Standard 1910.34.

OSHA's hierarchy of hazard prevention and control measures include engineering controls, safe work practices administrative controls and personal protection equipment (PPE). The use of PPE is the last line of protection in the hierarchy of safety controls. Respiratory protection is a form of PPE. In healthcare, the primary use of respiratory protection is for patients who are in isolation airborne precautions. The diseases that most often require respiratory protection include Mycobacterium tuberculosis, rubeola, varicella, disseminated herpes zoster and severe acute respiratory syndrome (SARS). In addition, there have been and will be future emerging infectious diseases, such as Ebola, that have demonstrated the importance of healthcare personnel (HCP) being prepared and competent in the use of personal protective equipment including respirator use.

On August 2, 2011, the Institute of Medicine (IOM) of the National Academies (IOM) published *Occupational Health Nurses and Respiratory Protection: Improving Education and Training - Letter Report.* The report was generated from the IOM Workshop on Respiratory Protection Curriculum for Occupational Health Nursing (OHN) Programs that was held on March 30, 2011 in Pittsburgh, PA. There were seven recommendations that included: 1) conduct a survey of OHNs; 2) achieve and maintain knowledge and skills in RP; 3) expand RP education across all levels of nursing education and training; 4) ensure essential respiratory protection content in OHN graduate curricula and adapt and apply it to continuing education programs and to the education and training of all nurses; 5) develop, expand and evaluate innovative teaching methods and resources to establish best practices; 6) expand online resources, particularly case studies and 7) explore the development of a set of core competencies in RP.

The IOM report led to the formation of an inter-professional advisory group whose task it was to achieve the first two recommendations of the report that was to conduct a survey of OHNs and develop educational materials to achieve and maintain RP knowledge and skills.

Representatives from the National Institute of Occupational Safety and Health's (NIOSH) National Personal Protective Technology Laboratory (NPPTL), the American Association of Occupational Health Nurses (AAOHN), the American Board for Occupational Health Nursing (ABOHN) and AOHP were members of the Respiratory Advisory Group. The Group's initial work was to develop, distribute and analyze an OHN Respiratory Protection survey.

Analysis of the survey led to the development of the Respiratory Protection Competencies for OHNs. To assist in achieving these competencies, an online educational product was developed and is available to OHPs at no cost through the Respiratory Protection Webkit. The Webkit includes a continuing education program and a variety of on-line resources to assist in the development of knowledge in this area of practice. AOHP encourages OHPs who have RP responsibilities to utilize these resources to build competence and comfort in RP.

AOHP supports the additional work that is being done to develop tools to build the competence of front line HCP who use respiratory protection. Research has shown that HCP do not use personal

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protective equipment (PPE), including RP properly. The NIOSH NPPTL Respirator Evaluation for Acute Care Hospitals (REACH) Studies I and II revealed the following trends: 1) RP programs exist on paper; 2) HCP provide different responses to questions about RP than hospital/unit managers; 3) HCP are unclear about when to use RP including what type of protective devise should be used and how to properly don/doff the equipment and 4) the focus is on fit testing rather than training with training being less than 15 minutes per year. These results indicate the need for the ongoing development of strategies to educate frontline HCP and implement successful RP programs in healthcare settings. Ongoing NIOSH research is supported to analyze PPE use by HCP and the development of a respirator that will provide both protection and comfort for the HCW.

The Joint Commission has also recognized the importance RP in healthcare. AOHP supported their collaborative work with the Centers for Disease Control (CDC)/NIOSH/NPPTL and a Technical Expert Panel in developing a monograph, *Implementing Hospital Respiratory Protection Programs: Strategies from the Field,* to describe successful RP implementation strategies in the field. The free monograph, published in May 2015, is intended to stimulate greater awareness and knowledge of the importance of effective respiratory protection programs in hospitals as well as to assist in common implementation challenges. One of the most challenging aspects of an effective RP program is annual fit testing. The monograph offer case studies with strategies related to annual fit testing as well as comparisons of Joint Commission standards and OSHA's RP Standard. Lastly, this monograph serves as a companion document with the National Respiratory Protection Toolkit that is described below.

On May 14, 2015, OSHA in conjunction with CDC/NIOSH released the national "*Hospital Respiratory Protection Program Toolkit Resources for Respiratory Protection Administrators*". This online tool is another free resource that provides information on why hospitals need RP programs, types of respirators and how to develop a RP program that meets OSHA requirements.

