About this Guide

Many employers have made the health of their workers an important business priority. The fact that you have received this *Guide to a Healthy Workplace* suggests that your organization understands how important healthy, productive workers are to "winning" in today's global marketplace.

This publication is intended to help you ensure that your organization is on the road to establishing a truly healthy, safe, and productive environment for your workers. The guide can be used in two ways:

- For those who plan to apply for the Corporate Health Achievement Award (CHAA), this guide will steer you through all of the questions you must address in your application.
- For those who are interested in learning more about how to create a safe and healthy environment for workers, this guide is packed with sound advice and ideas. You can use the Criteria and Point Weighting Overview on page 3 and the Corporate Health Excellence Checklist on pages 25 to 28 to see how your organization currently measures up in terms of health and safety. You can also use this guide to help you complete an on-line self-assessment (visit www.chaa.org) to evaluate your organization's health, safety, and environmental programs.

A Healthy Workplace is Important

The pace and pressure of North America's workplace is at an all-time high. Mergers, downsizings, technology explosions, market swings, demographic shifts, cultural changes, information overload – it all spells out complexity and a host of new workplace issues for the workers who are trying to keep up with the pace of change.

The American College of Occupational and Environmental Medicine (ACOEM) believes that every workplace should keep the health and safety of its workers at the very top of its "to-do" list. Whether the challenge is work-related mental or physical impairment, toxic waste management, or the emerging issue of emergency preparedness – we simply must pay renewed attention to the health and safety of our workers. If today's economy has taught us anything, it is to recognize how important a safe, fulfilling, healthy work life can be in balancing the other parts of our lives. Just as important are the bottom-line benefits a healthy workplace can bring to your organization.

Please use this *Guide to a Healthy Workplace* and pass it on to others at your organization. We believe it will bring great benefit to you as you seek improvements at your workplace.

"In today's competitive marketplace, a company's most important discriminator is its people and their ability to solve complex problems with creative and effective solutions. I have found that with a healthy state of mind, we can consistently tap into the vast creativity and wisdom that is available to all of us. While the traditional business approach is to manage the bottom line, I have found that if you nurture a healthy state of mind in your employees, business success and profitability take care of themselves."

Don Donovan, VP & GM
IEWS Electronic Warfare/Electronic Protections Business Area
BAE Systems

Six Reasons to Participate in the Corporate Health Achievement Award

1. The Corporate Health Achievement Award gives your organization the chance to learn from the leaders in workplace health and safety – while becoming a leader yourself.

We all want a safer, healthier workplace. It matters to workers and it's better for the bottom line. We don't think it's an exaggeration to say that the Corporate Health Achievement Award is helping to improve the American workplace by recognizing and rewarding the nation's best health, safety, and environmental programs – and helping others learn from these enlightened leaders.

2. No participant in the Corporate Health Achievement Award program comes away empty handed.

There are no "losers" in the Corporate Health Achievement Award process. Unlike other award programs, all of our entrants receive a detailed assessment and comprehensive feedback from experts in health and safety – regardless of whether they actually receive an award. Our Examiner's Panel is made up of more than 50 national occupational and environmental health and safety experts who are trained annually to understand emerging trends in the workplace. That's a solid value. Ours is much more than simply an awards program. In essence, it is a quality improvement process that tangibly benefits any organization that participates.

3.When you receive a Corporate Health Achievement Award you're in elite company.

No other health, safety, and environmental award features the rigor, high standards, and comprehensiveness of the Corporate Health Achievement Award. None boasts such a deep roster of reviewers and none can match the rigorous training these reviewers must complete. Recipients of this award are truly extraordinary.

4. Have you read a newspaper lately? Health and safety in the workplace matters.

Pick up any newspaper or read any news magazine and you'll quickly notice how important workplace issues have become to all of us. Workers face a host of new workplace issues and we must pay renewed attention to the health, safety, and wellness needs of our workers if our economy and productivity are to continue growing and thriving.

5. The Corporate Health Achievement Award can help your bottom line.

At a time when workplace dollars are being scrutinized ever more closely, a new paradigm is emerging: Corporate health programs can be viewed not as a cost, but as an *investment*, with demonstrable benefit and a measurable return on investment (ROI).

Recipients of the Corporate Health Achievement Award consistently show impressive cost savings as a result of their model health, safety, and environmental practices. By participating in the rigorous award application process, you can sharpen your practices and improve savings and productivity.

6. The people who experience good "corporate health" can tell you just how important it is. And they are your organization's greatest asset.

While the Corporate Health Achievement Award honors the best practices of organizations, its final, most important impact is on your greatest asset: Your *workers*. By encouraging a new health consciousness in the workplace, the award will, in the long run, help improve lives.

> "Even if we do not receive the CHAA, the process has been an invaluable experience and has identified areas where we can improve. We appreciate the comments of the Examiners."
>
> **Rita Bubar, Manager of Human Resources, Cianbro, during a CHAA site visit**

Standards of Organizational Excellence in Occupational and Environmental Health Practice

CATEGORIES/ITEMS		*POINTS*	*VALUE*
1.0	**Leadership & Management**		**250**
1.1	Organization and Administration	50	
1.2	Organizational Commitment, Innovation, and Change Management	50	
1.3	Health Information Systems	50	
1.4	Program Evaluation and Quality Improvement	50	
1.5	Privacy, Confidentiality, and Health Records Management	25	
1.6	Systematic Research, Statistics, and Epidemiology	25	
2.0	**Healthy Workers**		**250**
2.1	Health Evaluation of Workers	70	
2.2	Occupational Injury and Illness Management	50	
2.3	Non-occupational Injury and Illness Management	40	
2.4	Traveler Health and Infection Control	30	
2.5	Mental and Behavioral Health and Misuse of Substances	30	
2.6	Medical Screening and Preventive Services	30	
3.0	**Healthy Environment**		**250**
3.1	Workplace Health Hazard Evaluation, Inspection, and Abatement	60	
3.2	Education Regarding Worksite Hazards	60	
3.3	Personal Protective Equipment	40	
3.4	Toxicological Assessment and Planning	30	
3.5	Environmental Protection Programs	30	
3.6	Emergency Preparedness, Continuity Planning, and Disruption Prevention	30	
4.0	**Healthy Organization**		**250**
4.1	Health Promotion and Wellness	70	
4.2	Absence and Disability Management	60	
4.3	Health Benefits Management	60	
4.4	Integrated Health and Productivity Management	60	
TOTAL POINTS			**1000**

The following section contains the criteria for Leadership & Management, Healthy Workers, Healthy Environment, and Healthy Organization. Each criterion is followed by specific Standards and Outcome Indicators. The Outcome Indicators are in two groups in order to correlate with the CHAA scoring method: Program Components, Processes, Dissemination; and Outcome Measures and Trends. The Outcome Indicators listed in this Guide ***are examples and are not intended to be all inclusive or required*** *for any particular applicant. Examiners determine appropriate Indicators specific to the application submitted. (Note: Please respond to each of the items below in your application. In the event you do not believe an item is applicable to your organization, please so indicate in your application and provide justification as to why it is non-applicable.)*

Section 1. Leadership & Management

1.1 Organization and Administration

Provide information about the occupational and environmental health functions as they relate to the overall goals of the organization. Include information on communication, reporting hierarchy, and resource support within the organization.

ACOEM Standards

Employers should assure that occupational medicine, industrial hygiene, safety, and environmental health professionals have input into the decision-making process related to health and safety issues. In all settings, this requires close alliance between occupational and environmental medicine physicians (OEM) and nurses and industrial hygiene and safety personnel, with all reporting to a level in the organization that will have a broad influence and global impact. Occupational and environmental health (OEH) professionals working in collaboration then implement improvements to enhance health and productivity of the workforce and help maintain a safe workplace. Health, safety, and environmental programs should assist in interpreting and developing pertinent regulations and guidelines for business, labor organizations, government agencies, and communities.

