Japanese Translation of AOHP’s Getting Started Manual Released
By Sandra Domeracki, MSN, FNP, RN, COHN-S, President Emeritus

High-Reliability Employee Safety Program Development
By Cory Worden, MS, CSHM, CSP, CHSP, REM, CESCO

AOHP Revises Standards of Practice for Occupational Health Professionals in Healthcare
By MaryAnn Gruden, MSN, CRNP, NP-C, COHN-S/CM

Ebola (Ebola Virus Disease)

Enterovirus D68

What Do State Marijuana Laws Mean for Employers’ Drug Policies?
By Tamara Lytle

Occupational Injury and Fatality Investigations: The Application of Forensic Nursing Science
By Colin Harris MSN, BSc(Crim), RN, F-ABMDI
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MISSION

AOHP is dedicated to promoting the health, safety and well-being of workers in healthcare by:

- Advocating for employee health and safety.
- Occupational health education and networking opportunities.
- Health and safety advancement through best practice and research.
- Partnering with employers, regulatory agencies and related associations.

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STATEMENT OF EDITORIAL PURPOSE

The occupational health professional in healthcare is vital to ensuring the health, safety and well-being of both employees and patients. The focus of this Journal is to: provide current healthcare information pertinent to the hospital employee health professional; afford a means of networking and sharing for AOHP’s members; and improve the quality of hospital employee health services.

The Association of Occupational Health Professionals in Healthcare and its directors and editor are not responsible for the views expressed in its publication or any inaccuracies that may be contained therein. Materials in the articles are the sole responsibility of the authors.

EDITORIAL GUIDELINES


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Publication deadlines for the Journal of AOHP-in Healthcare:

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Organization Leadership

By Dee Tyler, RN, COHN-S, FFAOHN
Executive President

We are all extremely busy with our regular occupational health responsibilities plus the added volume of work influenza vaccine season brings. New infections and a disease we thought we would never see in our homeland have added to our agendas as well. As always, AOHP is here to support members in these and other issues not yet known. I am pleased to share with all members my presidential address from the Annual National Conference this past September in New Orleans, as well as highlights of AOHP’s outstanding accomplishments during the past year (see page 37). I hope you can take a few minutes to review our progress and see our promising future.

2014 AOHP Business Luncheon, September 12, 2014

The purpose of the AOHP Business Luncheon is to inform members regarding the state of the association. We provided a list of accomplishments in your conference bag as a way to communicate that AOHP is a vibrant and strong professional association. Here is a brief overview of AOHP’s activities during this past year.

AOHP has seen a year of increased engagement of members, collaboration with other professional associations, and growth in research capacity. I am so excited and proud of what we have accomplished together.

Engagement

AOHP members have embraced the association in a variety of ways and engaged in AOHP endeavors. Our 2013 AOHP membership goal was met, with 1,128 members. In the chapters, members have stepped into leadership positions. Several members volunteered to be a part of the AOHP three-year Strategic Initiative and either participated in work groups or have taken leadership roles on the Strategic Initiative Committee. Members represented AOHP at several national professional summits and conferences, as well as a meeting in Osaka, Japan where the Japanese-translated AOHP Getting Started Manual was introduced. A number of members have volunteered to be guest lecturers to nursing schools in their geographic areas. AOHP members are engaged in the work of AOHP!

Collaboration

AOHP continues to be approached for professional input and collaboration from prominent, national organizations, including CDC, NIOSH, ANA and The Joint Commission, regarding various projects and issues. AOHP was at the table for the development of Safe Patient Handling and Movement Standards and Respiratory Competencies, offered public comments, conducted media interviews, presented at the ANA Organizational Affiliate meeting in Washington, DC, as well as issued 10 press releases since the 2013 AOHP National Conference. We continue to meet with ACOEM leadership to identify collaboration opportunities. AOHP also completed the Japanese translation project of the AOHP Getting Started Manual with the Japan Infection Control Support Association.

Research Capacity

AOHP research capacity has grown. The AOHP EXPO-S.T.O.P. survey, the largest bloodborne pathogen exposure database in the nation, is our signature research project. Recipients of the 2013 Julie Schmid Research Scholarship, Dr. Ethan Moses and Kevin Walker, completed their staffing survey of AOHP members and published the results in the 2014 Summer AOHP Journal article “The AOHP 2014 Staffing Survey: Building on Previous Work.” Further staffing guideline work will be continued during the next year by the AOHP Guideline Work Group comprised of AOHP leadership. This year’s conference attendees were asked to complete a brief survey inquiring about tracking occupational health tasks, how the information is collected, what information is tracked and if benchmark times have been established for certain tasks. This preliminary work will help the team in further development of the staffing guideline endeavor.

AOHP Handprint

AOHP has made significant strides in impacting occupational health in healthcare throughout this past year. At the AAOHN Global Summit, we learned that while a footprint is the negative impact we leave on our environment, a handprint is the positive impression that we have on the environment and in our communities. I believe that AOHP is making a positive difference for occupational health professionals in healthcare and for our members. AOHP is making a handprint! In turn, our members are leaving a handprint on the healthcare organizations and the employees they serve.

Today, I submit to you, the AOHP membership, that AOHP is well on our way to reaching our vision of being “the defining authority shaping healthcare workers’ health, safety and well-being.” I congratulate all of us on our hard work and dedication! Thank you for all you do for AOHP! I can’t wait to see what we can accomplish together over this next year! While you are looking after others, who looks after you? AOHP does!
"The Conference on the Moon"

Many of our members recently returned home from a great AOHP National Conference in New Orleans. Personally, I gain multiple benefits from our annual AOHP conference, including many pearls of wisdom for my practice, contacts for future information, current information from national authorities and others too numerous to mention! But the main benefit I gain from attendance is a re-vitalization of my interest and enthusiasm for this wonderful profession. I come back renewed in confidence and enthusiastic in my job commitment. And, most of us come back to one of our busiest times - influenza vaccine season! Now, the world has found a new disease, D68, to challenge us and an Ebola outbreak that threatens to be much more extensive than ever seen before.

(Centers for Disease Control and Prevention information on both diseases is provided in this Journal issue.)

We will survive all challenges that come our way, and AOHP will aid us by providing needed information, networking contacts and leadership. Next September will bring another AOHP educational conference that could very well be addressing these diseases or even new issues we are completely unaware of to date. The 2015 AOHP Annual National Conference will be held September 9-12 in San Francisco, CA. I can already hear a lot of you saying “it might as well be on the moon.” I understand many of our hospitals are not paying for outside training or travel education and not approving time away from work for similar events.

I encourage all of you not to dismiss attendance in San Francisco 2015 too quickly! San Francisco is a beautiful, highly desired location with a magnitude of attractions and entertainment options that any guest would absolutely love. The location is great, and AOHP leaders are already beginning to build an incredible event offering the highest quality educational programming and helpful networking opportunities that can benefit your practice.

Set your goal of attending the AOHP National Conference next September. Suggestions to help you reach that goal:

1) Review AOHP’s Web site for helpful information on justifying your attendance at the National Conference to your employer.

2) Participate in the Recruit Our Colleagues (ROC) campaign. The member who recruits the most new members (at least 10) receives conference registration and four hotel nights.

3) Serve as a chapter officer. Many chapters support officer attendance to the conference.

4) Apply for the Sandra Bobbitt Scholarship when it is announced in the spring. Four scholarships are awarded.

5) And last, YES, because the location, motivation AND education will be that good... start saving money, utilize frequent flyer dividends and seek roommates.

With a little work on your part, San Francisco 2015 can be part of your future plans!

Don’t let this be your last issue of the Journal!

Please renew your membership by December 31, 2014 so that you continue to receive the Journal. Watch for your renewal notice to arrive soon.
Strategic Initiative Committee Progress

Impact the Future of AOHP!