Building the RP competence of the OHP and front line HCP will better equip healthcare to be prepared for any airborne illness, whether it is an illness that is well known or whether it is an emerging airborne infectious disease. AOHP supports training strategies that will build the competence of the HCP in the use of PPE, specifically RP. AOHP will continue to support and participate in these national efforts to build a culture of safety in the healthcare setting.

Resources

AAOHN Web Resource tool kit. Retrieved 4/1/15 at http://www.aaohnacademy.org/rpp/rpp-program.php.

AOHP Beyond Getting Started Series: Respiratory Protection in Healthcare Settings Web Reference Guide. Retrieve 4/1/15 at http://www.aohp.org/aohp/TOOLSFORYOURWORK/PublicationsforYourPractice/BeyondGettingStarted.aspx.

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POSITION STATEMENT

Workplace Violence

Workplace violence (WPV) can range from offensive or threatening language to homicide. The National Institute for Occupational Safety and Health (NIOSH) defines WPV as violent acts (including physical assaults and threats of assaults) directed toward persons at work or on duty. The Association of Occupational Health Professionals in Healthcare (AOHP) is concerned about escalating WPV events, which are too often viewed as "part of the job". Healthcare employers must adopt a zero tolerance approach to all types of WPV.

WPV Injury Data

Surveys have been conducted to estimate the extent of workplace violence in Healthcare. It is reported as a rising epidemic. Many times nurses do not report the violence as they feel it is part of one's job or do not feel comfortable telling anyone about this.

21 percent of registered nurses and nursing students reported being physically assaulted—and over 50 percent verbally abused—in a 12-month period (2014 American Nurses Association's Health Risk Appraisal survey of 3,765 registered nurses and nursing students).5

• 12 percent of emergency department nurses experienced physical violence—and 59 percent experienced verbal abuse—during a seven-day period (2009–2011 Emergency Nurses Association survey of 7,169 nurses).

Prevention - Comprehensive Approach

AOHP supports implementing comprehensive violence prevention programs to decrease WPV. These programs would be risk specific to the healthcare organization or facility. A comprehensive violence prevention program must include: a written program; management commitment; employee participation; hazard identification; safety and health training; and hazard prevention, control and reporting. It is critical that the healthcare organization's violence prevention program be evaluated and updated at least annually. These violence prevention programs need to address co-worker or lateral violence, as well.

Facility leadership support is key to the success of WPV prevention efforts.

A WPV Prevention Committee should consists of a multidisciplinary team and include front line staff. Disciplines that should be represented include Safety, Risk Management, Security, Emergency Department, Communication, Education, Occupational Health Human Resources and organizational mental health experts. Collaboration with local law enforcement should be considered in developing the plan.

Employee participation and education is another key element in a successful program. All employees should be educated on the definitions of WPV and the organization's WPV policy at the time of hire and at least annually. The type of training and the frequency of training shall be determined by the risk assessment. Initial training should include a review of the WPV policy emphasizing that these acts are not "part of the job", and **how to report incidents through an established protocol/system even if no injury is noted**. A combination of online and face-to-face training should be utilized to ensure that the employee understands the department-specific risk and the importance of reporting WPV events.

A centralized method of reporting WPV is critical for the facility to have a clear picture of the extent of WPV events. Online reporting programs can assist in the tracking and trending of events and injuries. Follow up with each individual shall be provided to offer resources to assist the victims of the workplace violence. All incidents of WPV should be reviewed periodically (biweekly/monthly). Root cause analysis should be conducted as indicated and shared with staff

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to prevent further injuries and actions implemented to prevent further events. As the injury data is analyzed, trends need to be identified to develop action plans to prevent further injuries.

Prevention Strategies
Case reports of prevention strategies that have reduced WPV in the healthcare setting include installing metal detectors at Emergency Department entrances, establishing a violent patient database, hiring department-based security officers and limiting visitor access to specific floors or areas via a GPS tracking badge. Personal staff alarm devices have also increased security for staff. AOHP supports and encourages healthcare organizations to endeavor to protect their patients, employees and visitors from acts of violence, as well as to advocate for further research on prevention strategies for WPV.

Home health staff are in unique and often uncertain environments when they visit patients in their homes. Home health agencies should have established policies and procedures for staff to follow if the staff would feel that their safety is at risk. These types of interventions may not be feasible, especially for small organizations. Interventions must be tailored to the environment and the identified risks.

AOHP looks to national organizations such as NIOSH to identify evidence-based best practice strategies for the variety of healthcare settings that may experience WPV. OSHA has included some of these strategies in the Federal Register notice for a possible WPV standard.