Outcome Indicators

Program Components, Processes, Dissemination: a system for managing worker safety and occupational health is in place; plan for establishing, documenting, and communicating to workers and contractors clear goals that are attainable and measurable; enforcement policies and procedures; documents for management and leadership practices regarding OEH such as each site has health, safety, and environmental programs endorsed by site management that is documented, distributed to key line management groups, and stewarded on an agreed-to schedule that meets business and management needs; authority is assigned to those people responsible for safety and health; written policies that support ethical principles of ACOEM and other organizations – e.g., American Association of Occupational Health Nurses (AAOHN), American Industrial Hygiene Association (AIHA); commitment to training of health and safety staff (e.g., support of professional societies, including residency rotations); adherence to ACOEM position statements and guidelines; medical personnel active in local medical societies and committees and their membership is employer sponsored; the existence of a system for monitoring the extent of training and to which worker behavior is consistent with legal/ethical guidelines, and control strategies are in place to ensure that legal/ethical practices are followed; OEH professionals have the necessary training and skills to deliver the functional services required to meet business needs; OEH professionals systematically maintain awareness of legal and regulatory issues that impact or potentially impact health programs and a system is in place to ensure applicable laws, regulations and permit requirements are met; good working relationship between medical and the other health disciplines (i.e., shared training, meetings, etc.); planning

✓ QUICK CHECK

- ❑ No program exists.
- ❑ Program exists.
- ❑ Program is disseminated to most or all workers.
- ❑ Program is being measured (metrics).
- ❑ Trends tracked over time.

for typical and unusual/emergency safety and health expenditures in the budget, including funding for prompt correction of uncontrolled hazards; OEH staff interfaces with line management are clearly defined and include a structure allowing for representation on committees where it furthers the goals of the organization or is legally required; OEH professionals assist management in the interaction with internal and external organizations to develop responsible health policy and legislation; evidence of managements' leadership of evidence-based approach for organizational policies; extent of participation in government sponsored healthy organization activities.

Outcome Measures and Trends: program status is documented and reviewed with business and management groups on a mutually agreed schedule; results of health and safety strategy development and programs, worker perceptions (accessibility, confidence, subjective quality, outcome); management satisfaction (timeliness, outcome, communication); percentage compliance with legal and regulatory reporting requirements; number of certified health and safety professionals; Total Case Incident Rate (TCIR) and Days Away, Restricted, or Transferred Rate (DART) (includes cases involving days away from work, restricted work activity, and transfers to another job) compared to industry average; Days Away from Work Injury and Illness (DAFWII) Case Rate (the number of cases involving days away from work per 100 full-time equivalent employees); Lost Workday Injury and Illness (LWDII) Rate (includes cases involving days away from work and restricted work activity); allocation statistics of OEH resources; results of presentations, committee involvement, etc., on regulatory actions of agencies; position papers presented per year; scientific research done to develop positions statements.

1.2 Organizational Commitment, Innovation, and Change Management

Describe in detail how the values of the organization concerning worker health are translated into measurable positive impacts and emphasize innovative approaches.

ACOEM Standards

Health, safety, and environmental programs are most effective when organizational support and commitment to the health, productivity, and safety of the workforce exists. Management must be willing to provide appropriate resources, encourage innovation, and support positive change. OEH professionals must collaborate with management to meet the challenge of designing and disseminating cost-effective health, safety, and wellness programs to an increasingly diverse and aging population, often at widely dispersed national and international sites. Programs should set uniform standards of care and encourage best practices throughout the organization, including internationally. Managers should understand the value of workplace occupational and environmental health and must be able to manage change in a constructive and positive manner.

✓ QUICK CHECK

- ❑ No program exists.
- ❑ Program exists.
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Outcome Indicators

Program Components, Processes, Dissemination: the organization goes beyond regulatory requirements and strives to be a role model for others; identification of a good set of measures for worker safety that is a mix of prevention and detection types of metrics; objectives are relevant to the workplaces' hazards and trends of injury and illness; use of benchmarking and other comparative information to set stretch goals for safety performance and health; setting specific goals and targets for all measures of worker health and safety; evidence provided to demonstrate how key goals and standards for health and safety responsibility and corporate citizenship are translated into operational policies and procedures; thorough communication of operational policies and procedures and relating this item to all appropriate workers and locations within the organization; specific efforts made to coordinate the health, safety and environmental program with environmental and safety personnel to achieve desired business, safety, health and environment objectives; a process is in place to evaluate the quality, relevance and effective-

ness of OEH services, documentation of self or outside evaluations, and corrective actions resulting from these evaluations; values and innovative programs of the organization have been translated into measurable impact on health and safety; contractor safety reported; adequate resources (time, funding, training, personnel, etc.); hazard analyses of significant changes.

Outcome Measures and Trends: levels of resources devoted to health and safety efforts compared to organizations of similar size in the same industry; instances when supervisors set an example by following the rules, wearing personal protective equipment (PPE), reporting hazards, and reporting injuries; compliance with indicators for Global Reporting Initiative (www.globalreporting.org/index.asp.); number of sites receiving the Occupational Safety and Health Administration's (OSHA's) Star Voluntary Protection Program (VPP); evidence that worker health and safety initiatives are tailored to different cultures, locations, and worker groups as appropriate; percentage of regulatory compliance with statutes (e.g., Americans with Disabilities Act, standards, and guidelines).

1.3 Health Information Systems

Provide information on the various data/information systems utilized to support medical surveillance, tracking OSHA/regulatory compliance, absence management, health and wellness, workplace hazards, ergonomics, and other health-related programs.

ACOEM Standards

Effective health, safety, and environmental programs use information systems to promote worker health and safety. Occupational health information systems (OHIS) can be used for aggregate data collection and analysis, documentation of workers' medical surveillance, tracking medical appointments, delivery and documentation of training programs and health and wellness programs, communications between stakeholders, benefits education and tracking, monitoring of chemical and other hazards, Material Safety Data Sheets (MSDS), OSHA accident and injury logs, research data, statistical analysis, integrated case management, updates on regulatory and governmental changes at the state and federal levels, research of peer-reviewed literature and delivery of continuing professional education. OHIS are needed to generate metrics used to identify problems, track compliance, manage programs, assure quality and effectiveness, and wisely allocate health resources.

Outcome Indicators

Program Components, Processes, Dissemination: health information exchange and other OHIS tools to drive improvements in worker health, safety, quality and efficiency; OHIS done in concert with other organizational initiatives such as business process re-engineering; implementation of multi-site data system (in-house or vendor operated), including an analysis of the financial results; electronic medical record; links between medical, industrial hygiene data and job exposure information; medical decision support systems; OHIS is used for audit or research; data protection adequate; communication of patient information between health care facilities; consistent metrics across organizational lines.

✓ QUICK CHECK

- ❑ No program exists.
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Outcome Measures and Trends: quality assurance issues identified by OHIS, such as medication errors; relationships between organizational investment in information technology and organizational performance and productivity; data on OHIS aiding in high quality care in a more cost-effective manner; benefits gained from cost avoidance and from revenue enhancement activities; improvement of the productivity of OEH practices; the effectiveness of using OHIS-based disease registry as part of a comprehensive quality improvement program; additional medical care information derived (e.g., diagnoses per case that the "experts" found relevant, but had not originally considered); costs of OHIS per worker or unit of service; impact of OHIS on costs and administration processes (e.g., more standardized and efficient); reliability of the system (including peripherals, network, hardware, and software); improved health status of individuals and populations.

1.4 Program Evaluation and Quality Improvement

Describe how your health, safety, and environmental programs are evaluated using a clearly delineated plan, timetable, procedures, analyses, metrics, and corrective action based on results.

ACOEM Standards

Program evaluation is necessary to assure that programs meet objectives and operate effectively and efficiently. Program evaluation methods will vary. Periodic review is necessary to make sure that high standards are being met. Data collection is not sufficient. The information must be collated, validated, tracked, trended, and used in planning appropriate, specific interventions for quality improvement.

Outcome Indicators

Program Components, Processes, Dissemination: annual evaluation of the safety and health management system in order to maintain knowledge of the sites' hazards, effectiveness of the system elements, verification that previous goals were completed and modifications of goals, policies, and procedures as warranted; adherence to the ACOEM *Code of Ethical Conduct* (www.acoem.org/code); evidence of communication across all channels, including worker involvement; involvement of safety and health functions in planning for new equipment, processes, buildings, etc.; determination of effectiveness of OEH management after each accident or incident; audits (internal and external third party).