Keeping members current on passed and pending legislation is a component of many of AOHP’s strategic goals, as is increasing member involvement at the chapter level and through leadership positions within the association. AOHP is looking for an interested, motivated individual to lead the AOHP Government Affairs Committee, monitoring the government’s legislative activities that could affect the organization and occupational health professionals in healthcare. Ideal candidates will demonstrate an interest in public policy and legislative activities as they impact healthcare. This person would collaborate with the Vice President on a regular basis, as well as with the Association Community Liaison when public comments or position statements are indicated to address issues. Interested individuals can contact AOHP Headquarters (info@aohp.org) for a copy of the job description and to submit a resume.

The AOHP Executive Board met September 8, 9 and 10 during the AOHP 2014 National Conference in New Orleans, and a key discussion item was the organization’s Strategic Plan. The following documents the progress that has been made to date:

Strategic Goal #1: AOHP will increase membership by seven percent each year over the next five years. (This goal has been amended to three percent.)

- AOHP accomplished the 2013 goal with a membership of 1,128. Since it does not appear that AOHP will meet the goal of increasing membership by seven percent in 2014, the Board determined AOHP needed to lower its percentage rate of increase to make this goal attainable into the future.
- Headquarters staff purchased a hospital listing of employee/occupational health and infection control addresses to market AOHP in the coming year. This list is available for chapter use.
- A PowerPoint is being developed for use by AOHP members to explain to nursing students the role of an occupational health nurse as a specialty profession requiring specific skills. Many AOHP members have already volunteered to present this information as guest lecturers at nursing schools local to their area.
- To recruit new members, current members are encouraged to volunteer for career fairs and offer student rotations in their facilities.
- The Board will continue to perform cost comparisons with membership dues and other associated fees of other professional nursing organizations. AOHP membership remains a bargain!
- Every year, NIOSH Education and Research Centers and collaborative organizations will be invited to encourage members to apply for the Julie Schmid Research Scholarship and encourage students to apply to further promote AOHP research initiatives.

Strategic Goal #2: AOHP is technologically positioned to provide education and networking opportunities to its members.

- The Technology Committee expanded AOHP’s Web presence, and redesigned and enhanced the Web site.
- AOHP has expanded its number of press releases to increase visibility.
- The committee is exploring how to best utilize AOHP’s Facebook page.
- Webinars are now available, providing additional educational opportunities as well as CNE.
- The Web site offers “tools,” including templates and sample policies, which members can easily access.
- The online marketplace is now live.

Strategic Goal #3: Member communication, engagement and volunteerism are positively impacted by association programs and operations.

- The Board agreed that AOHP needs to develop a robust mentoring program. This action item is still pending as the committee determines how to proceed.
- Recruiting and maintaining a full complement of chapter officers is important to the organization, and the Executive Board is committed to working with chapters that require assistance.
- Go-To-Meeting or WebEx is available through AOHP Headquarters for chapter use.
- The committee recommends having a successful chapter mentor a struggling chapter at the officer level and invite those chapter leaders to attend their meetings virtually.
- Regional Directors will develop tools to assist chapters to improve in-person meeting attendance, in addition to utilizing teleconferencing.
• The committee is exploring options for chapter leadership training meetings and the development of assistive templates.

• Quarterly legislative reports via e-Bytes and the E-newsletter are important to monitor continually shifting national and state legislative issues.

• Town hall meetings are being discussed as an option to connect with members twice a year, utilizing both in-person and teleconferencing capabilities.

• Chapter President quarterly calls and Treasurer calls have been successful and will continue.

• AOHP leaders and Headquarters staff will continue to communicate effectively and transparently with all members and chapter leadership.

**Strategic Goal #4:** AOHP is recognized as an established authority in the industry.

• Research with AOHP has been successful, and findings have been published. These include the EXPOS.T.O.P. bloodborne pathogen survey and the staffing survey.

• Members have collaborated with AAOHN, ACOEM, ANA, NIOSH, MAP ERC and The ALLIANCE, as well as other industry leaders.

• Building research capacity has been increased; however, we continue to work on this area.

• The AOHP Standards of Practice for Occupational Health Professionals in Healthcare document has been revised and published. (See the related article in this issue for more details.)

• Efforts to promote AOHP as an established industry authority are on-going.

**Strategic Goal #5:** AOHP is the leading provider of educational programs for healthcare worker health, safety and well-being.

• This committee is developing curriculum for Beyond Getting Started education modules which will include a business skills module and detailed information about wellness programs, ADA/FMLA and accident investigation. This education will be provided in a variety of formats including webinars and live presentations. AOHP continues to strive for increased awareness of its educational offerings to both members and non-members. Marketing through electronic media includes Facebook, LinkedIn, e-Bytes and the E-Newsletter.

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**Special Thanks to Oxford Immunotec**

For sponsoring the 2014 National Conference Thursday Evening Event
Association Community Liaison Report

By MaryAnn Gruden, MSN, CRNP, NP-C, COHN-S/CM
Association Community Liaison

OSHA Issues Revised Reporting Requirements for Severe Injuries

On September 11, 2014, the Occupational Safety and Health Administration (OSHA) announced revised reporting requirements for severe injuries. In a press conference, Assistant Secretary of Labor for Occupational Safety and Health Dr. David Michaels stated, “OSHA will now receive crucial reports of fatalities and severe work-related injuries and illnesses that will significantly enhance the agency’s ability to target our resources to save lives and prevent further injury and illness. This new data will enable the agency to identify the workplaces where workers are at the greatest risk and target our compliance assistance and enforcement resources accordingly.”

The Occupational Safety and Health Administration’s revised recordkeeping rule includes two key changes:

First, the rule updates the list of industries that are exempt from routinely keeping OSHA injury and illness records is based on the North American Industry Classification System (NAICS) and injury and illness data from the Bureau of Labor Statistics (BLS) from 2007, 2008 and 2009. Note: The new rule retains the exemption for any employer with 10 or fewer employees, regardless of industry classification, from the requirement to routinely keep records.

Second, the rule expands the list of severe work-related injuries that all covered employers must report to OSHA. The revised rule retains the current requirement to report all work-related fatalities within eight hours and adds the requirement to report all work-related inpatient hospitalizations, amputations and loss of an arm within 24 hours to OSHA.

For more information, including Fact Sheets and FAQs, visit the OSHA link at https://www.osha.gov/recordkeeping2014/.

OSHA, NIOSH Publish Recommended Practices to Better Protect Temporary Workers

OSHA and the National Institute for Occupational Safety and Health (NIOSH) recently released recommended practices for staffing agencies and host employers to better protect temporary workers from hazards on the job. The Recommended Practices publication highlights the joint responsibility of the staffing agency and host employer to ensure temporary workers are provided a safe work environment.

“An employer’s commitment to the safety of temporary workers should not mirror these workers’ temporary status,” said Assistant Secretary of Labor for Occupational Safety and Health Dr. David Michaels. “Whether temporary or permanent, all workers always have a right to a safe and healthy workplace. Staffing agencies and the host employers are joint employers of temporary workers, and both are responsible for providing and maintaining safe working conditions.”

The new guidance recommends that staff agency/host employer contracts clearly define the temporary workers’ tasks, and the safety and health responsibilities of each employer. Staffing agencies should maintain contact with temporary workers to verify that the host has fulfilled its responsibilities for a safe workplace. The guidelines also discuss the OSHA reporting requirements if temporary workers are injured at the host worksite. The guidelines are available at https://www.osha.gov/Publications/OSHA3735.pdf.

OSHA also signed an alliance with the American Staffing Association (ASA) on May 21, 2014 to further protect temporary employees from workplace hazards. Through the alliance, OSHA and ASA will conduct outreach to workers about their rights and work to educate staffing firms and their clients that all workers have the right to be safe, regardless of how long they have been on the job. The partners will work together to distribute OSHA guidance and additional information on the recognition and prevention of workplace hazards, and to further develop ways of communicating such information to staffing firms, host employers and temporary workers.

OSHA Releases Educational Brochure on Safe Patient Handling for Nursing Homes

OSHA has developed Safe Patient Handling: Preventing Musculoskeletal Disorders in Nursing Homes, a new brochure that addresses the prevention of musculoskeletal disorders among nursing home and residential care workers, and explains the benefits of implementing safe patient handling programs. To see the brochure, visit https://www.osha.gov/Publications/OSHA3708.pdf.