AOHP will continue to advocate for violence-free workplaces, participate in the regulatory process and seek collaborative opportunities with organizations such as The Joint Commission (TJC) that are focused on decreasing WPV events. Although it does not have a specific WPV prevention standard, TJC has recognized the significance of this issue for all individuals involved in healthcare and has taken action to increase the safety of patients, staff and visitors.

In July 2008, TJC's Sentinel Event Alert #40, *Behaviors That Undermine a Culture of Safety,* first addressed this critical issue. TJC issued Sentinel Event Alert #45 in June 2010 on *Preventing Violence in the Healthcare Setting*. In the alert, TJC sited the Environment of Care standard that requires a safe environment for patients, staff and visitors. Lastly, TJC published a free WPV resource portal on its website in February 2017, *Teaming Up Against Workplace Violence*. The purpose of the portal is to support healthcare organizations in preventing, preparing for and mitigating the impact of WPV.

AOHP will support opportunities to identify evidence-based prevention strategies by participating in ongoing research efforts, providing education at conferences and contributing to other education and training projects for healthcare workers to decrease WPV events.

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POSITION STATEMENT

Best Practices for Healthcare Worker Immunizations

The Association of Occupational Health Professionals in Healthcare (AOHP), consisting of over 1,000 occupational health professionals, encourages its members and their organizations to adopt practices to ensure that healthcare workers be assessed for immunization status and properly immunized against vaccine preventable communicable diseases. These vaccines should be offered at no charge and must comply with state and federal regulations.

To assist members with questions regarding vaccines, AOHP reviewed the current Advisory Committee on Immunization Practices (ACIP) recommendations and current practices to develop this position statement documenting immunization best practices for healthcare workers. Note that the use of trade names for vaccines in this document is for identification purposes only and does not imply endorsement by AOHP.

A healthcare worker is defined as any paid or unpaid person working in any healthcare setting, including home health.

Hepatitis B

Healthcare workers should complete the hepatitis B vaccination series with two or three doses of hepatitis B vaccine (HepB), depending on the vaccine*, and have serologic evidence of immunity to hepatitis B (HBsAB).

A healthcare worker who does not have immunity to hepatitis B should complete the HepB series and have serology done one to two months after completing the series. If the serology is negative or indeterminate (<10 mIU/mL, refer to package insert), administer another dose of HepB and test for serology one to two months later. If the negative or indeterminate serology persists, complete a second HepB series and recheck the serology. Alternatively, one can complete a second HepB series and check the serology one to two months after the last dose. If the serology remains negative or indeterminate, the healthcare worker is considered susceptible to hepatitis B virus infection and should be counseled about precautions to prevent hepatitis B virus infection and the need for hepatitis B immunoglobulin post-exposure prophylaxis for known or likely exposure to hepatitis B virus. An HBsAg should also be drawn on the individual to determine the current status of hepatitis B.

No more HepB vaccines shall be administered.

A healthcare worker who does not have immunity to hepatitis B and refuses vaccination must be counseled as above for hepatitis B susceptibility and provide a declination statement.
*Three doses of aluminum-adjuvanted HepB (HepB-alum [Engerix-B, Recombivax HB]) or hepatitis A and hepatitis B combination vaccine (HepA-HepB [Twinrix]) at zero, one, and six months, or two doses of Cytosine-phosphate-Guanine-adjuvanted HepB (HepB-CpG [Heplisav-B]) one month apart.

MMR

Healthcare workers should have immunity to measles, mumps, and rubella. Evidence of immunity for healthcare workers is documentation of receipt of measles, mumps, and rubella vaccine (MMR [M-M-R II]) or serologic evidence of immunity or disease.
For a healthcare worker born in 1957 or later who does not have immunity: to measles, administer two doses of MMR at least four weeks apart; to mumps, administer two doses of MMR at least

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four weeks apart; to rubella, administer one dose of MMR. For a healthcare worker born before 1957 who does not have serologic evidence of immunity, consider administering MMR as above.
A healthcare worker whose serology to measles, mumps, or rubella is negative or equivocal but has documentation of adequate vaccination (two doses of measles- and mumps-containing vaccine, and one dose of rubella-containing vaccine) is considered to have acceptable evidence of immunity. No additional dose of MMR is indicated.
A healthcare worker who does not have immunity to measles, mumps, or rubella and refuses vaccination should provide a declination statement and not be engaged in direct or indirect patient care.

