



# OCCUPATIONAL HEALTH NURSING PRACTICE PROFILE APRIL 2011

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On behalf of the **Occupational Health Nursing Interest Group (OHNIG)**

A day in the Life of an OHN

Maria, an Occupational Health Nurse at a health care facility, begins her workday early. On arrival at work, her first task is attendance management. She listens to her confidential phone messages, and finds that five workers have called in sick with respiratory infections. She returns their calls, assessing when they may be able to return to work (RTW). She informs them their return will depend on them being without a fever for a period of time. Maria notifies the managers of their employee's anticipated RTW date. Maria then learns that three other workers on the same unit are also ill. As occupational health protocol requires, Maria notifies the Infection Control department of a potential outbreak. She continues to follow up on her other messages. Two workers have GI problems. She contacts them and advises them to stay home for until their symptoms resolve.

Next Maria attends a scheduled return to work planning meeting. Several weeks ago, Desiree suffered a hand injury in the workplace. The employee, her manager and Maria together discuss a plan for modified work hours and job duties to allow Desiree to gradually continue her recovery while returning to full duties. Later, Desiree's manager expresses to Maria a hesitancy to make these workplace accommodations. Maria provides information and education on the value of early and safe return to work (ESRTW) which includes describing the financial benefits to the organization

by accommodating and reintegrating Desiree. The manager agrees with the RTW accommodation strategy.

Later that morning, Fatima, visits Maria's office to discuss a personal issue about her teenage son who has become defiant and is skipping classes at school. Maria counsels Fatima to seek help for herself and her son. She refers Fatima for counseling through the organization's employee benefit program - the Employee Assistance Program (EAP).

Before lunch, Maria attends a meeting with her manager to review policies for the upcoming organization health and safety review that is part of the accreditation process. She is asked to review and update all the policies pertaining to Occupational Health and Safety (OHS) in time for the review. After the meeting, Maria's director requests medical documentation for Desiree's injury. Desiree's manager has voiced concerns to the director about Desiree's injury, and so Maria diplomatically points out the requirement of confidentiality for all employee health files. Desiree's health file cannot be accessed without her written permission.

When Maria returns to her office, she finds Sam waiting to see her with a completed incident report. Sam had a "near miss" incident for a slip and fall on a wet floor in a hallway. Maria investigates the cause and provides corrective action to prevent a further incident. She first calls housekeeping and asks to have the hallway floor cleaned. Maria makes inquiries with both the sanitation supervisor and the purchasing department to determine the name of the liquid substance that was on the floor. Maria then locates the Material Safety Data Sheet (MSDS) with the complete description of the liquid and reviews with housekeeping department and Sam, reinforcing the safety precautions, the chemical properties and the handling procedures of the liquid substance. The MSDS indicates workers must wear proper Personal Protective Equipment

(PPE) whenever using or being exposed to this product.

Over the workplace lunch hour, Maria leads a wellness class which incorporates healthy eating, exercise, weight management and ends with a fifteen minute outdoor fresh air walk using pedometers, provided by the workplace.

On returning to her office, Maria returns a call to the Workplace Safety Insurance Board (WSIB). The WSIB have medically approved Omar to return to work, however the WSIB case manager states that he has refused to accept the modified work he was offered. The case manager then asserts that WSIB will not be paying for lost time. Maria contacts Omar, who is upset; and she advises that he should discuss the situation further with his case manager.<sup>1</sup>

A new employment pre-placement health review for Henry is then completed and documented with clearance given to his supervisor. A N95 mask fit test is performed. He is provided with education regarding proper hand hygiene practices, how to report incidents, how to report absences and is given a flu shot.

That afternoon, Maria attends the employee/ employer Joint Health and Safety Committee (JHSC) meeting. She goes over the worker injury reports for the past three months, indicating a developing trend of employees at risk of musculoskeletal injuries<sup>2</sup> due to lifting. Maria suggests specific training and education in the use of the workplace lifting equipment for employees. Maria further mentions that during her occupational health and safety walk-through inspection, first aid kits were being overly used by employees, allowing injuries to go unreported. She advises the committee to reinforce with the workers how to report injuries and complete incident reports.

Maria also notes to the JHSC another significant finding. Sandra, an employee who is deaf works in the computer equipment room which is enclosed in glass. In the event of a fire in the computer room, the sensor would trigger the release of gas to extinguish the fire. Sandra would be unable to hear the alarm and could be exposed to the toxic, fire-extinguishing gas. The JHSC agrees to have a flashing visual fire alarm installed. Later, Sandra personally comes to Maria and thanks her for caring about her health and safety.