OSHA Issues Citations for Inadequate Workplace Violence Safeguards

In two separate cases, OSHA cited New York medical care
A willful violation was cited for failing to develop and implement an effective workplace violence prevention program for its employees at Rikers, as well as for failing to review and correctly certify OSHA’s illness and injury reporting form.

In a separate inspection, OSHA determined that employees at the Brookdale medical facility were also exposed to workplace violence hazards. The most serious incident was a February 7, 2014 assault of a nurse who sustained severe brain injuries. Citations included a willful violation for failing to develop and implement adequate measures to reduce or eliminate the likelihood of physical violence and assaults against employees by patients or visitors. Read more about both cases in a new OSHA blog post about hazards of workplace violence at http://social.dol.gov/blog/american-horror-story-violence-in-the-workplace/.

NIOSH Celebrates National N95 Day
The National Institute for Occupational Safety and Health (NIOSH) is the federal agency that conducts research and makes recommendations for preventing work-related injuries, illnesses and deaths. To that end, on September 5, 2014 NIOSH celebrated N95 Day, a national health awareness day focused on increasing workers’ knowledge of on-the-job respiratory safety and protection. NIOSH estimates that every day more than 20 million workers in dozens of industries are exposed to airborne health risks. The theme for the 2014 observance was “Respirator Preparedness: Where Technology Meets Good Practices.”

“It is vitally important that employers and workers know about the products they are using and understand how to use them properly for their workplace,” explained Maryann D’Alessandro, Director of the NIOSH National Personal Protective Technology Laboratory. “N95 Day allows us to place even greater emphasis on making sure that accurate and actionable information is available for employers and workers alike.”

The N95 respirator is the most common of the seven types of particulate filtering facepiece respirators. This product filters at least 95 percent of airborne particles. NIOSH recommends workers who may be exposed to hazardous airborne particles follow the OSHA respiratory protection standard and use N95 filtering facepiece respirators. Respirators should only be used when engineering control systems are not feasible. Engineering control systems, such as adequate ventilation or scrubbing of contaminants, are the preferred control methods for reducing worker exposures.

NIOSH requested comments from partners about this year’s observance, and AOHP provided the following statement: As occupational health professionals (OHP) in healthcare, our mission is the safety of our staff (employees, medical staff, students, volunteers, contracted staff and others) and ultimately patient safety. It is not uncommon for the OHP to be the administrator of the respiratory protection program in a healthcare setting. We rely on knowing that the respiratory protection we are providing our staff meets the rigorous NIOSH testing standards and provides the stated level of protection. We appreciate the research that is being conducted to develop a respirator that will better meet the needs of workers in the healthcare environment for both daily and emergency events. Thank you for setting aside a day to acknowledge the N95 respirator as an important piece of personal protective equipment.

For more information about N95 Day, visit or search Twitter #N95Day. Workers can also find helpful tools and information on the Respirator Trusted Information Page at http://www.cdc.gov/niosh/nptl/topics/respirators/disp_part/RespSource.html. The following link has additional information about this observance: http://www.cdc.gov/niosh/updates/ upd-9-2-14.html. It is not too early to plan for next year!
On behalf of the Association of Occupational Health Professionals in Healthcare (AOHP), I am delighted to present the following information about the Japanese translation of AOHP’s Getting Started Manual.

The journey of the AOHP Getting Started Manual (GSM) being translated into Japanese started approximately four years ago. Mr. Eiji Doi (per Japanese custom, is referred to hereafter as Doi-San) attended his first AOHP Annual National Conference in 2010 and became an AOHP member. Doi-San’s occupation is as an Infection Control and Prevention Specialist who provides international consultation and speaking services. Doi-San is also the President of the Infection Control Support Association of Japan (JICSA) and President of the Association of Central Services and Infection Control Prevention (ACSIP).

A few months after the 2010 AOHP Annual National Conference, I was contacted by Doi-San’s United States translator, Emiko Griffith. She relayed that Doi-San was planning a San Francisco trip and requested to meet with me. When we met, Doi-San identified a need for Japan’s healthcare systems to include occupational health services, as these services are currently divided among Infection Prevention and Control, Central Services and other ancillary healthcare worker staff members. Doi-San presented the idea of and offered to have the GSM translated into Japanese to promote the occupational health profession as a new specialty in Japan and to use the GSM as an educational tool. Doi-San’s requested plan was then introduced to AOHP’s Executive Board of Directors. The request was approved and formalized in writing. On July 19, 2014, the GSM’s Japanese publication was released.

In February 2014, Doi-San requested an AOHP representative travel to Osaka, Japan to be the ACSIP’s quarterly keynote speaker. I was absolutely delighted to have been chosen to provide the requested presentation and to introduce the attendees to the AOHP GSM. The presentation included AOHP information (i.e., historical background, mission, vision and the importance of the association) and an overview of an occupational health professional in healthcare’s role.

Prior to the presentation, Ms. Griffith, Doi-San and I met with a physician colleague of Doi-San’s, Dr. Masaki Tanabe. Dr. Tanabe is the Medical Director for the Department of Patient Safety and Infection Control at Mie University Hospital in Mie, Japan. Doi-San and Dr. Tanabe are working in partnership to develop the specialty of occupational health for Japanese hospitals. I learned much from Dr. Tanabe about occupational health in Japan, as well as laws and regulations they function under. Dr. Tanabe also had specific questions for me, which we discussed.

My ACSIP presentation had previously been translated into Japanese by Ms. Griffith, which was displayed on a screen for approximately 600 attendees—the highest registration rate for this ACSIP group. Doi-San moderated the talk, and Ms. Griffith was in front of me below the stage translating. The total presentation took approximately two hours, with time for questions from the group.

Your AOHP Board had great foresight four years ago by voting to move ahead with the partnership and venture between JICSA and AOHP. This is a truly exciting time for this partnership. On behalf of AOHP, we look forward to supporting Doi-San’s efforts in Japan with starting the occupational health specialty, as he was very successful in promoting the specialty of infection control and prevention in Japan approximately 20 years ago. Doi-San was awarded the AOHP Business Award at the 2014 AOHP Annual National Conference. The presentation of this award was a delight to experience. With this partnership and venture, one can see how AOHP is truly becoming a world-class organization as the association grows and develops, which is in alignment with the mission and vision of the organization.

I want to take this opportunity to express my deepest gratitude to AOHP and Doi-San/JICSA for the opportunities I have been afforded as a member of AOHP. I look forward to continuing my support and volunteerism with AOHP as long as I am able.

Arigato!
Virtual data storage is the last topic we’ll cover in this series of storage possibilities. The 4-1-1 on this category of storage is so mainstream that most people have heard of it, even if they don’t quite understand how it works. Imagine being separated by a continent from a friend or family member who is currently visiting an exotic place. Wish you could see the digital photos and videos of their outing for that day? Turn on your computer, go to a particular Web site, click a button and view all those memories. Or, imagine having to travel out of state and not lug around a bunch of files for your presentation, nor tote them to the post office and pay shipping. Welcome to “The Cloud!”

The Cloud

Have you ever uploaded files, photos, videos, etc., using your online email account, and then forwarded them to a business, family member or friend? That’s the same concept as uploading to a storage provider via the Internet. The similarity ends where these virtual files can be accessed from any location and any time when an Internet connection is available. Exactly how and where the files are stored is usually not known to the user. This is one advantage of cloud storage – access is location independent. Also, if the data is stored elsewhere, your computer storage space is free for other things.

In addition to location independence, an advantage for the user is a “pay for what you use” model. The companies providing this service are called – you guessed it! – cloud storage providers. If users purchase their own storage systems, they are paying for all the capacity, though they may initially only be using a small fraction of it. With many cloud storage providers, users pay for the storage used and can upgrade, if needed.

Benefits:
• Files are protected by requiring user authentication. In some instances, they may be encrypted.
• Other providers support and promote the sharing of files. The sites to which individuals can upload photographs and share them with friends and family are examples. What makes some of these services “cloud” storage is not only location independent access, but also the physical storage system itself. Rather than having a single storage site, the cloud providers have multiple sites for both capacity and redundancy.
• Some providers have streamlined processes to sync any folder with a Smartphone, tablet and computer. These same folders can also be set up for colleagues to access and submit changes – read that, another AOHP member. That’s pretty efficient if you’re part of a group residing in another state or on different continents.

