



Making A Difference...

THE newsletter for occupational health professionals who are making a difference in the workplace lives of our nation's healthcare employees.

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Lydia F. Crutchfield, MA, BSN, RN, CLC
Executive President

Message from Executive President



Summer greetings!

Historically, this is the time of year where we anticipate and plan, with joy and excitement, vacations with our families and friends. This year, some of us will travel to a vacation destination, while many others will instead have a staycation. In either case, with everything happening in our world today, self-care is more important now than it has ever been.

As we continue to care for others, we must invest time in taking care of ourselves. How each of us should spend those hours is unique, so I won't list any specific ideas. Instead, I encourage you to take some quiet time to sit and list the experiences that you enjoy, bring you pleasure, and love to do. I can think of a few activities right away, and I know you can, too. Once you've completed your list (it doesn't have to be a long one), be intentional about doing those things. Some you'll have to plan, and others you can do today. I admonish you to do them! You'll discover how refreshing that time will be, and how those opportunities will make you smile, give you energy, and clear your mind in preparation to forge ahead with the many commitments of life.

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The sensible goal here is to improve your health and, at the very least, maintain it. No one knows what the future holds, so health and wellness helps us to be better prepared when challenges come our way. The varied coping skills you've learned over the years will definitely help you mitigate and push through the hard days. And, as the saying goes, "What doesn't kill us will make us stronger". There's only one you; take good care of yourself.

Lydia F. Crutchfield, MA, BSN, RN, CLC

AOHP Members – Take Advantage of Your Benefits!

AOHP is the only professional organization that serves the interests and needs of occupational health professionals in the healthcare setting. Improve your practice by consistently using these benefits that our members find most valuable:

- Quarterly *AOHP Journal*
- Educational Offerings (AOHP National Conference, webinars)
- Networking (on local, regional, and national levels)
- Legislative Updates
- AOHP Listserv
- Quarterly eNewsletters
- Monthly eBytes
- Beyond Getting Started Resources

Access the most important and up-to-date occupational health information and resources – including those related to the COVID-19 pandemic – as well as best practices of fellow members. For more information about the benefits of your AOHP membership, visit <http://www.aohp.org/aohp/MEMBERSERVICES/MemberBenefits.aspx> or email info@aohp.org.

AOHP Spring/Summer Journal

Great news from your AOHP Executive Journal Editor! Due to the COVID Pandemic, AOHP did not publish a Spring 2020 Journal. Thanks to great assistance of many, we are happy to provide members a Spring/Summer 2020 AOHP Journal. It is a "double issue", packed with several new articles written especially for our Journal. Highlights include direction on working from home from Kathy Espinoza (an AOHP favorite!) and one of AOHP Journal's premier research articles, the EXPO Stop Survey Report that showcases those facilities with the best contaminated sharps reduction programs.

This special, jam packed, Spring/Summer 2020 AOHP Journal will be in your mailboxes soon.

Kim Stanchfield
Executive Editor
AOHP Journal



December 2-5, 2020
Austin Marriott Downtown
Austin, TX



AOHP National Conference Rescheduled for December 2-5

After a thorough and thoughtful review of the current national climate as impacted by the COVID-19 pandemic, the AOHP Executive Board has decided to move the date for its Annual National Conference to December 2-5, 2020. "The health, safety, and well-being of our members is always our top priority," explains Lydia Crutchfield, MS, BSN, RN, CLC. "With the current spikes in infection rates, along with the resulting demands placed on all healthcare personnel and the occupational health professionals who so diligently care for them, we believe rescheduling the conference will provide greater benefits for attendees, speakers, exhibitors, and poster presenters."

It is our hope the health concerns will have improved and the final month of this unprecedented and challenging year will be the right time for AOHP's members, partners, and friends to safely gather to learn from, encourage, support, and celebrate one another. We will continue to monitor the climate with forethought and prudence. Thank you for your ongoing support.

AOHP's National Conference Committee has developed a full program and is planning the event in close collaboration with the hotel, keeping all necessary safety and wellness precautions as a top priority. Visit our [conference site](#) for more information on the conference.