Varicella

Healthcare workers should have immunity to varicella. Evidence of immunity for healthcare workers is documentation of receipt of two doses of varicella vaccine (VAR [Varivax]) or varicella-containing vaccine (childhood combination vaccines), diagnosis or verification of history of varicella or herpes zoster by a qualified healthcare provider, or laboratory evidence of immunity or disease.

For a healthcare worker who does not have immunity to varicella, administer two doses of VAR four to eight weeks apart. If the healthcare worker previously received one dose of VAR, administer one dose of VAR.

A healthcare worker who does not have immunity to varicella and refuses vaccination should provide a declination statement and not be engaged in direct or indirect patient care.

Tdap and Td

Healthcare workers should be current on tetanus, diphtheria, and pertussis vaccination. For a healthcare worker who did not receive tetanus, diphtheria, and acelluar pertussis vaccine (Tdap [Adacel, Boostrix]) as an adult or child (Tdap is routinely recommended at age 11–12 years, and catch-up vaccination is recommended for adults who did not receive Tdap as a child), administer one dose of Tdap (to boost immunity to pertussis) regardless of when the last dose of Td was administered. Resume Td or Tdap every 10 years. .

Pregnant women should receive one dose of Tdap during each pregnancy, preferably in the early part of weeks 27–36 of gestation.

A healthcare worker who refuses Tdap should be counseled on pertussis susceptibility and its transmission, not be engaged in direct or indirect patient care, and provide a declination statement. A healthcare worker who refuses Td should provide a declination statement and be counseled for post-exposure prophylaxis and wound management for tetanus.

Influenza

Healthcare workers should be vaccinated against influenza annually. Healthcare administrators may consider a policy that makes annual influenza vaccination mandatory (with medical exemptions) or offer alternatives to vaccination such as requiring the use of surgical masks for patient care by healthcare workers who refuse the vaccine.

Any age-appropriate inactivated influenza vaccine (IIV [several brands]), recombinant influenza vaccine (RIV [Flublok]), or live attenuated influenza vaccine (LAIV [FluMist]) may be used*.
Healthcare workers who care for severely immunocompromised patients should not receive LAIV.

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If LAIV is received, the healthcare worker should avoid contact with severely immunocompromised patients for seven days after receiving LAIV.

*A list of current influenza vaccines is available at www.cdc.gov/flu/protect/vaccine/vaccines.htm.

Meningococcal

Healthcare workers, i.e., microbiologists, who are routinely exposed to isolates of *Neisseria meningitides* should be vaccinated with one dose of serogroups A, C, W, and Y meningococcal vaccine (MenACWY [Menactra, Menveo]) and revaccinate every five years if the risk remains, and two or three doses of serogroup B meningococcal vaccine (MenB [Bexsero, Trumenba]), depending on the vaccine*.

*Two doses MenB-4C (Bexsero) at least one month apart or three doses MenB-FHbp (Trumenba) at zero, one to two, and six months.

Other vaccines routinely recommended for adults based on age, medical conditions, or other indications which may not be available through Employee/Occupational Health include zoster (RZV or ZVL), human papillomavirus, pneumococcal (PCV13 and PPSV23), hepatitis A, and *Haemophilus influenzae* type b vaccines.

Remind employees to consult with their own healthcare providers if these vaccinations are not offered through Employee/Occupational Health.

AOHP is committed to promoting recommended immunizations for healthcare workers and the Standards for Adult Immunization Practice in healthcare organizations represented by AOHP members.

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POSITION STATEMENT

The Critical Role of Occupational Health in Healthcare

Occupational Health (also referred to as Employee Health) in healthcare is a very specialized field involving the care and safety of individuals who work in one of America's most hazardous working environments according to OSHA. The health and safety of both paid and unpaid employees is the foundation for providing a safe environment for the patients and communities that healthcare facilities serve. All institutions embracing a culture of safety should not overlook the importance of the Occupational Health staff, who are trained and qualified to oversee the health and safety of workers. These experienced professionals perform a wide variety of vital roles that positively impact healthcare personnel. These various roles may include but are not limited to the responsibilities addressed below.

Occupational Health providers evaluate individuals prior to hire and throughout their years of employment. During this process, healthcare workers are assessed and immunized to prevent the spread of communicable diseases to patients and staff. The evaluation of communicable illness, immunizations, and administration of vaccines requires a working knowledge of the requirements, laboratory testing, vaccines, and contraindications. This includes knowledge of communicable illnesses that are vaccine and non-vaccine preventable, as well as skills in providing guidance on fitness for duty with or without restrictions in the work environment.