Outcome Measures and Trends: percentage of completed recommendations in periodic written evaluations, audits and management plans; percentage of participation in medical surveillance or health examinations; number of workers' compensation cases; number of new cases of work-related, noise-induced hearing loss (*Healthy People 2010* Objective 20-11); results/trends of patient and client satisfaction surveys; state and national recognition awards; number of workers with abnormal biological monitoring results (e.g., blood lead – *Healthy People 2010* Objective 20-7).

✓ QUICK CHECK

- ❑ No program exists.
- ❑ Program exists.
- ❑ Program is disseminated to most or all workers.
- ❑ Program is being measured (metrics).
- ❑ Trends tracked over time.

1.5 Privacy, Confidentiality, and Health Records Management

Describe your policies and procedures for maintaining worker health records including retention times, and maintenance of confidentiality and security.

ACOEM Standards

Health, safety, and environmental programs must maintain occupational medical records on each worker, documenting the reasons for and results of all evaluations. Ideally, these records should contain data sufficient to reproduce a chronology of the worker's medical history, workplace exposures, medical evaluations, illnesses, and injuries. Procedures must preserve confidentiality of all health information and medical records, while allowing access to those with a *bona fide* need to know. Only the worker, those designated by the worker through informed consent, and certain governmental agencies may have access to personal medical information. Third-party payers and employer business representatives generally do not have access. Government regulations require retention of exposure and medical records and x-ray films for specified periods of time related to employment and exposure to toxic substances or harmful physical agents. If the records are computerized, their security must be assured and the information they contain kept confidential. OEH professionals must remain informed on regulatory issues affecting medical records, such as the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and the Americans with Disabilities Act (ADA).

✓ QUICK CHECK

- ❑ No program exists.
- ❑ Program exists.
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- ❑ Program is being measured (metrics).
- ❑ Trends tracked over time.

Outcome Indicators

Program Components, Processes, Dissemination: policies and procedures to protect confidentiality and restrict unauthorized access; storage of x-ray films; computer back-up systems; responsiveness to legitimate access to health records, including current and former workers and private physicians with proper authorization for release; medical records maintained in accordance with organization, regulatory, professional and ethical requirements covering health or medical surveillance and exposure information; confidentiality maintained in accordance with policy, professional standards, and all laws; regular quality review program with corrective action; criteria for auditing quality of care for most common diagnoses; records marked for OSHA-required retention dates including, chest x-rays; medical staff are knowledgeable about HIPAA, ADA, workers' compensation, disclosure, and other record requirements; industrial hygiene records (i.e., training, exposures) are readily available for individual worker and medical record.

Outcome Measures and Trends: response times for providing medical records; percentage of charts with signed consent forms; percentage of charts having allergy notations clearly visible; compliance of chart audits to set criteria; percentage of compliance with HIPAA and other medical privacy laws.

1.6 Systematic Research, Statistics, and Epidemiology

Provide information on data collection, analyses, and reporting of research related to worker health, safety, ergonomics, and environmental health.

ACOEM Standards

Health, safety, and environmental programs often perform formal research into scientific, regulatory, occupational health care delivery, and financial aspects of worker health, safety, and performance. Whether published in the academic peer-reviewed literature, research often identifies new strategies to identify, prevent, and treat injury or illness in a cost-effective manner and highlights potential areas for needed service and program improvement. Excellent worker health and safety programs assure that data on worker and community exposures, medical illness, and injury are accumulated and retained. When appropriate, this data is analyzed in epidemiological studies to assess the effects that the environment, job design, and workplace may have had or are having on workers or inhabitants. This information enables development of better health and safety standards.

✓ QUICK CHECK

- ❑ No program exists.
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- ❑ Trends tracked over time.

Outcome Indicators

Program Components, Processes, Dissemination: population health status reviews (e.g., to identify workplace morbidity/mortality patterns); illness cluster investigations; immunity/conversion rates; patterns of illness and injury evaluations to assess possible workplace causal factors; epidemiologic and toxicological studies conducted when indicated by specific concerns, product/process evaluations, or as part of general health surveillance; reporting, investigation and tracking of potential exposures; communication of results to stakeholders; existence of a review board or scientific panel; procedures for initiating and performing studies; policy and procedure for setting occupational exposure guidelines.

Outcome Measures and Trends: use of results for medical screening and surveillance purposes; studies published in peer-reviewed journals; impact of the studies on reducing hazards and on organizational policies and procedures; positive influence on scientific regulatory decisions.

Section 2. Healthy Workers

2.1 Health Evaluation of Workers

Describe your worker health evaluation and screening program. Provide detailed information on program structure and specific screenings for target populations according to specified time frames, with feedback and follow-up of results.

ACOEM Standards

Appropriate health evaluations should be performed and workers should be fully informed of results of each health evaluation, whether normal or if variations are detected. Those performing health evaluations must be familiar with the workplace, understand any potential hazards, and have access to worker job descriptions. Arrangements for care should be made when appropriate. This care may be with the worker's private physician. Follow-up information should be received and documented, and appropriate action taken. Evaluations should be carried out on the following occasions:

- **Pre-assignment/pre-placement** – Health status, both physical and emotional, should be assessed before making recommendations regarding the assignment of an applicant or current worker to a job to assure that the individual can perform the essential job functions safely and without endangering the safety of others. This recommendation shall be based on any or all of the following:
  - complete medical history;
  - occupational history (complete work history), including past job exposures;
  - assessment of the organs or systems likely to be affected by the assignment;
  - evaluation of the description and demands of the job to which assignment is being considered; and
  - compliance with federal, state, and local laws and regulations.

✓ QUICK CHECK

- ❑ No program exists.
- ❑ Program exists.
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- **Medical surveillance** – The health status of the worker should be reviewed periodically where there is a possibility that workplace exposures or job activities (including organizational stress factors) could have an adverse health effect. Medical surveillance of workers may be required by an employer or regulatory agency directive because of potential exposure to hazards in the work environment. Certification examinations such as Federal Aviation Administration (FAA) or U.S. Department of Transportation (DOT) commercial driver may also be required. OEH specialists are often involved in defining and developing the medical surveillance programs that identify early signs of potential hazard exposure and thus protect workers.

- **Post-illness or injury, fitness-for-duty evaluations, and independent medical examinations** – The health status of the worker should be re-evaluated following prolonged absence from work due to illness or injury whenever there are concerns of ability to perform all job tasks, and for globally assessing worker's allegations and claims. The goal is to assure that the individual has sufficiently recovered from the illness or injury to perform the job without undue risk of adverse health or safety effects to the individual or to others. It is important for OEH professionals to be involved in return-to-work planning to help determine if the worker is able to return to restricted or full-time work on a temporary or permanent basis.

- **Termination of assignment** – Health status may need evaluation when exposure ceases or employment terminates. The worker should be informed concerning health status and advised of any adverse health effects due to work or environmental exposures. A copy of the medical record may be provided to any worker or the retiree's personal health care provider upon request.

Outcome Indicators

Program Components, Processes, Dissemination: appropriate written and authorized policies and procedures; scheduling system is in place to track and identify workers who need examinations; worker and supervisor are notified of evaluations requiring changes in job function, workplace practices, or other environmental factors; written job clearance, certification or report of examination outcome; policy regarding obtaining worker permission for release of information from their personal physicians; list of health evaluations available that meet regulatory and organization requirements; record of relevant medical surveillance inspections by regulatory agencies; evidence that services and programs are offered to all workers in all locations.

Outcome Measures and Trends: participation rates for evaluations (e.g., documented by periodic random chart audits); reports of biological monitoring and other health evaluation results; no-show and missed appointment rates; satisfaction survey results by users of services and by management; medical quality audit results and percentage of corrective actions; compliance with technician training requirements (e.g., audiometry, pulmonary function, EKGs), calibration of equipment, testing procedures, and interpretation parameters; number and rate of those with disabilities (*Healthy People 2010*, Objective 6-8 and Objective 6-12); number of workers with restrictions returned to workplace through structured return-to-work.

2.2 Occupational Injury and Illness Management

Describe in detail the process and procedures your organization has to diagnose and treat injury or illness occurring on the job and assist workers in returning to work.

ACOEM Standards

Occupational and environmental injuries and illnesses should be diagnosed and treated promptly. OEH professionals are best qualified to diagnose occupational illnesses and injuries because of their knowledge of the workplace and environment. The OEH professional should objectively resolve issues about occupational causation of illness, be knowledgeable regarding available rehabilitation programs and facilities, and interact with program administrators as appropriate to facilitate post illness or injury return to work based on familiarity with the worksite and input from supervisory/management personnel. Frequently, the workplace can be used for rehabilitating workers, especially where selective work can be provided on a temporary, limited basis.