Vulnerabilities:
• What happens if the account is closed? You may find yourself in a time crunch transferring all data within 30 or 60 days.
• What happens when the virtual storage provider is hacked? And who answers? Outside vendors who may require interaction with systems or software may not be fully vetted for security purposes.
• Who owns the content; the business or the virtual storage provider?
• What if the system goes down? This happened in 2008 with Amazon’s cloud storage due to a storm.
• How would a person or company retrieve lost information? If you’ve ever experienced the “blue screen of death,” think about it…

Notice, there aren’t a plethora of answers if any of these scenarios happen. Let’s bring up the different forms to fit needs with these vulnerabilities: public clouds; private clouds; and hybrid clouds.

Public Cloud
Two sources, www.dummies.com and www.edutopia.com, do a good job of explaining differences among the different clouds. Public cloud storage has the infrastructure and provider service off-site via the Internet. This type of virtual storage is efficient, as it can offer shared resources for partitioning a customer’s data or be hosted as a single tenant. It’s sort of like having a numbered seat in the nosebleed section of a ballpark vs. luxury private box seats. Would this cloud application work for you? Maybe it would if you needed to collaborate on projects, use applications by a multitude of people (like email) or need additional storage – other than on your computer. Amazon Web Services and Google Cloud are just a couple of popular providers for public cloud storage.

Private Cloud
Private clouds are just that – private. Businesses can build virtual storage in their own data center(s) by running applications on virtual servers that may reside on actual machines. Wow! These are usually managed by an internal Information Technology Department or third party, externally for obvious reasons. A private cloud offers the greatest level of security and control and is best for a business requiring strict compliance regulations or critical applications – like a hospital.

Hybrid Cloud
Hybrid clouds use a variety of public and private options and platforms based on technical and business requirements or needs. E-commerce is
best served using a hybridized cloud. Let’s say a business needs to keep certain data stored privately but needs to tap into public cloud resources during hours of peak demand. Examples of this would include realtors or income tax services. 

**Final Thoughts**

This last installment of data storage has probably raised more questions than it has answered. That’s not necessarily a bad thing, especially if it stimulates possibilities for your work or personal life. Regardless of your need or interest in virtual data storage, research fully any provider that you willing give your data (or memories) to store. Free storage can be great, so keep track of your data bytes, and don’t exceed the limit. Read comparisons and reputable reviews if you choose this virtual route. The most popular provider may not be the best option.

For now, I’ll stay in the "saved" bucket with the data storage I can physically hold. After all, I’m still a #2 pencil kind of girl.

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**CALL FOR SPEAKERS**

AOHP is soliciting presentation submissions for the AOHP 2015 National Conference. The speaker submission will be in two phases. The first submission will help the committee decide if your presentation meets the needs of the conference. Please provide as much detail as possible in the submission, including a description of any relevant methods, techniques, tools, results, lessons learned, etc.

**Deadline to submit:** January 30, 2015

Successful applicants will be notified by April 15, 2015

**Suggested topics (but not limited to):**

- Blood and body fluid exposure management
- Influenza: Beyond Vaccination. Review the impact of mandatory vaccination on worker health, nosocomial influenza, absenteeism.
- Fitness for duty as relates to policy, interactive process with employee, appeals, legal issues.
- Impaired practitioner: Investigation, testing, update on return to practice.
- OSHA Inspections: Step by step, how to appeal, take pictures, training and retraining.
- Management and Development of an Effective Wellness Program: Budget, job descriptions, how to make a case.
- Employee Health Role in emergency preparedness or Emergency Response Team.
- Business-oriented classes, organizational charts, program management.
- TB/Hepatitis C Update.
- FMLA and leave management.

- Dealing with Worker Injuries/Safe Patient Handling.
- How OHNs can demonstrate value to management using metric tools.
- Immunization updates related to CDC requirements for healthcare professionals.
- Ergonomics.
- Mental Health topics, including methods for identification and screening.
- Worker’s compensation.
- Case Management of occupational health issues.
- Aging workforce.
- Laser Safety.
- Managing emerging infectious diseases with appropriate surveillance program implementation.
- “Future trends.” What’s coming, and what changes need to be made to prepare.
- Workplace violence.
- Employee safety behaviors and accident prevention.
- Stress reduction.


For more information, please contact Annie Wiest at AOHP Headquarters via email: info@aohp.org or phone: 724-935-1531.
High-Reliability Employee Safety Program Development

By Cory Worden, MS, CSHM, CSP, CHSP, REM, CESCO

In an industry with historically higher-than-average employee injury rates and an unfortunate cultural acceptance of workplace hazards, with clichés such as “the cost of doing business,” regulatory compliance has been a, if not the, benchmark of employee safety. However, if compliance and the upkeep of safe conditions amount to overall employee safety, there must be another explanation for employee injuries. While hazard controls in place may constitute safe working conditions, employee decisions, or lack thereof, regarding work safety constitute the remainder of the cultural puzzle that forms an employee safety culture. For example, for safe patient handling to take place, a full program must be in place, including patient handling equipment as mechanical support to the employee to mitigate patient weight. However, these equipment controls, even with their mechanical nature as engineering controls, require the employee’s active use, making them also administrative controls. Ultimately, the employee must choose to use the equipment the leaders are expected to put in place. In short, for employees to be expected to work safely, leaders must be expected to provide safe conditions through an employee safety program. For this safe behavior to be exhibited every time a hazard exists to yield consistent, reliable and valid results, high-reliability must be intrinsic in the employee safety program.

Within the context of high-reliability safety, all angles must be covered to ensure the safest possible work practices are utilized within the safest possible working conditions every time the process is performed:

- A hazard analysis and risk assessment must be performed with leadership knowledge of all hazards, hazard controls and those at risk. Hazards must be identified, and risks must be assessed. Employee input and feedback must be solicited and utilized; safety committees are great places for this.
- Hazard controls must be implemented using the Hierarchy of Controls and a multi-faceted approach; this allows for the necessary elimination, substitution, equipment/engineering, processes/administration and personal protective equipment (PPE) to eliminate or mitigate hazards. Hazard controls all require training to ensure employee knowledge of each hazard control and performance of each task utilizing the controls to standard. This is also the opportunity for the development of safe conditions and regulatory compliance.
- Information programs allow for constant reinforcement and reminders of safe work practices. Safety huddles, bulletin boards, newsletters, town hall meetings and any other communication methods should be utilized so that employee safety is a standing message in every forum.
- Leading Indicators such as observations allow for not only validation of safe behaviors, but also opportunities for recognition for program participation and safe behavior, and coaching for unsafe behavior, as well as tracking of safe conditions through inspections. For example, if 10 out of 10 employees complete observations and inspections, this data point shows employee participation in the program and active observation for hazards and safe behaviors. Additionally, if 10 out of 10 employees are observed to be utilizing patient handling equipment, patient handling injuries can be predicted to decrease. However, if no observations of patient handling equipment use are made, the opposite can be predicted.
- Lagging Indicators and Accident Investigations provide further opportunities for coaching and further preventive measures. All accidents must be reported and investigated. Without knowledge of what happened, how, why, when and to whom, the causal factor(s) cannot be prevented in the future.

For these program components to work, dual accountability must be in place. This allows for the most senior leaders to not only communicate a culture of employee safety, but to prove their mettle through program expectations to both leaders and employees alike. Without these expectations, program gaps will persist and due diligence to employee safety won’t be done. With this diligence, employees must know
and actively stay attuned to hazards. If a hazard control is not in place, this must be reported; a major role of the individual employee. Ultimately, leaders must account for safe conditions and the presence of hazard controls. But, as with any part of a hospital or healthcare setting, employees must demonstrate performances to standard. In this case, the standard is safe behavior.

With a high-reliability employee safety program, a singular focus on conditions or behaviors alone will never achieve reliable results in accident reduction. However, high-reliability workplace safety development allows for leaders and employees to all play an invaluable role in employee safety, leading to safe behaviors within safe conditions every time a process is performed.