Their role also requires working knowledge of continually changing state and national regulatory standards and guidelines, including, but not limited to, The Occupational Safety and Health Administration (OSHA), The Joint Commission, The Americans With Disabilities Amendments Act (ADAA), Family and Medical Leave Act (FMLA), Department of Labor (DOL), Department of Transportation (DOT), etc. Healthcare as an industry has one of the highest OSHA recordable rates and requires a comprehensive prevention program that includes hazard identification, prevention, and education. Occupational Health professionals have leadership responsibility in the development, implementation, and ongoing management of these programs. They must also consider OSHA standards that particularly target healthcare facilities, in addition to their use of the General Duty Clause.

Compliance with the Bloodborne Pathogens Standard is one key example of the requirement that Occupational Health professionals manage, including the provision of counseling and follow-up to individuals who experience a potential blood/body fluid exposure. This potentially life-changing event requires the availability of face-to-face interactions with a trained professional who can provide a caring environment in which to deliver the most up-to-date and accurate information available. In addition, each incident needs to be evaluated as to any changes which should be made in equipment, process, or education to prevent these events from occurring in the future. Two areas that fall under the General Duty Clause that are of particular importance for Occupational Health are Safe Patient Handling and Workplace Violence. Many healthcare workers sustain injuries while positioning and transferring patients, and these professionals are responsible to coordinate care after an injury, to facilitate programs and equipment purchases to reduce the number of injuries and to promote musculoskeletal wellness among employees. Workplace Violence, which has been underreported for many years, has finally gained national attention. Education on what Workplace Violence is, the need to report these events, and how to report them to Occupational Health is essential. These professionals are tasked to create and monitor systems that make it easy for individuals to report an incident, even if they do not sustain a physical injury. Counseling and access to Employee Assistance Programs, in addition to medical care, are directed by Occupational Health practitioners who must be well trained and educated on resources and policies to assist the victims of violence.

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Other programs that are mandated by OSHA, such as the Respiratory Protection Standard and respiratory fitness, involve these practitioners in another essential role: Personalized Protective Equipment (PPE) for prevention of airborne infections and health effect from exposure to other noxious agents in the work environment. Respirators require education, OSHA respiratory evaluation, clearance by a trained clinician, and annual fit testing by either the qualitative or quantitative method. The training, testing, and follow-up regarding annual fit testing and training is typically managed by Occupational Health.

Advances in technology have increased concerns related to computer ergonomics and evaluation of work areas to prevent injuries. Consequently, managing the needs of individuals who are concerned about these health risks has increased. This requires heightened knowledge of safer equipment and the need for additional education for staff. Prevention and wellness should be a focus for employees working with computers, as well as those working in all different areas of a healthcare facility. This field of Ergonomics has also become an area of responsibility for Occupational Health.

Occupational Health professionals must be skilled in triaging, providing care to, and assisting injured employees through every phase of an injury. This process includes not only care of the injured employee, but also managing Workers' Compensation requirements, OSHA recordkeeping and reporting, and investigation of the incident. Root cause analysis is very important in developing safety changes to reduce the likelihood of the injury recurring. Effective Workers' Compensation management requires detailed knowledge of state laws, assisting with claims management, case management of the individuals, and working with insurance companies or third-party administrators and attorneys.

Assessing employees for fitness for duty regarding prescribed medications, as well as those which are not prescribed, is another area of involvement for Occupational Health. This requires knowledge of medications and illicit drugs, evaluation of employees, testing and referrals to programs for treatment, as well as developing a collaborative working relationship with Human Resources. Maintaining a drug free workplace is a priority to provide safety for staff and patients. To further assist with the safety of employees and patients, these professionals serve on many committees, act as resources for others in the facility, and trend, evaluate, and provide action plans from injury and compliance data. The Occupational Health professional is involved in these areas, plus many more. They serve as a resource for employees who have physical, emotional, or mental concerns and promote wellness for work.

Occupational Health professionals are involved in a wide variety of complex and dynamic processes that go far beyond core activities or tasks. The direct impact of this work is to improve the health of employees, which improves the health of patients and communities. Their role includes the requirement to constantly learn new skills, adapt current practices to meet evolving needs, and develop innovative approaches to solving problems. The role of the Occupational Health professional is not static, but constantly moving forward to improve core areas of knowledge and competency. It is imperative the healthcare facilities provide adequate skilled and trained individuals to serve in this role.

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