✓ QUICK CHECK

- ❑ No program exists.
- ❑ Program exists.
- ❑ Program is disseminated to most or all workers.
- ❑ Program is being measured (metrics).
- ❑ Trends tracked over time.

Outcome Indicators

Program Components, Processes, Dissemination: availability of appropriately trained and licensed health professionals to assess worker health status for prevention, early recognition and treatment of illness and injury; appropriate policies and procedures; treatment protocols that conform with ACOEM or other practice guidelines; formulary list; approved (and signed) treatment protocols; training program in place and documented; operational first responder teams; patient instructions and education; if off-site services, then quality assurance provided to manager; adherence to the ACOEM *Code of Ethical Conduct*; record of relevant inspections by regulatory agencies; on-site rehabilitation and medical case management; proper reporting of cases identified as work-related (e.g., OSHA); transitional jobs available for temporary

assignment of workers with short-term medical restrictions; medical personnel involved in job assessment to establish functional requirements; evaluation of injuries and illnesses occurring in the workplace; benchmarked guidelines used for comparisons on disability duration; use of ACOEM's consensus statement on *The Attending Physician's Role in Helping Patients Return to Work after an Illness or Injury* (www.acoem.org/guidelines/article.asp?ID=55); evidence that services and programs are offered to all workers in all locations.

Outcome Measures and Trends: early return-to-work trends; re-injury rates; results of emergency response system/provider interfaces; injury or illness rates (OSHA 300 log); lost work time; utilization of return-to-work programs; workers' compensation claims/costs; vocational rehabilitation utilization; return-to-work after rehabilitation therapy; rate of injury and illness cases involving days away from work due to overexertion or repetitive motion (*Healthy People 2010*, Objective 20-3); occupational disability retirement awards (reduction over time); percentage of those with disabilities who return to work (pre-injury or another job); percentage of compliance with ACOEM's *Occupational Medicine Practice Guidelines, 2nd Edition*.

2.3 Non-occupational Injury and Illness Management

Describe what programs are in place to provide treatment for emergency conditions that are not work related, including emotional crisis. Describe programs to provide collaborative care for workers treated by personal health care providers to reduce unnecessary time away from the job for health care.

✓ QUICK CHECK

- ❑ No program exists.
- ❑ Program exists.
- ❑ Program is disseminated to most or all workers.
- ❑ Program is being measured (metrics).
- ❑ Trends tracked over time.

ACOEM Standards

The health, safety, and environmental program should provide treatment for emergency conditions, including emotional crises that occur among workers while at work. This treatment may only be palliative and to prevent loss of life and limb or, where personnel and facilities are available, may be more definitive. These services are convenient for the worker and enhance productivity in the workplace by helping to reduce time away from the work site for minor injury or illness. Employers may even arrange for personal medical care to be provided at the workplace, when appropriate and cost-effective. Care at the workplace should be consistent with local standards of patient-physician relationships.

Outcome Indicators

Program Components, Processes, Dissemination: agreement between local management and OEH professionals on medical care for non-work related injuries and illnesses; written policy disseminated on the treatment of personal illnesses; emergency response teams; first aid/CPR/automatic external defibrillator (AED) training; emergency drills for AEDs; categories of service tracked (e.g., blood pressure checks, immunizations, allergy desensitization); quality assurance of care documented; patient satisfaction surveys; management feedback collected; work status communication procedures in place; agreement with emergency medical services (EMS) for rapid response when necessary with regularly scheduled drills; use of ACOEM's consensus statements on *The Attending Physician's Role in Helping Patients Return to Work after an Illness or Injury* (www.acoem.org/guidelines/article.asp?ID=55) and its AED statement (www.acoem.org/guidelines/article.asp?ID=41); and evidence that services and programs are offered to all workers in all locations.

Outcome Measures and Trends: treatment activity logs; kept-at-work rates; early return-to-work trends; re-injury rates; costs of different patterns of treatment; productivity improvements due to on-site medical services (e.g., number of lost work-days saved per worker); patient satisfaction rates; utilization rates; percentage of those with disabilities who return to work (pre-injury or another job).

2.4 Traveler Health and Infection Control

Describe your program for providing immunizations against infectious disease for at-risk populations, protection against bloodborne pathogens and provision of travel advice.

ACOEM Standards

Organizations should have a method to advise travelers concerning various travel-related issues such as prevention of jet lag, foodborne and waterborne diseases, local outbreaks of illness, motion sickness, and the need for medical care abroad. Vaccinations and information are available to workers who may be exposed to an infection for which there is an effective vaccination (e.g., hepatitis A and B virus exposure in travelers to certain areas and health care workers). Sometimes programs may also offer appropriate immunizations for non-occupational conditions (e.g., influenza). OEH professionals are sometimes involved in screening for infectious diseases such as tuberculosis and recognizing infections that may spread at the workplace such as Severe Acute Respiratory Syndrome (SARS).

Outcome Indicators

Program Components, Processes, Dissemination:

✓ QUICK CHECK

- ❑ No program exists.
- ❑ Program exists.
- ❑ Program is disseminated to most or all workers.
- ❑ Program is being measured (metrics).
- ❑ Trends tracked over time.

formal travel medicine program for traveling workers, including post-trip follow-up; travel medicine advice and support to workers/dependents; advice by OEH professionals to management on sanitation and hygiene; system for providing up-to-date travel health advisories; medical evacuation protocol; analyses of all medical evaluations; mental health preparation for expatriates; system to assist access to quality care for travelers; evidence that services and programs are offered to all workers in all locations.

Outcome Measures and Trends: immunization status of appropriate groups (e.g., influenza, hepatitis A and B, polio, typhoid, yellow fever, pneumococcus); malaria prophylaxis rate; participation rates of travelers who need medical assessments; client satisfaction responses; results of food inspections; post-trip health status reports; compliance with bloodborne pathogen standard; compliance with established protocols; failure rates of expatriate assignments due to medical or mental health problems.

2.5 Mental and Behavioral Health and Misuse of Substances

Provide information about your health insurance coverage for treatment and rehabilitation of mental and behavioral health issues. Describe your employee assistance program (EAP) or substance abuse professional (SAP) referral, drug and alcohol policies, substance abuse testing, and workplace violence prevention programs.

ACOEM Standards

The organization should have appropriate written policies for worker education, prevention, and recognition of substance abuse, mental health issues and violence in the workplace.

✓ QUICK CHECK

- ❑ No program exists.
- ❑ Program exists.
- ❑ Program is disseminated to most or all workers.
- ❑ Program is being measured (metrics).
- ❑ Trends tracked over time.

Management and supervisors should be skilled in the identification and recognition of troubled workers and refer them to OEH professionals, EAP counselors, and/or SAPs. OEH professionals are often involved in counseling and rehabilitation of the troubled worker in a confidential manner, realizing the importance of rehabilita-

tion of impairment for drug or alcohol misuse. OEH professionals are appropriately involved in mandated (e.g., DOT or military) or elective drug screening and testing of workers, and serving as medical review officers (MROs) who receive, review and interpret drug test results as part of drug-free workplace programs. Confidentiality is maintained, with no diagnostic or treatment information provided to the employer. Workplace violence prevention and response programs are in place.

Outcome Indicators

Program Components, Processes, Dissemination: written and distributed policies and protocols; formal EAP and/or SAP referral plan; health insurance coverage of drug/alcohol treatment and rehabilitation; threat of violence procedure; impaired worker evaluations; compliance audits; worker and supervisor training; substance abuse testing program; SAP referrals; evidence that services and programs are offered to all workers in all locations.

Outcome Measures and Trends: percent positive alcohol and drug tests; success of rehabilitation and recidivism rates; rates of accidents related to impairment due to mental illness/substance abuse; EAP and SAP utilization, referral, and penetration rates; positive substances and adulterants; percent of SAP referrals actually returned to work; links between illness (behavioral or substance abuse) and workplace issues (e.g., terminations, job turn-over, absenteeism, theft, security, disciplinary actions, medical claims); work-related assaults and deaths from work-related homicides; rates of workplace violence.