Cory Worden is currently the Manager of System Safety at Memorial Hermann Healthcare System in Southeast Texas. He holds a Master of Science in Occupational Health and Safety and is a Certified Safety and Health Manager (CSHM,) a Certified Safety Professional (CSP,) a Certified Healthcare Safety Professional (CHSP,) a Registered Environmental Manager (REM) and a Certified Environmental and Safety Compliance Officer (CESCO.) He has developed and implemented safety, emergency management and training programs for the past 10 years in the military, manufacturing, municipal government and healthcare. He is a current AOHP member.
AOHP Revises Standards of Practice for Occupational Health Professionals in Healthcare

By MaryAnn Gruden, MSN, CRNP, NP-C, COHN-S/CM

One of the current AOHP strategic initiatives is for the association to be recognized as an established authority in the industry. An objective to meet this initiative was to review the AOHP Standards of Practice for Occupational Professionals in Healthcare and identify the need for revision. In 1996, the original AOHP Standards of Practice were published. Since that time, they have been reviewed and revised on a routine basis. A work group consisting of members Deb Fell-Carlson, Linda Good, Dee Tyler and MaryAnn Gruden were tasked with the goal of achieving this objective. The work was accomplished through several conference calls, with online review and revision of the AOHP standards, as well as review of the literature of other professional practice standards.

The following are the final revised standards. There is a focus on professional development, evidence-based practice, collaboration and research. It is recommended that these standards be reviewed and considered a resource as daily functions and practices are considered. If you have any questions or comments, please feel free to contact MaryAnn Gruden at magaohp@yahoo.com.

Association of Occupational Health Professionals In Healthcare Standards Of Practice

Vision
The Association of Occupational Health Professionals in Healthcare (AOHP) is the defining authority shaping healthcare worker health, safety and well-being.

Mission
AOHP is dedicated to promoting the health, safety and well-being of workers in healthcare. This is accomplished through:
• Advocating for employee health and safety.
• Occupational health education and networking opportunities.
• Health and safety advancement through best practice and research.
• Partnering with employers, regulatory agencies and related associations.

Introduction
These standards are intended to be the foundation to guide the occupational health professional (OHP) in practice or oversight of an OHP practice within healthcare. The standards are intentionally broad to better guide those in various roles within and across organizations.

Standard #1 – Professional Development
The OHP in healthcare takes advantage of evidence-based educational and professional growth and research opportunities not only to meet legal and professional licensure obligations, but to advance knowledge to provide excellence to the profession. AOHP encourages self-direction to seek educational opportunities.

Rationale: Expertise in current evidence-based occupational health practice is necessary to demonstrate competency as an OHP.

Objectives:
• Participate in programs that enhance professional development.
• Participate in AOHP’s Annual National Conference.
• Seek out scholarship opportunities for research and education.
• Seek educational opportunities appropriate to level of practice.
• Foster collaboration through professional networking and resources.
• Pursue certifications appropriate to practice such as occupational health nursing, safety, case management and infection control to establish expertise in the field.
• Participate in research activities consistent with level of practice.

Standard #2 – Legal and Ethical Issues
The OHP has a legal and ethical obligation to protect the rights of the employee, to assist in protecting the employer from litigation and regulatory penalties, and to practice with honesty and integrity in fulfilling professional, legal and regulatory duties and requirements. The OHP acts as an advocate for the employee to ensure equal access to occupational health services. The OHP follows industry standards of practice and regulatory guidance in his or her clinician role. The OHP also serves as an adviser to leadership responsible for providing a safe and healthy work environment for healthcare workers and is charged with
leadership in provision AOHP supports open communication and a non-punitive reporting process.

**Rationale:** Ethics-driven practice protects the best interests of both the employees and the organization served by the OHP.

**Objectives:**
- Observe high standards of ethics in conducting business and personal duties and responsibilities.
- Safeguard confidential information in accordance with the law.
- Accept societal obligations as a professional and community member.
- Maintain individual competence in occupational health.
- Accept responsibility for individual judgments and actions.
- Identify and resolve ethical dilemmas, seeking counsel when needed.
- Pursue educational growth and development related to legal, regulatory and ethical issues.
- Provide uniform healthcare services based on workplace hazard assessments in the work environment for all healthcare workers.
- Promote collaboration with professionals within the occupational health discipline and within the community.
- Avoid/reveal conflict of interest situations when collaborating within and outside the workplace.

**Standard #3 – Management/Administration**

The OHP in healthcare effectively assumes a responsible role for monitoring and influencing the occupational health of workers. The OHP takes a leadership role in serving as a resource and adviser to management as needed to assist in protecting and promoting the health, safety and well-being of the workers within the organization.

**Rationale:** The OHP develops a practice consistent with the culture, mission and business goals – as well as the related health and safety needs – of the healthcare organization.

**Objectives:**
- Acknowledge that OHPs are leaders in their respective workplaces and communities, regardless of title.
- Contribute to the overall health, safety and well-being of the workforce.
- Recognize and address diversity needs of the workforce.
- Initiate goal development and program planning.
- Collaborate with management on implementation of goals and programs.
- Implement comprehensive programs and systems supporting the occupational health, safety and well-being of healthcare workers.
- Implement policy and procedure protocols.
- Implement and maintain quality improvement and cost containment programs.
- Develop and maintain regulatory compliance documents.
- Educate management and employees regarding safety, health and well-being.
- Collect, analyze and summarize occupational health data (locally/globally) to determine value of services provided for individual locations for which he or she is responsible, as well as the overall healthcare organization.
- Articulate to management the implications of the data collected and the value of the service provided.
- Evaluate achievement of goals and objectives.

**Standard #4 – Clinical Practice**

The OHP provides assessment and diagnosis, and develops plans of care consistent with level of practice and the practice setting according to nationally recognized evidenced-based occupational health principals. Clinical practice scope and responsibility depend on the size and type of organization and the OHP role within that organization.

**Rationale:** The OHP provides clinical expertise appropriate to the scope of practice and setting and according to evidenced-based occupational health principals.

**Objectives:**
- Utilize nationally accepted evidence-based medicine treatment guidelines as a basis for practice.
- Develop internal evidence-based clinical practice guidelines.
- Emphasize prevention and early intervention.
- Develop and provide self-care coaching and motivational interviewing.
- Incorporate changes in accepted evidence-based medicine treatment guidelines into clinical practices when they occur.

**Standard #5 – Occupational Case Management and Collaboration**

The OHP collaborates at all levels within the healthcare organization to ensure the safety, well-being and fitness for duty of the workforce. The type and degree of responsibility is dependent on the size and type of organization and the OHP role within that organization. The OHP helps to assure the employee receives the right care at the right time and at a reasonable cost.

**Rationale:** The OHP provides monitoring and follow-up of health problems, and sets standards to evaluate and improve the services provided.

**Objectives:**
- Collaborate with other healthcare professionals to identify and develop best practices.
- Emphasize comprehensive care and early intervention.
- Develop and provide wellness strategies and counseling.
- Implement written protocols in accordance with legal requirements.
- Implement procedures for monitoring goals and objectives, and document evidence of fiscal responsibility.
- Develop motivational interviewing and other skills to influence changes in worker knowledge and attitudes regarding health.
- Manage work-related injuries with an emphasis on prevention.
- Maintain accurate healthcare records.
- Develop and evaluate goals, programs, systems and outcomes that contribute to organizational efficiency.
Standard #6 – Community Affiliation, Partnerships and Collaboration

AOHP strongly advocates OHP participation in community groups and organizations that support the OHP. This support increases the effectiveness of occupational healthcare for all healthcare workers. This may be done through a professional organization or on an individual basis.

Rationale: Community involvement provides a basis for strong alliances for the care and support of the working public.

Objectives:
- Seek information/knowledge regarding community, environmental, government issues and trends that might impact occupational health.
- Support community health activities.
- Join community health organizations.
- Collaborate with environmental, emergency and other public services.
- Initiate visits to government or community representatives.
- Advocate concerning legislation that may affect practice.