Maria returns to her office to prepare her month-end report. Her report includes a statistical analysis of the organization's return on investment in the early and safe return to work program. The

program, which has only been operating for one year shows a substantial reduction in lost work-days and related costs.<sup>3</sup>

Maria spends the rest of her afternoon preparing a presentation for the new employees and supervisors regarding their responsibilities under the provincial *Occupational Health and Safety Act* and *Workplace Hazardous Material Information System* (WHMIS).

While shutting down her computer and preparing to leave, Maria is pleasantly surprised by her last telephone call of the day. Fatima calls to thank Maria for suggesting she and her son see a counselor. Maria leaves her office with a feeling of accomplishment.

### **Background**

The Occupational Health Nurse (OHN) plays a multi-faceted role in influencing, improving or maintaining a worker's daily workplace health using prevention, protection and pro-active health interventions, creating productive healthy workers in a healthy workplace. They work where people work, in the private sector such as manufacturing, transportation, nuclear, pharmaceutical, financial, and communications. They work in the public sector in municipalities, academia and schools, in community health and in hospitals.

The OHN's management of health and safety interventions demonstrates a broad and comprehensive approach. The OHN's collection of data assists companies in understanding legislation and regulation pertaining to workplace liability, compliance, health education, management of injured and ill employees and emergency preparedness, to list a few.

Florence Nightingale illuminated the connection between environmental working conditions and the health of people in the workplace. Occupational Health encompasses the workplace public health of employees.

Occupational Health Nurses in the 21<sup>st</sup> century are knowledgeable, and highly skilled, with specialized education in many related workplace health and environmental safety fields. The OHN is the employee's first contact with primary health care. Occupational Health and Safety (OHS) regulations revolve around employer and employee duties for worker health protection, health promotion and prevention of illness and injury. The OHN provides a value-added service to attain these needs within the organization.

## Specialty Education

Occupational Health Nurses require knowledge from multiple disciplines. In addition to the basic undergraduate degree in nursing, OHNs have an understanding of fundamental health sciences, occupational health sciences, epidemiology, research, evidence based practice, human resources, business and economic theory, social and behavioral sciences, and legal and ethical issues (with emphasis on confidentiality). The OHN also needs sound grounding in the occupational sciences, such as toxicology, industrial hygiene and ergonomics.<sup>4</sup>

The OHN requires knowledge of attendance management processes, insurance sick benefit policy, workers workplace injury (WSIB), rehabilitation recovery, early and safe return to work and modified work accommodation.<sup>5</sup>

The OHN requires emergency preparedness education such as potential global catastrophic dangers including nuclear, biological and chemical threats, as well as knowledge of CPR and First Aid certification to treat injured workers.

- Canadian Occupational Health Nurse (COHN(C)) - Canadian Nurses' Association
- Certified Occupational Nurse Specialist (COHN-S) - American Occupational Health Nurses Association
- Safety Specialist – Canadian Registered Safety Professional (CRSP)
- Loss Control Specialist – Accredited Safety Auditor (ASA)
- Disability Case Management (DCM)
- Related degrees in ergonomics, business administration, or psychology etc.

Programs are available through Community College, University, various health involved providers i.e. OHA, Law firms, Insurance companies and independent educators.

## Scope of Practice

Canadian Occupational Health Nurses' Association (COHNA) cites the American Association of Occupational Health Nurses' scope of practice statement:

*"The primary role of the occupational health nurse is to coordinate the delivery of comprehensive, equitable, quality occupational health services for workers and worker groups. The context for practice is dynamic and influenced by health policy, cultural, social, economic, political, technological, and environmental issues".<sup>6</sup>*

The modern day role of an OHN is diverse; the OHN may work as a clinician, an educator, a consultant, or a case manager.

However, the Occupational Health nursing practice of today has moved well beyond this definition. The new definition includes the concept of "value-added" as a process, procedure or additive that will impact the worth, value, and welfare of the employee, while at the same time impacts the bottom line of the company.<sup>7</sup> The OHN can help create business plans with health interventions which add value and impact the company's overall performance.<sup>8</sup> Confidentiality of employee health records is required, and files are not privy to others, including the employer, unless a signed consent is provided by the employee or a court order is presented for release of information.

## Clinical Laddering

With experience, the career of an Occupational Health Nurse can progressively advance in a wide variety of areas. They may start in a clinical group practice, become a specialist in one aspect of OH&S, and rise to a manager or director of the department.

## Liability Protection

In addition to the basic personal liability protection provided by RNAO, OHNs in solo practice are recommended to carry \$5million of additional personal liability protection. This is a Public Health mandate for running Influenza Clinics.