2.6 Medical Screening and Preventive Services

Describe programs in place for periodic health screenings to identify risks, promote healthy lifestyles, and encourage appropriate use of preventive health services.

ACOEM Standards

Periodic health screening examinations and education aimed at maintaining and promoting the health of workers are important aspects of a comprehensive worker health and safety program. Evidence-based approaches are used to develop the content and periodicity of preventive services and are reviewed regularly by knowledgeable professionals. Although worker participation is typically voluntary, these programs help maintain and promote the health and productivity of the worker, improve morale, and foster the perception that the employer is concerned for workers' general welfare.

Outcome Indicators

Program Components, Processes, Dissemination: system for offering regular examinations, including cancer screening; appropriate scope of preventive services; evidence of a preventive approach to worker health, safety, and ergonomics; non-occupational illness, ergonomically-related complaints, symptoms and disease prevalence reviews; data collected on health and safety concerns; reportable illnesses promptly reported; current reports from public health units help guide prevention efforts; adherence to clinical preventive services of the U.S. Preventive Services Task Force (www.ahcpr.gov/clinic/uspstfix.htm); health risk assessment (HRA) participation; evidence that services and programs are offered to all workers in all locations.

Outcome Measures and Trends: acceptance rates of examinations; worker and participant satisfaction surveys; sentinel disease rates; risk factor and health behavior analyses; effectiveness of health education.

✓ QUICK CHECK

- ❑ No program exists.
- ❑ Program exists.
- ❑ Program is disseminated to most or all workers.
- ❑ Program is being measured (metrics).
- ❑ Trends tracked over time.

Section 3. Healthy Environment

3.1 Workplace Health Hazard Evaluations, Inspection, and Abatement

Describe your program for inspection and evaluation of potential workplace health and safety hazards. Include detailed procedures, including follow-up of identified hazards and a summary of the organization's health and safety record.

✓ QUICK CHECK

- ❑ No program exists.
- ❑ Program exists.
- ❑ Program is disseminated to most or all workers.
- ❑ Program is being measured (metrics).
- ❑ Trends tracked over time.

ACOEM Standards

Health, safety, and environmental programs should routinely inspect and evaluate the workplace to identify potential health and safety hazards and suboptimal work practices. Environmental health and safety professionals such as industrial hygienists, safety professionals, ergonomists, and toxicologists, should be involved as needed. OEH professionals should be familiar with worker job descriptions, potential chemical, physical, and biological agent exposures, and mental stresses that may result from those jobs.

Outcome Indicators

Program Components, Processes, Dissemination: written policies and procedures; systematic process for analyzing the underlying causes of accidents/incidents and recommending preventive measures to minimize or eliminate in the future; responses to hazard identification and accident investigations; interaction of OEH professionals with industrial hygiene, safety, environmental engineering; system to ensure that risk assessment, management and control measures are in place; reviews aimed at using "least hazardous" technology and "design-in" principles (e.g., for ergonomics); an exposure-monitoring program ensuring that all regulatory and organization requirements are met and that any over exposures of personnel are detected, monitored, evaluated and documented; retention of monitoring records of worker exposures as they relate to job histories; injuries, illnesses and OEH surveillance program results periodically evaluated to determine root causes; exposures are monitored, proper protective measures are communicated, and pertinent health data are recorded and reviewed; evidence that services and programs are offered to all workers in all locations; health hazard control evaluations and recommendations provided for new materials, designs, processes, products, procedures, acquisitions, divestments, and demolitions.

Outcome Measures and Trends: rate for compliance with procedures; rates of occupational illnesses and injuries; number of work-related injuries/illnesses resulting in medical treatment, lost time from work, restricted work activity, or death compared to targets of *Healthy People 2010* (Objectives 20-1 and 20-2); number of citations from health/safety regulatory agencies, or lawsuits relating to health/safety issues; resolutions (e.g., reduced number or magnitude) of actual and potential workplace health hazards identified; number of changes and improvements that promote better worker safety performance (e.g., ergonomics); percentage of recommendations that require actions for health protection are documented, communicated and stewarded to resolution; percentage of industrial hygiene monitoring results that exceed the permissible exposure limit; number of workers required to wear personal protective equipment (PPE) and reductions in the percentage over time owing to hazard abatement.

3.2 Education Regarding Worksite Hazards

Describe your formal communication procedures to ensure that workers are educated about health and safety hazards inherent to their specific jobs in compliance with the OSHA Hazard Communication Standard.

ACOEM Standards

Health, safety, and environmental programs identify and educate workers about potential hazards at the worksite and in the community. Every worker should know the potential hazards involved in each job to which he or she is likely to be assigned. The OSHA Hazard Communication Standard ("right-to-know") stresses the importance of worker knowledge of chemical usage. State and local statutes also impact in this area and require reporting of some occupational biomonitoring results and illnesses. Effective communication procedures should ensure that all stakeholders, both within the organization and the community, are informed on an ongoing basis of the identities of these hazardous chemicals, associated health and safety hazards, and appropriate protective measures. Systematic reviews regarding the quality of information disseminated under the program are necessary to determine whether the information is consistently accurate on material safety data sheets (MSDS) and other communication materials. Substantive guidance from OEH professionals should be sought to assist workers to evaluate hazards; provide worker training; and prepare the MSDS. A longer-term approach to improving hazard communication would be part of an enhanced program, such as including provisions that address comprehensibility issues regarding hazard communication and standardized approaches to educate about labels and MSDS format.

✓ QUICK CHECK

- ❑ No program exists.
- ❑ Program exists.
- ❑ Program is disseminated to most or all workers.
- ❑ Program is being measured (metrics).
- ❑ Trends tracked over time.

Outcome Indicators

Program Components, Processes, Dissemination: written policies and procedures; system to ensure that all relevant program elements are covered; up-to-date programs for "hazardous communications/worker right to know"; documented worker training and knowledge on reproductive hazards, chemical hazards, hearing protection, bloodborne pathogens, manual lifting, ergonomics, safety, etc.; health hazard data and exposure control requirements readily available listing chemical, physical and biological agents and radioactive materials; communicated on a regular basis to the worker population with special emphasis to all potentially exposed persons, as required by law, organization policy, and good OEH practices; proactive advice provided on health and human factors issues, such as ergonomics and shift work; information kept current about applicable laws, regulations, permits, codes, workplace standards, and practices; resolution of conflicts about potential hazards and the resulting operating requirements documented and communicated to those affected; evidence that services and programs are offered to all workers in all locations.

Outcome Measures and Trends: rate of compliance with policies and procedures; results of surveys by workers; percentage of compliance with worker "right-to-know," bloodborne pathogens, etc.; documentation of worker training participation; degree to which the organization monitors education and training needs; effectiveness of training as measured by post-test evaluation and compliance inspections; impact of training on health, safety, and environmental programs, issues, illnesses and injuries; indicators of training being adapted to address actual occupational injuries and illnesses; adaptations of programs to address safety performance.

3.3 Personal Protective Equipment

Describe how workers are evaluated regarding their need for protective devices and how they are given proper equipment and training. Include information about equipment utilization rates, worker education, and enforcement of use.

ACOEM Standards

Health, safety, and environmental programs should ensure that workers who need PPE are clearly identified, provided with proper selection and fitted with personal protective devices such as ear protection (plugs/muffs), safety spectacles, gloves, and respirators. The organization should determine that the devices provide adequate protection to workers, and educate the workers in proper utilization and care of equipment for all potential uses at all sites. OEH professionals should encourage worker compliance with proper care and use of equipment.

Outcome Indicators

Program Components, Processes, Dissemination: initial, ongoing, and periodic refresher training on potential work hazards, measures used to control hazards, engineering work practices, and PPE; a documented system to identify need for PPE; all workers (including contract workers) are provided equal, high-quality safety and health protection; PPE use only when all other hazard controls are not feasible; PPE is certified by appropriate independent entities, such as the National Institute for Occupational Safety and Health (NIOSH) and the American National Standards Institute (ANSI); policy on voluntary use of PPE; PPE storage, cleaning, and repair process; evidence that services and programs are offered to all workers in all locations.