References

ROC Someone’s World!!! Recruit Our Colleagues!

The “Recruit Our Colleagues” (ROC) campaign has been successful for many years. The AOHP Board of Directors has approved continuing this valued incentive to help grow our organization.

Suggested ideas for recruitment:
- Contact your chapter president for a list of non-renewing members. Give them a call, and encourage them to re-join.
- Contact hospitals in your geographic area that do not have an AOHP member.
- If you have a separate occupational health provider, talk with him/her about becoming a member of AOHP. MDs, NPs and PAs would benefit from many of our educational offerings and could also potentially be conference speakers.

Grand Prize: "Whole Shebang" for the member who recruits 10 or more new members. This prize includes National Conference registration and four hotel nights. In the event that no member recruits 10 or more members, the member who recruits at least four new members will receive a National Conference registration at the conclusion of the annual campaign.
- 2nd place: Annual membership fee for the year after the conclusion of the annual campaign.
- Chapter Award: The chapter that recruits the most new members will receive a check for $250 to be used at their discretion.

Reach out and share the benefits of AOHP membership with your area colleagues.

Membership brochures are available through Headquarters, or encourage potential new members to visit http://aohp.org/aohp/

Remind new members to list your name as their recruiter!

Special Thanks to Axion Health

for sponsoring the Annual Membership Luncheon on Friday, September 12 in New Orleans
Ebola (Ebola Virus Disease)

Because the natural reservoir host of Ebola viruses has not yet been identified, the manner in which the virus first appears in a human at the start of an outbreak is unknown. However, researchers believe that the first patient becomes infected through contact with an infected animal.

When an infection does occur in humans, the virus can be spread in several ways to others. Ebola is spread through direct contact (through broken skin or mucous membranes) with:

- blood or body fluids (including but not limited to urine, saliva, feces, vomit, and semen) of a person who is sick with Ebola
- objects (like needles and syringes) that have been contaminated with the virus
- infected animals
- Ebola is not spread through the air or by water, or in general, food. However, in Africa, Ebola may be spread as a result of handling bushmeat (wild animals hunted for food) and contact with infected bats.

Healthcare providers caring for Ebola patients and the family and friends in close contact with Ebola patients are at the highest risk of getting sick because they may come in contact with infected blood or body fluids of sick patients.

During outbreaks of Ebola, the disease can spread quickly within healthcare settings (such as a clinic or hospital). Exposure to Ebola can occur in healthcare settings where hospital staff are not wearing appropriate protective equipment, including masks, gowns, and gloves and eye protection.

Dedicated medical equipment (preferable disposable, when possible) should be used by healthcare personnel providing patient care. Proper cleaning and disposal of instruments, such as needles and syringes, is also important. If instruments are not disposable, they must be sterilized before being used again. Without adequate sterilization of the instruments, virus transmission can continue and amplify an outbreak.

Once someone recovers from Ebola, they can no longer spread the virus. However, Ebola virus has been found in semen for up to 3 months. People who recover from Ebola are advised to abstain from sex or use condoms for 3 months.

Related Links

- Filoviridae: http://www.cdc.gov/vhf/virus-families/filoviridae.html

Facts about Ebola in the U.S.

You CAN’T get Ebola through AIR

You CAN’T get Ebola through WATER

You CAN’T get Ebola through FOOD grown or legally purchased in the U.S.

You can only get Ebola from:

- Touching the blood or body fluids of a person who is sick with or has died from Ebola.
- Touching contaminated objects, like needles.
- Touching infected fruit bats or primates (apes and monkeys).
The right fit lets you dive in.

Your Employee Health software is a broader habitat than you realize. Sure, the view from the top lets you understand your whole program. But, slip under the surface to experience the full ecosystem. AgilityEH software has comprehensive tracking and reporting that’s essential, but you’ll also want to hop on the interactive functions that offer a leap in efficiency. Employees can fill out incident reports online or partially complete forms prior to a visit. Now, wouldn’t that help you glide through your day?

Learn more at nhsinc.com.
AOHP 2014 National Conference, New Orleans, LA

Honorary Membership Recipient, Debra Novak, PhD, RN (center) with MaryAnn Gruden (L) and Dee Tyler (R)

Business Award Recipient - Japan Infection Control Support Association, Eiji Doi-San (center) and his interpreter Emiko Griffith (R) with Dee Tyler (L)

Extraordinary Member Recipient - Julie Nicholas, BSN, RN, COHN-S (L)
Joyce Safian Scholarship Recipient - Mary M. Cox, MSN, RN, COHN-S (R)
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Healthcare workers are at 2- to 5-fold higher risk of developing latent tuberculosis (TB) infection compared with the general population (1).

Find out today how switching to QuantiFERON-TB Gold (QFT®) can help you improve:

- Accuracy (2, 3)
- Efficiency (2, 4)
- Cost-effectiveness (4–6)

References:
Enterovirus D68

EV-D68 Infections Reported
Hospitals in Missouri and Illinois are seeing more children than usual with severe respiratory illness caused by enterovirus D68 for this time of the year.

Several other states are investigating clusters of children with severe respiratory illness, possibly due to enterovirus D68.

CDC is watching this situation closely and helping the states with testing of specimens.

Q: What is enterovirus D68?
A: Enterovirus D68 (EV-D68) is one of many non-polio enteroviruses. This virus was first identified in California in 1962, but it has not been commonly reported in the United States.

Q: What are the symptoms of EV-D68 infection?
A: EV-D68 can cause mild to severe respiratory illness.
- Mild symptoms may include fever, runny nose, sneezing, cough, and body and muscle aches.
- Most of the children who got very ill with EV-D68 infection in Missouri and Illinois had difficulty breathing, and some had wheezing. Many of these children had asthma or a history of wheezing.

Q: How does the virus spread?
A: Since EV-D68 causes respiratory illness, the virus can be found in an infected person’s respiratory secretions, such as saliva, nasal mucus, or sputum. EV-D68 likely spreads from person to person when an infected person coughs, sneezes, or touches contaminated surfaces.

Q: How many people have been confirmed to have EV-D68 infection?
A: From mid-August to September 24, 2014, a total of 220 people in 32 states were confirmed to have respiratory illness caused by EV-D68. Learn about states with confirmed cases.

Q: What time of the year are people most likely to get infected?
A: In general, the spread of enteroviruses is often quite unpredictable, and different types of enteroviruses can be common in different years with no particular pattern. In the United States, people are more likely to get infected with enteroviruses in the summer and fall. We’re currently in middle of the enterovirus season, and EV-D68 infections are likely to decline later in the fall.

Q: How common are EV-D68 infections in the United States?
A: EV-D68 infections are thought to occur less commonly than infections with other enteroviruses. However, CDC does not know how many infections and deaths from EV-D68 occur each year in the United States. Healthcare professionals are not required to report this information to health departments. Also, CDC does not have a surveillance system that specifically collects information on EV-D68 infections. Any data that CDC receives about EV-D68 infections or outbreaks are voluntarily provided by labs to CDC’s National Enterovirus Surveillance System (NESS). This system collects limited data, focusing on circulating types of enteroviruses and parechoviruses.

Q: Who is at risk?
A: In general, infants, children, and teenagers are most likely to get infected with enteroviruses and become ill. That’s because they do not yet have immunity...
Q: What is EV-D68?
A: Enterovirus D68 (EV-D68) is a type of enterovirus that is associated with respiratory illness. It can cause symptoms similar to those caused by other enteroviruses, but it is unique in its ability to cause severe respiratory illness in some cases.

Q: How is EV-D68 spread?
A: EV-D68 is spread through respiratory droplets, such as those produced when a person coughs or sneezes. It can also be spread through contact with respiratory secretions, such as saliva and mucus.

Q: What are the symptoms of EV-D68?
A: The symptoms of EV-D68 can vary, but they may include fever, cough, wheezing, trouble breathing, and pneumonia. Some cases may be asymptomatic.

Q: Is there a vaccine for EV-D68?
A: No. There is no vaccine for EV-D68 at this time.