## Current Status

A rapidly changing corporate environment calls for a workplace culture that has quicker reflexes, more speed, agility and flexibility, the future requires a shift to new responses.<sup>9</sup>

The time has come for Occupational Health Nurses to move ahead to meet these changing requirements. OHNs possess the knowledge of occupational and environmental safety, plus the key skills to prevent workplace injury and illness. Imagine if the 80,000 work sites across Ontario hired an Occupational Health Nurse; more workers would be protected, and many of the workplace health and safety problems would be eliminated. Prevention is paramount to controlling or eliminating many workplace illnesses or injuries. Indeed there is a paradigm shift and a global swing to prevention, thus changing from reactive healthcare response to injury and illness to a proactive promotion of primary health care.<sup>10</sup>

## Links

Occupational Health Nurse Interest Group (OHNIG)

- [www.ohnig.ca](http://www.ohnig.ca)

Canadian Occupational Health Nurse Association (COHNA)

- [www.cohna-aciist.ca](http://www.cohna-aciist.ca)

Ontario Occupational Health Nurses Association (OOHNA)

- [www.oohna.on.ca](http://www.oohna.on.ca)

Canadian Center for Occupational Health and Safety (CCOHS)

- [www.ccohs.ca](http://www.ccohs.ca)

Canadian Nurses' Association (CNA)

- [www.cna-aiic.ca](http://www.cna-aiic.ca)

CNA Occupational Health Certification (COHN(C))

- [www.cna-aiic.ca/CNA/nursing/certification/default\\_e.aspx](http://www.cna-aiic.ca/CNA/nursing/certification/default_e.aspx)

American Association Occupational Health Nurses (AAOHN)

- [www.aaohn.org](http://www.aaohn.org)

RNAO Healthy Work Environment Best Practice Guidelines<sup>11</sup>

- [www.rnao.org/Page.asp?PageID=861&SiteNodeID=241](http://www.rnao.org/Page.asp?PageID=861&SiteNodeID=241)

Occupational Health and Safety Resources and Links

- [www.ohnig.ca/links/links.html](http://www.ohnig.ca/links/links.html)

## References

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- <sup>1</sup> Burke JM. (2010) Injured at work. *Registered Nurse Journal*: Nov-Dec 2010. 18-21
- <sup>2</sup> Shamian, J., O'Brien-Pallas, L., Kerr, M., Thomson, D., Koehoorn, M. & Alksnis, C. (2001) *Effects of Job Strain, Hospital Organizational Factors and Individual Characteristics on Work Related Disability Among Nurses*. WSIB and University of Toronto: Toronto ON. Retrieved December 7, 2010 from: <http://www.hhrchair.ca/docs/wsib.fullreport.pdf>
- <sup>3</sup> Ibid: 1.
- <sup>4</sup> Rogers, B. (1998). Knowledge framework theory, sciences and best practices: occupational health and environmental safety specialist. *AAOHNJ*: 46(10) 447 – 483.
- <sup>5</sup> Chatterji, M. & Tilley, J. (2002). Sickness, absenteeism, presenteeism and sick pay. *Oxford Economic Papers Journal* 54(4) 669 – 687.
- <sup>6</sup> Canadian Occupational Health Nurses' Association. (2010). *Our Scope*. COHNA. Adapted from the American Association of Occupational Health Nurses 1994 definition. Retrieved December 8, 2010 from: <http://www.cohna-aciist.ca/pages/content.asp?CatID=2&CatSubID=8>
- <sup>7</sup> Graff-Kerr, S. (2001) *Value Added Occupational Health Services Presentation at the annual American Occupational Health Conference April 20-27, 2001*. San Francisco, CA.
- <sup>8</sup> Opatz, J. (Ed). (1994) *Economic impact of worksite health promotion*. Association for Worksite Health Promotion: Indianapolis, IN.
- <sup>9</sup> Pritchett, P. (2000) *Culture Shift: The employee handbook for changing corporate culture*. Pritchettnet: Dallas, Tx.
- <sup>10</sup> World Health Organization. (1994) *Jakarta Declaration on Leading Health Promotion into the 21st Century*. Jakarta, Indonesia. Retrieved December 8, 2010 from : <http://www.who.int/healthpromotion/conferences/previous/jakarta/declaration/en/index.html>
- <sup>11</sup> Registered Nurses' Association of Ontario. (2010). *Healthy work Environments Best Practice Guidelines*. RNAO: Toronto. Retrieved December 9, 2010 from : [www.rnao.org/Page.asp?PageID=861&SiteNodeID=241](http://www.rnao.org/Page.asp?PageID=861&SiteNodeID=241)