Outcome Measures and Trends: protective equipment utilization rates for hearing protection, respiratory protection, radiation shielding, blood/fluid barriers, heat resistant garments (e.g., Nomex®, gloves, etc.); assessment of worker knowledge and skills relative to requirements, training documentation and assessment of training effectiveness; indicators of effectiveness of PPE procedures and instructions in preventing occupational injuries and illnesses; compliance with PPE training requirements; impact of training on the issues potentially related to sub-optimal PPE use; rate of injuries having failure to properly use PPE as root cause (e.g., needle stick injuries); results from quantitative fit testing (both respirator and hearing protection).

✓ QUICK CHECK

- ❑ No program exists.
- ❑ Program exists.
- ❑ Program is disseminated to most or all workers.
- ❑ Program is being measured (metrics).
- ❑ Trends tracked over time.

For information on past recipients of the CHAA and to view the CHAA presentations of award winners, visit www.chaa.org.

3.4 Toxicologic Assessment and Planning

Describe your program for toxicological testing on chemicals that are produced or used in the workplace for which adequate data are not available, relevant communication, and appropriate action.

ACOEM Standards

Health, safety, and environmental programs should include procedures to incorporate advice on the nature, adequacy, and significance of toxicological test data pertinent to the workplace. Toxicological assessments include advice on chemical substances that have not had adequate toxicological testing. Where adequate data does not exist, the OEH staff should recommend appropriate medical surveillance and testing practices. OEH personnel should recommend protection and surveillance of workers in keeping with data available or until appropriate data are received.

Outcome Indicators

Program Components, Processes, Dissemination: hazard assessments review thoroughness of toxicologic evaluations; particularly hazardous substance reviews are completed; organization is proactive to prevent future problems with products/services; amount and thoroughness of testing on products/services sold by the organization, and relevance of this testing to current and future health concerns; health function advised before the introduction of new materials or agents to a site; OEH professionals provide readily available information for recognizing and treating overexposure to feedstock, streams, products, and purchased materials to business groups; worker and customer reports of adverse health effects related to products and services; information on potential hazards associated with products and guidance to enable proper handling, use, and disposal is documented and communicated; evidence that services and programs are offered to all workers in all locations.

Outcome Measures and Trends: number of toxicologic evaluations; number of times that the toxicologic evaluations led to changes/improvements in work processes; number of MSDS developed as manufacturer of the product; frequency of updating the MSDS; number of different sources of data the organization utilizes to predict future trends that may impact their products, services, or operations; incidence of exposures to judge needs in this area; funds committed for toxicologic research.

✓ QUICK CHECK

- ❑ No program exists.
- ❑ Program exists.
- ❑ Program is disseminated to most or all workers.
- ❑ Program is being measured (metrics).
- ❑ Trends tracked over time.

3.5 Environmental Protection Programs

Describe your organization's plan for identifying, assessing, preventing, and reducing risk of potential hazardous emissions and pollution.

ACOEM Standards

Environmental protection programs should support a scientifically based process to evaluate and prioritize the potential public health and environmental risks posed by exposure to various hazards. The goal is to identify whether any specific chemicals or other hazards generally pose an unacceptable risk and the conditions and uses under which they pose such risks, using a risk management process that follows a preventive health model and which employs a full range of pollution prevention options (e.g., substitution, source reduction, recycle and reuse, and treatment). Risk management efforts should be directed at those chemicals and processes that pose the highest risk to workers, consumers, public health, and the environment, and should be designed in light of achievable technologies.

Outcome Indicators

Program Components, Processes, Dissemination: pollution prevention awareness and values throughout the organization; written policies and procedures; use of environmental indicators such as the Global Reporting Index (www.globalreporting.org); participation in Environmental Protection Agency's (EPA's) Waste Wise, Green Lights, Energy Star Buildings, and 33/50 (high priority chemicals) or other similar programs; tracking of materials on the Toxic Release Inventory (TRI); routine self-evaluation and improvement; OEH professionals provide readily available health information for environmental releases and exposures to feedstock, streams, products, and purchased materials to business groups; plans to reduce the number of environmentally risky areas; commitment to use "least hazardous" materials; evidence that services and programs are offered to all workers in all locations.

Outcome Measures and Trends: percentage reduction of pollutants; number of processes changed to "closed systems"; Superfund sites handled appropriately; number and extent of environmental mishaps; use of renewable versus non-renewable resources; fines and penalties for non-compliance; measured impacts on biodiversity; number of environmental hazardous sites or locations (e.g., underground storage tanks); funds for environmental hazard research; percentage of reduction of the number of environmentally risky areas; demonstrated commitment to use "least hazardous" materials; certifications or awards from external authorities/ organizations.

✓ QUICK CHECK

- ❑ No program exists.
- ❑ Program exists.
- ❑ Program is disseminated to most or all workers.
- ❑ Program is being measured (metrics).
- ❑ Trends tracked over time.

3.6 Emergency Preparedness, Continuity Planning, and Disruption Prevention

Describe your plan for workplace and community emergencies that include the organization's responsibility, procedures, drills and community communication, and participation of health services personnel in hazardous materials response and follow-up.

ACOEM Standards

Health, safety, and environmental programs should have a plan for managing health-related aspects of emergencies, including disasters, terrorism and public health hazards. This is important for the safety and welfare of the workers and the community, as well as for continuity planning and prevention of disruption of organizational initiatives. Since community facilities and health and safety personnel are an essential part of dealing with an emergency at the workplace, such planning should be done in conjunction with the local community (Title III—Superfund Amendments and Reauthorization Act [SARA]). Under Title III, organizations covered under the Hazard Communication Standard are required to make their chemical inventories known to emergency response groups of local community. Where these standards are not met, it is the responsibility of OEH professionals to work for improvement. Concern or fear of terrorist attacks requires considerable professional judgment. OEH professionals should assure that proper treatment referral networks, such as EAP and critical incident debriefing (CID) resources are in place for these individuals.

✓ QUICK CHECK

- ❑ No program exists.
- ❑ Program exists.
- ❑ Program is disseminated to most or all workers.
- ❑ Program is being measured (metrics).
- ❑ Trends tracked over time.

Outcome Indicators

Program Components, Processes, Dissemination: an emergency response plan integrating community resources and delineating key measures of responsibility, including emergency care; a systematic process is used to define standards and goals to mitigate disaster effects; goals or standards specify levels of performance that will lead the organization to a world-class level of performance on these factors; evidence that risks and possible consequences are thoroughly assessed; regular review meetings are held to assess emergency preparedness plans; plans revised as necessary based upon changes in requirements, the environment, or other factors; worker and public concerns are incorporated into the organization's planning process; a process for integrating emerging or future trends into the planning process; local medical resources are informed of potential workplace injuries and illnesses; regular first aid and CPR training, and emergency medical response documented; investigations of all accidents and near-misses; all workers know emergency procedures and services; OEH staff on community panels; EAP prepared for CID; evidence that services and programs are offered to all workers in all locations.

Outcome Measures and Trends: number of drills and assessments of readiness; reports on degree of success in response to real or near-disasters; progress in meeting goals and standards in the areas of public responsibility and corporate citizenship; survey results of worker and public concerns; number of corrective actions and "lessons learned" from drills, trial sessions, and real incidents; number of CIDs and results; number of meetings with community groups involving OEH staff.

Section 4. Healthy Organization

4.1 Health Promotion and Wellness

Describe your preventive health education programs including health risk factor identification, population health status ascertainment and activities to reduce the risk of common acute and chronic diseases, and other health-related concerns that may adversely affect the workforce.

ACOEM Standards

Health education and health promotion programs are integral to maintaining and enhancing the health of worker populations. Health risk appraisals (HRAs) can be used to identify and prioritize beneficial health behavior change programs. For example, smoking cessation, nutrition, and exercise programs have been documented to improve health and productivity. Compliance training for motor vehicle seat belt use also reduces morbidity and mortality. OEH professionals can motivate and educate workers to take responsibility for making wise, healthier choices in lifestyle behavior and personal health care decisions.