Q: How can I protect myself from EV-D68?
A: You can help protect yourself from EV-D68 by:
- Washing your hands often with soap and water for 20 seconds, especially after changing diapers.
- Avoiding touching your nose and mouth with unwashed hands.
- Avoiding kissing, hugging, and sharing cups or eating utensils with people who are sick.
- Disinfecting frequently touched surfaces, such as toys and doorknobs, especially if someone is sick.

Q: What are the treatments for EV-D68?
A: There is no specific treatment for EV-D68. If you have respiratory illness, you should consult your doctor for advice on the best course of treatment. In some cases, antibiotics may be prescribed to treat a secondary bacterial infection.

Q: What should clinicians do?
A: CDC recommends:
- Discussing and updating your asthma action plan with your primary care provider.
- Taking your prescribed asthma medications as directed, especially long-term control medication(s).
- Being sure to keep your reliever medication with you.
- If you develop new or worsening asthma symptoms, follow the steps of your asthma action plan. If your symptoms do not go away, call your doctor right away.
- Parents should make sure the child’s caregiver and/or teacher is aware of his/her condition, and that they know how to help if the child experiences any symptoms related to asthma.

Q: What should people with asthma and children suffering from reactive airway disease do?
A: CDC recommends:
- Completing a patient summary form for each patient for whom specimens are being submitted.
- Submitting specimens (nasopharyngeal and oropharyngeal swabs are preferred or any other type of respiratory specimens) using CDC instructions (http://www.cdc.gov/non-polio-enterovirus/lab-testing/specimen-collection.html) and complete specimen submission form 50.34 (http://www.cdc.gov/laboratory/specimen-submission/form.html).
- Completing a patient summary form for each patient for whom specimens are being submitted. Please send a printed copy of the form at the same time as specimen submission.
- EnteroVirus D68 (EV-D68) Patient Summary Form

Q: What should clinicians do?
A: Clinicians should:
- Consider EV-D68 as a possible cause of acute, unexplained severe respiratory illness, even if the patient does not have fever.
- Ensure that the patient has an asthma action plan. Reinforce use of this plan, including adherence to prescribed long-term control medication. Encourage people with asthma who are experiencing an exacerbation to seek care early. See http://www.nhlbi.nih.gov/files/docs/guidelines/asthma_qrg.pdf [12 pages, from the National Institutes of Health].
- Report suspected clusters of severe respiratory illness to local and state health departments. EV-D68 is not nationally notifiable, but state and local health departments may have additional guidance on reporting.
- Consider laboratory testing of respiratory specimens for enteroviruses when the cause of respiratory illness in severely ill patients is unclear.
- Consider testing to confirm the presence of EV-D68. State health departments can be approached for diagnostic and molecular typing for enteroviruses.

What we know about enterovirus D68 and about the current EV-D68 situation in the United States.

Before sending specimens for diagnostic and molecular typing:
- Contact your state or local health department.
- Submit specimens (nasopharyngeal and oropharyngeal swabs are preferred or any other type of respiratory specimens) using CDC instructions (http://www.cdc.gov/non-polio-enterovirus/lab-testing/specimen-collection.html) and complete specimen submission form 50.34 (http://www.cdc.gov/laboratory/specimen-submission/form.html).
- Submit additional guidance on reporting.
- Report suspected clusters of severe respiratory illness to local and state health departments. EV-D68 is not nationally notifiable, but state and local health departments may have additional guidance on reporting.
- Consider laboratory testing of respiratory specimens for enteroviruses when the cause of respiratory illness in severely ill patients is unclear.
- Consider testing to confirm the presence of EV-D68. State health departments can be approached for diagnostic and molecular typing for enteroviruses.

There are no antiviral medications currently available for people who become infected with EV-D68.

Q: How can I protect myself?
A: You can help protect yourself from respiratory illnesses by following these steps:
- Wash hands often with soap and water for 20 seconds, especially after changing diapers.
- Avoid touching eyes, nose and mouth with unwashed hands.
- Avoid kissing, hugging, and sharing cups or eating utensils with people who are sick.
- Disinfect frequently touched surfaces, such as toys and doorknobs, especially if someone is sick.

Since people with asthma are higher risk for respiratory illnesses, they should regularly take medicines and maintain control of their illness during this time. They should also take advantage of influenza vaccine since people with asthma have a difficult time with respiratory illnesses.

Q: How can I protect myself from EV-D68?
A: You can help protect yourself from EV-D68 by:
- Washing your hands often with soap and water.
- Avoiding touching your nose and mouth with unwashed hands.
- Avoiding kissing, hugging, and sharing cups or eating utensils with people who are sick.
- Disinfecting frequently touched surfaces, such as toys and doorknobs, especially if someone is sick.

Among the EV-D68 cases in Missouri and Illinois, children with asthma seemed to have a higher risk for severe respiratory illness.
Healthcare professionals in healthcare settings should be vigilant about preventing the spread of EV-D68:

- Infection control precautions should include Standard, Contact, and Droplet Precautions for the current outbreak of EV-D68.
- Although non-enveloped viruses such as EV-D68 may be less susceptible to alcohol than enveloped viruses or vegetative bacteria, alcohol-based hand rub (ABHR) offers benefits in skin tolerance, compliance, and, especially when combined with glove use, overall effectiveness for a wide variety of healthcare pathogens. Therefore, upon removal and prior to donning gloves, perform hand hygiene using either ABHR or soap and water. See Hand Hygiene in Healthcare Settings (http://www.cdc.gov/handhygiene/) for more information.
- Follow infection control measures; see CDC health alert (http://emergency.cdc.gov/han/han00369.asp) for more information.

Q: What is CDC doing about EV-D68?
A: CDC is

- helping states with diagnostic and molecular typing for EV-D68.
- working with state and local health departments and clinical and state laboratories to enhance their capacity to identify and investigate outbreaks, and perform diagnostic and molecular typing tests to improve detection of enteroviruses and enhance surveillance.
- helping the Colorado health department investigate these cases among children in Colorado who had respiratory illness and later developed neurologic illness.
- developing and validating a diagnostic test to detect EV-D68 in specimens. CDC will explore options for providing test kits and protocols to state public health labs.
- providing information to healthcare professionals, policymakers, general public, and partners in numerous formats, including MMWR, health alerts, websites, social media, podcasts, infographics, and presentations.

Related Pages
- Non-Polio Enterovirus for Health Care Professionals: http://www.cdc.gov/non-polio-enterovirus/hcp.html
- Severe Respiratory Illness Associated with Enterovirus D68 — Missouri and Illinois, 2014, MMWR, September 8, 2014: http://www.cdc.gov/mmwr/preview/mmwrhtml/mm63e0908a1.htm

The AOHP 2014 Annual National Conference Syllabus is available for purchase

In CD Format!

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To order your copy, download form at http://www.aohp.org/aohp/MARKETPLACE/ConferenceSyllabus.aspx or contact AOHP Headquarters: info@aohp.org or 800 362-4347.
What Do State Marijuana Laws Mean for Employers’ Drug Policies?
As attitudes toward marijuana grow more lenient, will employer drug-testing policies go up in smoke?

By Tamara Lytle
Informed Consent Policy

Patients have a right to privacy that will not be infringed without informed consent. Identifying information, including patients’ names, initials, or hospital numbers, will not be published in written descriptions, photographs, and pedigrees unless the information is essential for scientific purposes and the patient (or parent or guardian) has given written informed consent for publication. Any patient who is identifiable will be shown the manuscript to be published. Authors will identify individuals who provide writing assistance and disclose the funding source for this assistance.

Identifying details will be omitted if they are not essential. Complete anonymity is difficult to achieve, however, and informed consent will be obtained if there is any doubt. If identifying characteristics are altered to protect anonymity, such as in genetic pedigrees, authors will provide assurance that alterations do not distort scientific meaning and editors will so note.

The requirement for informed consent is included in the journal’s instructions for authors. When informed consent has been obtained it will be indicated in the published article.

Special Thanks to QIAGEN

for sponsoring the 2014 National Conference Wednesday opening reception.
The mission of the journal is to advance knowledge through the publication of scientific and scholarly works. Articles will be accepted only if they are considered ethically sound in the judgment of the Editor.