Outcome Indicators

Program Components, Processes, Dissemination: senior management support and participation; HRAs and assessment of readiness to change health behaviors; risk factor screening (e.g., cardiovascular fitness, Body Mass Index (BMI), blood pressure and cholesterol); health information and health education programs (e.g., weight loss, smoking cessation, health clubs, smoke-free environment, healthy vending machine and cafeteria selections); personal follow-up of those at high risk; health benefit plan activities that educate and promote good health; guidelines and communications to physicians to encourage health promotion (e.g., guidelines about the need to provide immunizations and screening tests to plan members – see list at http://hprc.ncqa.org/stayinghealthy.asp); effective communications that make plan members aware of what they can do to reduce illness, disease and accidents; programs to improve quality of preventive clinical care and services provided to plan members; specific cancer screening programs for early detection following national guidelines; evidence that services and programs are offered to all workers in all locations.

Outcome Measures and Trends: participation rates (i.e., percent of beneficiaries getting screening, HRAs, health education and behavior change programs); prevalence of health risks and chronic disease in worker/beneficiary populations; projection of health-related costs and return on investment (ROI) analyses; effectiveness of risk reduction programs; participation satisfaction rates; attainment of recommended participation rates in screening programs (e.g., mammography, Pap test, prostate specific antigen (PSA), HgA1C) as per *Healthy People 2010* or U.S. Preventive Services Task Force; impact of programs on clinical data and productivity; the percentage of pregnant women who received their first prenatal care visit during the first three months of pregnancy; the percentage of new mothers who received a check-up within eight weeks after delivery; percentage of those covered having annual dental visits.

✓ QUICK CHECK

- ❑ No program exists.
- ❑ Program exists.
- ❑ Program is disseminated to most or all workers.
- ❑ Program is being measured (metrics).
- ❑ Trends tracked over time.

4.2 Absence and Disability Management

Describe how health professionals and case managers support human resources, managers, and supervisors to help assure quality of medical care and facilitate the early return to work of workers absent from work due to illness.

ACOEM Standards

Disability management programs assess reasons for workers' poor performance or absence from work due to illness or injury and determine when individuals are well enough to return to work safely. Closely related is the primary role of evaluating illness conditions that render work unsafe and require job accommodations. Disability management is expanding to identify individuals and worker populations who are at increased risk of poor performance because of health issues and to find positive means to enhance health and productivity in the workforce.

Outcome Indicators

Program Components, Processes, Dissemination: written absence/disability management/Family Medical Leave Act (FMLA) policies and procedures; active case management (ambulatory, disability); reasonable and timely access to follow-up medical care; absenteeism and disabilities are managed consistent with organization's policy and stewarded to facilitate workers optimal and timely return to health; medical practice guidelines used for the most common causes of illness; guidelines to assist plan physicians to provide optimal care; transitional jobs available for temporary assignment; willing support of the early return-to-work (RTW) program by first line supervisors; access to ACOEM's consensus statement on *The Attending Physician's Role in Helping Patients*

✓ QUICK CHECK

- ❑ No program exists.
- ❑ Program exists.
- ❑ Program is disseminated to most or all workers.
- ❑ Program is being measured (metrics).
- ❑ Trends tracked over time.

Return to Work after an Illness or Injury (www.acoem.org/guidelines/article.asp?ID=55); programs exist for work and non-work-related injury/illness; integration of systems/processes to include community providers; functional job descriptions to facilitate effective RTW programs; health plan activities to help people manage chronic illness while working (e.g., NCQA® Living with Illness at http://hprc.ncqa.org/living.asp); effective program for improving the quality of clinical care provided to health plan members; services and programs are offered to all workers in all locations.

Outcome Measures and Trends: number of days absent from work or with restricted/modified duty; lost day rate, permanent disability levels and rates; number of work days missed due to specific chronic conditions (e.g., depression, diabetes); disability management cost savings (e.g., from case management); patient satisfaction rates; litigation rates; comparison of actual lost work time and disability duration v. published benchmarks/guidelines; number of workers with chronic conditions that affect performance (e.g., asthma, arthritis); evidence of monitoring quality of care (e.g., percentage of those, who after a heart attack, received beta blockers or diabetics who receive yearly hemoglobin A1C determinations); percentage of plan members hospitalized for mental illness seen by provider within 30 days of discharge; evidence that the health plan takes action to improve the quality of care based on quality assurance feedback; actual improvements that the plan has made in care and service.

4.3 Health Benefits Management

Describe how OEH professionals collaborate with human resources personnel in the design, evaluation, and quality assurance of worker health benefits.

ACOEM Standards

Organizations are challenged to skillfully manage human capital to maximize the health, safety, and productivity of the workforce. Health benefits management includes assessing and identifying specific health care needs of a given worker population and helping to maximize available resources to have the largest impact on delivery of high-quality care to workers, retirees, and their families. Health benefits plan design can help to maximize the health of workers and dependents. Actuarial claims analysis for trends in diagnoses and costs can facilitate planning appropriate disease management and health promotion programs. Actuarial rate setting can help to guide appropriate utilization of medical services. Pharmacy benefits plan design can reduce costs while providing access to appropriate medications. Quality of care of network providers can be evaluated against evidence-based best practices and standards of care and providers can be rewarded for highest quality care. OEH professionals can provide valuable assistance in evaluating worker health benefits, benefit costs, and the adequacy of care provided, and are in a unique position to apply epidemiology, statistics, and information systems to assure quality of care and to identify the most effective opportunities to improve the health of a defined population of workers/beneficiaries.

Outcome Indicators

Program Components, Processes, Dissemination: health benefits and aggregate claims data readily available from insurance carriers/administrators; measures of appropriateness and access to medical care; programs that educate workers about self-care and skillful use of medical care ("demand management"); health benefits tailored to worker health needs, organizational culture and productivity goals; benefit coverage for preventive services using national guidelines; measuring and tracking of aggregate health risk factors; worker education on medical plan choices and understanding available benefits; assistance to workers to access appropriate care; procedures ensure health plan members get the level of care needed; data on the availability of primary care physicians, specialists, and other practitioners; evidence of improving access to primary care and behavioral health care and to customer support; policies define rights and responsibilities of plan members; effective communications; information that clearly informs plan members about services, benefits and how the plan works; integration of health benefit plan design with strategic direction in health promotion; health plan oversees clinical quality improvement; processes that protect the confidentiality of information and medical records of plan members; accurate and thorough information about the health plan to prospective members (see http://hprc.ncqa.org/access.asp); local physician community proactively engaged to practice evidence-based medicine using practice guidelines.

Outcome Measures and Trends: evaluation of health plan quality – e.g., National Committee for Quality Assurance (NCQA), Health Plan Employer Data and Information Set (HEDIS®) – changes resulting from review of health benefits; financial outcomes (e.g., temporary disability, medical care, permanent disability and future medical costs); quality improvement metrics (e.g., appropriate care to those with chronic diseases such as asthma); utilization (e.g., visits per case, diagnostic tests per case, and modalities per case); worker satisfaction opinion of programs offered (e.g., survey or focus group results and outcomes); proportion of persons with asthma who receive appropriate asthma care according to the National Asthma Education and Prevention Program (NAEPP) Guidelines (*Healthy People 2010* Objective 24-7); measurement of how well the health plan provides its members with access to needed care and with good customer service; evidence that plan members get needed emergency services.

✓ QUICK CHECK

- ❑ No program exists.
- ❑ Program exists.
- ❑ Program is disseminated to most or all workers.
- ❑ Program is being measured (metrics).
- ❑ Trends tracked over time.

4.4 Integrated Health and Productivity Management

Discuss integrated programs to assess and enhance population health status and reduce the impact of occupational and non-occupational illness and injury on costs and workforce productivity, including turnover rate, absenteeism, and presenteeism.

ACOEM Standards

Integrated health and productivity management measures the link between worker health and productivity and directs employer investments into interventions that improve health and organizational performance. With this approach, managing the health of a population is incorporated as an important component in the organization's business strategy. Organizational resources are aligned to support an integrated approach to strategically investing in worker health and performance. Efforts are made to quantify the total economic impact of health, including direct medical and pharmacy costs of health care as well as indirect productivity-related costs such as absenteeism and presenteeism (present at work, but limited in some aspect of job performance by health problems). Health interventions are chosen and evaluated to maximize positive impact on health, attendance, and productivity. For the individual, injury or illness impacts on all aspects of life – at home and at work. Implementation of a strategy that promotes worker health and quality of life is essential to the worker's well-being. For employers, this approach is also beneficial as a cost-effective means of reducing health care expenditures, improving organization productivity and human capital management, promoting worker retention, lowering retraining and replacement costs, and enhancing organization culture.

Outcome Indicators

Program Components, Processes, Dissemination: analysis of health status and health needs of the population, including organizational health; health programs, interventions and benefits are selected to optimize ROI for health, attendance and productivity; an integrated health and productivity management approach links multiple departments via committees, shared data and program development plans; strategies and interventions engage effective disease management, health management, and quality care; preventive strategies and interventions focus on enhancing health and productivity of the workforce in alignment with business strategies; the breadth/variety of worker and special services offered appropriate for the organization's workforce; work environments are designed to optimize the balance of health and human performance of the workplace; individuals in the health plan responsible for overseeing quality improvement programs; organization policies demonstrate commitment to worker health, well-being, human performance, and productivity; evidence that services and programs are offered to all workers in all locations.

✓ QUICK CHECK

- ❑ No program exists.
- ❑ Program exists.
- ❑ Program is disseminated to most or all workers.
- ❑ Program is being measured (metrics).
- ❑ Trends tracked over time.

Outcome Measures and Trends: measurement of productivity (e.g., absenteeism, presenteeism, direct and indirect health care costs); impact of health status on absenteeism, presenteeism, disability, turnover, work performance; the number of different worker assistance programs offered; indices of worker satisfaction and organizational climate surveys; calculation of cost/benefit analyses or ROI; clinical and financial measures with evidence of action to correct gaps from evidence-based prevention and treatment quality of care criteria; demonstrated impact of improvements in health care upon workplace health-related productivity; quantify the total economic impact of health, including direct medical and pharmacy costs; evidence of monitoring the quality of care provided to plan members with specific acute conditions; evidence that the health plan is working to improve the quality of care provided to plan members with specific acute conditions and correcting any problems of poor quality; actual improvements that the plan has made in care and service.

Corporate Health Excellence Checklist

Check the appropriate boxes in each category to indicate if a program is: 1) implemented; 2) disseminated to all populations and sites; and/or 3) measured and trends are tracked over time. Programs are comprehensive, complete, and possibly excellent if all three boxes are checked in each category.

1.0 Leadership & Management

	Implemented	Well Deployed	Measured/ Showing Trends	**Implemented**	**Deployed**	**Measured (Trends)**
1.1 Organization and administration	☐	☐	☐	Clear vision and mission statements	Planning process clearly follows through organizational design and leadership	Planning shows systematic impact on health and safety activities, actions, and business impact
1.2 Organizational commitment, innovation, and change management	☐	☐	☐	Policies exist to promote safety, health, and environmental activities	Planning process throughout organization	Planning shows systematic impact on activities and business
1.3 Health information systems	☐	☐	☐	Organized information systems for all activities	Systems used to collect information	Information analyzed and used to modify or implement programs
1.4 Program evaluation and quality improvement	☐	☐	☐	Policies and programs have clear quality assurance processes and work toward best practices	Key goals and standards demonstrate health and safety improvement to worker population	Effectiveness has clear metrics and periodic reviews
1.5 Privacy, confidentiality and health records management	☐	☐	☐	Policies and practices are in place to protect confidentiality and comply with record retention schedules	Clear documentation exists to list all record types (paper and electronic) and retention process	Audits and quality reviews evaluate program goals and compliance
1.6 Systematic research, statistics, and epidemiology	☐	☐	☐	Defined research protocols in place	Systematic research conducted on programs	Data analyzed and used to revise existing programs

Corporate Health Excellence Checklist

Check the appropriate boxes in each category to indicate if a program is: 1) implemented; 2) disseminated to all populations and sites; and/or 3) measured and trends are tracked over time. Programs are comprehensive, complete, and possibly excellent if all three boxes are checked in each category.

2.0 Healthy Workers

	Implemented	Well Deployed	Measured/ Showing Trends	**Implemented**	**Deployed**	**Measured (Trends)**
2.1 Health evaluation of workers	☐	☐	☐	Programs exist to assess hazards, risk, and monitor exposures	Assessments are preventive and reactive across a defined population	Safety and compliance issues are directly effected by these programs
2.2 Occupational injury and illness management	☐	☐	☐	There are ongoing assessments and investigations of activities, jobs, and exposure issues	Identifies past and emerging issues with a systematic process to track improvements	Track reductions in accidents, injuries, and disabilities related to program design
2.3 Non-occupational injury and illness management	☐	☐	☐	Services are accessible and reactive to worker's urgent and non-urgent issues	Services are equally dispersed to all shifts, locations, and populations	Productivity, loss days, return to work are direct outcomes of the program
2.4 Traveler health and infection control	☐	☐	☐	Programs assess risks to travelers and other susceptible populations	Services cover all at-risk populations including travelers	Immunization rates, outcome metrics attest to program effectiveness
2.5 Mental and behavioral health and misuse of substances	☐	☐	☐	Programs offer prevention, early intervention, and treatment services	Coverage for substance abuse issues has parity to other health treatments	Mental health and alcohol and substance abuse metric programs demonstrate reduction in risks
2.6 Medical screening and preventive services	☐	☐	☐	Programs assess risk and identify and provide preventive services	Screening and preventive services available to all populations, locations, and shifts	Metrics measure program's impact on health risks

Corporate Health Excellence Checklist

Check the appropriate boxes in each category to indicate if a program is: 1) implemented; 2) disseminated to all populations and sites; and/or 3) measured and trends are tracked over time. Programs are comprehensive, complete, and possibly excellent if all three boxes are checked in each category.

3.0 Healthy Environment

	Implemented	Well Deployed	Measured/ Showing Trends	**Implemented**	**Deployed**	**Measured (Trends)**
3.1 Workplace health hazard evaluation, inspection, and abatement	☐	☐	☐	Programs exist to assess hazards, risks, and monitor exposures	Assessments are preventive and reactive across a defined risk population	Safety and compliance issues are directly effected by these programs
3.2 Education regarding worksite hazards	☐	☐	☐	Programs accurately describe potential hazards and educate workers of risks	Systems describe, refine, and react to emerging risks	Worker knowledge and participation predict reductions in exposures and risks
3.3 Personal protective equipment	☐	☐	☐	Assessments are conducted to determine type, use, and education of PPE	Worker populations are offered a choice of PPE for defined risks	PPE use is documented and reductions in exposures are related to proper use
3.4 Toxicological assessment and planning	☐	☐	☐	Ongoing assessments are made of potential toxic exposures	Existing materials including introduction of new chemicals, equipment, and processes for hazard potential are tracked	Processes show reductions of potential hazards and/or reduce numbers of toxins used
3.5 Environmental protection programs	☐	☐	☐	Controls are in place to reduce environmental releases with clear leadership, stewardship, and planning	Assessments of potential environmental hazards are done with associated prevention, drilling, and planning	Reductions in environmental releases, mishaps, and severity are demonstrated
3.6 Emergency preparedness, continuity planning, and disruption prevention	☐	☐	☐	Community resources are assessed and associated drilling/ planning processes defined	Workers, managers and the community are involved in emergency preparedness	Responses to actual or drilling situations meet or exceed planned times

Corporate Health Excellence Checklist

Check the appropriate boxes in each category to indicate if a program is: 1) implemented; 2) disseminated to all populations and sites; and/or 3) measured and trends are tracked over time. Programs are comprehensive, complete, and possibly excellent if all three boxes are checked in each category.

4.0 Healthy Organization

	Implemented	Well Deployed	Measured/ Showing Trends	**Implemented**	**Deployed**	**Measured (Trends)**
4.1 Health promotion and wellness	☐	☐	☐	Programs exist to address non-occupational health risks and wellness concerns	Risk communication and programs include general and targeted populations at risk	Assessments document education effectiveness and risk reductions
4.2 Absence and disability management	☐	☐	☐	Policy, guidelines, and best practices promote early return to work, disability, and risk reductions	All covered members have access to programs and input into benefits	Reductions in lost days and disability demonstrated program effectiveness
4.3 Health benefits management	☐	☐	☐	Quality health care and benefits are evaluated by qualified professionals and offered to workers and families	Covered members have ready access to cost effective and quality health services	Health, wellness, costs and quality metrics show continuous improvement
4.4 Integrated health and productivity management	☐	☐	☐	Programs exist to determine impact of health on productivity	Programs available to all populations, locations, and shifts	Metrics used to assess the impact on productivity including absenteeism and presenteeism