For experiments involving human subjects, the committee approving the experiments shall be identified and the research shall be conducted according to the principals expressed in the Declaration of Helsinki. The authors shall confirm informed consent was obtained from all research subjects.

All authors shall include details of animal welfare (such as species, number, gender, age, weight, housing conditions, welfare, training and the fate of the animals at the end of the experiment and steps taken to ameliorate suffering in all published papers that involve non-human primate research. These details should be included in the Methods section of the article.

Articles describing work with animals will be accepted only if the procedures used are clearly described and conform to the legal requirements of the country in which the work was carried out and to all institutional guidelines. A brief statement identifying the institutional and/or licensing committee approving the experiments must be included at the end of the article.

Research relating to animal behavior must follow the Association for the Study of Animal Behavior/Animal Behavior Society Guidelines for the Use of Animals in Research (Animal Behaviour, 2006, 71, 245-253) published on the Animal Behavior website, the legal requirements of the country in which the work was carried out, and all institutional guidelines.

Online Education and CEs

AOHP has several archived webinars that you can earn CEs for attending. Here is a list of available titles:


**WEB006** - The Americans With Disabilities Act Amendments Act (ADAAA) and FMLA: Have The Flood Gates Opened? Presented by Gregory L Lacey

**WEB007** - Manipulative Medicine: Practical Application of Alternative and Complementary Medicine Presented by Dr. Joseph C. Mazzola, D.O., FAAFP

**WEB008** – Total Worker HealthTM: Let’s Get Started! Presented by L. Casey Chosewood, MD

**WEB009** - General Information and Test Taking Strategies for ABOHN Certification Presented by Carole Cusack and Denise Knoblauch, BSN, RN, COHN-S/CM

**WEB010** - NIOSH Recommendations for Extended Use and Limited Reuse of N95 Filtering Facepiece Respirators in Healthcare Settings Presented by Ronald E. Shaffer, PhD, Debra Novak, PhD, RN and Edward Fisher, MS The NIOSH Webinar is a FREE Archived Webinar.

**WEB011** - Demonstrating and Communicating Occupational Health ROI through Needlestick Injury Reduction by Doris L Dicristina, RN, BSN, MS, COHN-S/CM. This Webinar is a FREE Archived Webinar sponsored by BD.
Association of Occupational Health Professionals Journal  
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Instructions for editors’ annual completion of ICMJE form:

In the “Manuscript Title” box, indicate “Annual editor’s disclosure, January 20xx.” Skip question 2. For question 3, list any relevant financial relationships that could potentially present a conflict of interest in your work as an editor at AOHP Journal. For recurring items (e.g., reimbursement for travel to the same meeting each year, or annual royalties from sale of a book), list the item once, with the years in which that relationship existed (e.g. “Reimbursed for travel to National AOHP Board Meeting & Educational Conference, 2013, 2014”). Skip question 4. For question 5, list any nonfinancial roles (such as serving as a volunteer editorial board member at another journal) that could potentially present a conflict of interest in your work as an editor at AOHP Journal. The form must be submitted to the journal manager in January each year.
AOHP 2014 Accomplishments

**AOHP Strategic Plan**
- The 2013-2015 AOHP Strategic Plan is 50% complete, while efforts continue through five Strategic Initiative Work Groups led by ad hoc Strategic Initiative Committee Member Doris DiCristina.
- The AOHP Executive Board engaged member volunteers to join Strategic Initiative Work Groups.
- The development of a robust Nursing School Guest Lecturer Program is underway.
- The 2013 AOHP membership goal was met, with 1,128 members.

**Association Business**
- AOHP financial review was conducted.
- Social Media Policy was developed.
- AOHP Web Platform conversion was completed.
- The AOHP Web Page was enhanced with online membership data and reporting, New Member Welcome Page, executive access site, online membership list, online storage, online reporting for regional directors/chapter presidents and treasurers, a revolving announcement on the home page, email notices to chapter presidents for new members, chapter locator, AOHP picture gallery and AOHP calendar.
- Small fee increases for publications and membership were approved after no increase for 12 years.
- AOHP moved the association headquarters from Wexford, PA to Warrendale, PA.
- A Government Affairs Chair position was developed and filled. This position is again open.

**Chapter Support**
- AOHP Executive Board worked with chapter leadership to maintain bylaw and leadership compliance.
- Quarterly chapter president conference calls have been very well attended.
- Encouraged chapter leadership incentives and scholarships to attend AOHP’s National Conference.
- Chapter officer online reporting capabilities launched.
- First regional chapter leadership conference call occurred May 22, 2014.

**Research Initiatives**
- AOHP signature EXPO-S.T.O.P. survey information was collected for the year 2012.
- 2013 Julie Schmid Scholarship recipients Dr. Ethan Moses and Kevin Walker completed their staffing survey of AOHP members and published the results in the Summer 2014 AOHP Journal article “The AOHP 2014 Staffing Survey: Building on Previous Work.”

**Collaboration**
- Respiratory Competencies were developed with NIOSH, AAOHN, ANA and ABOHN. A Respiratory Protection Webkit was also developed and includes a free online education program for 1.5 nursing contact hours.
- AOHP was represented by Judy Lyle and Dee Tyler at the ANA Organizational Affiliate and Membership Assembly in Washington, DC on June 13-14, 2014. Dee presented at the Organizational Affiliate meeting.
- AOHP joined The ALLIANCE, a coalition of nursing organizations united to create a strong voice for nurses.
- Partnership with the Japan Infection Control Support Association (JICSA) on the project to translate the Getting Started Manual into Japanese was completed.
- In Osaka, Japan, Sandy Domeracki presented to more than 500 health professionals who work in the areas of occupational health, infection control, sterile processing and central distribution on July 19, 2014.
- Board members participated in CDC/NIOSH quarterly meetings.
- AOHP was represented at the AAOHN Global Summit by Dee Tyler.
- AOHP’s collaboration with AAOHN was recognized during the AAOHN business meeting.
- Mary Cox represented AOHP at the FDA Summit meeting on May 21-22, 2014.
- Sandy Domeracki represented AOHP at The Joint Commission’s Nursing Advisory Meeting on June 26, 2014.
- Dr. Lee Newman was nominated to sit on the National Committee on Occupational Health and Safety.
- Mary Cox and Joyce Buckley (Maryland Chapter members) represented AOHP at the VIP premier of the Carolyn Jones documentary “The American Nurse Healing America” in Silver Spring, MD on May 7, 2014.
- Signed the Friend of NIOSH agreement in support of funding Education and Research Centers.
- Extended support since 2008 for the Cardiometabolic Health Congress.
- Members participated in the NIOSH NPPTL survey on the national stockpiling of respiratory protection.
- Mary Bliss represented AOHP at the Safe Patient Handling National Standards Work Group with ANA in Washington, DC on October 17, 2013.
- Held a collaborative meeting with ACO-EM President-elect Dr. Kathryn Mueller on September 13, 2013.
- MaryAnn Gruden is the AOHP representative for The Joint Commission Technical Expert Panel on Respiratory Protection. A document from the work of this group is soon to be released on successful strategies for the implementation of respiratory protection programs in healthcare settings.

**Professional Development**
- Developed the Beyond Getting Started Manual module on business strategy.
- AOHP live and archived webinars were made available online. Several free webinars were offered.
- Updated AOHP Position Statements.
- The AOHP Mass Immunization/Prophylaxis of Healthcare Workers Resource Guide and Resource Guide for Implementing a Safe Patient Handling Program in the Acute Care Setting were reviewed and updated.
- Prepared for application re-submission for PubMed indexing, including changing some of the Journal columns, writing policies and identifying an editorial board.
- Headquarters received a comment from The Joint Commission about the Safe Patient Handling document press release.
- Comments were provided to NIOSH on respiratory protection and respiratory noise on April 14, 2014.
- AOHP commented on Conformity Assessment by NIOSH on December 12, 2013.
- AOHP leaders were interviewed and quoted several times by Hospital Employee Health.
- Endorsed the ANA Safe Patient Handling and Movement Standards on October 1, 2013. AOHP was represented on this work group by Mary Bliss.
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