Register Now Space is limited due to social distancing, register as soon as you can.

After the stress and uncertainty of keeping our healthcare workers safe and well during the global pandemic caused by COVID-19, early December will be an ideal time to rest, regroup, and rejuvenate with colleagues from across the nation. It will also provide an excellent opportunity to exchange information, share experiences, and learn from others. We look forward to being safely together in Austin!

www.aopconference.com

Need help to get approval?

Visit our [website](#) to download the Articulating Attendance Value Guideline, and use the template to help to justify your conference attendance to your supervisor.

TB Companion Document Published

Great News! The companion document for the Tuberculosis Screening, Testing, and Treatment of US Health Care Personnel 2019 MMWR Recommendations is published in the Journal of Occupation and Environmental Medicine on Jul 8.

WHILE YOU LOOK AFTER OTHERS,
WHO LOOKS AFTER YOU? *We do.*

We Are Grateful for Your Efforts

Our world has changed, and a new priority in our evolving role as occupational health professionals includes managing this change for the benefit of all healthcare workers and the patients they serve. In these unprecedented times, we recognize the burden of this heightened level of responsibility for your work.

To acknowledge the great work, we have sent you two wearable buttons - to remind you of your calling to the profession of occupational health in healthcare. Please wear your button proudly and with a smile.



As you continue to do what you do best - take care of others - know that AOHP cares about you. Please take some time for yourself each day. Proper self-care means we don't just survive; we thrive!

Thank you for making a difference in so many lives!

You may purchase extra buttons for \$3 each by contacting AOHP Headquarters at info@aohp.org.

Thank You, AOHP Region 5 Members!

I wanted to thank each of you for the opportunity to serve as your Region 5 Director for the past four years. It has given me the chance to collaborate with you during events and initiatives that support those whom we serve - the staff and providers at each of your organizations. You all are truly dedicated to developing and implementing programs to provide and promote "Worker Health". I have a great appreciation for those of you who have served as officers and members of the chapters in Region 5: Georgia, Florida, South Carolina, North Carolina, and Alabama!!!!

Thank you, and I do look forward to seeing you at future meetings and conference.

Cynthia Hall, RN, MSN, COHN-S/CM

Virginia Becomes First in the Nation to Adopt COVID-19 Emergency Workplace Safety Rules – Who’s Next?

Stephen Burt, BS, MFA
Chair, Government Affairs Committee

On July 15, 2020, the Virginia Department of Labor and Industry’s Safety and Health Codes Board voted to approve an emergency temporary standard on infectious disease prevention (§16 VAC 25-220), becoming the first state to enact comprehensive COVID-19 workplace safety requirements. The regulation comes after Virginia Governor Ralph Northam directed the creation of enforceable workplace safety regulations as a response to an “absence of federal guidelines.” The new standard requires employers to provide workers with personal protective equipment, ensure social distancing in the workplace where possible, and sanitize workplaces pursuant to set parameters.

Specifically, employers will be required to notify all employees in the same place of employment when another employee tests positive for COVID-19, within 24 hours of the employer being notified. Employees known or suspected to be positive for COVID-19 are to be barred from returning to work for 10 days, or until they receive negative results from two consecutive COVID-19 tests. Fines for violations could range from \$13,400 to \$134,000.

The standard will impose mandatory requirements on all employers to conduct workplace exposure assessments and determinations, fulfill employee notification requirements, and operationalize employee access to exposure and medical records.

Key elements of the regulation are expected to require employers to:

- Assess their workplaces for hazards and job tasks that can potentially expose employees to COVID-19 and classify each job task based on potential exposure as “very high”, “high”, “medium”, or “lower” risk levels of exposure, and for each such risk level, implement certain workplace requirements to protect employees.
- Develop and implement policies and procedures for employees to report when they are experiencing symptoms of COVID-19, and provide for the removal of such employees from the work site until cleared to return.
- Establish a system, consistent with federal law, to receive notice when employees test positive for COVID-19 and to inform others who may have been exposed, including employees, other employers with employees at the same work site, the building or facility owner, and, in certain situations, the Virginia Department of Labor and Industry.
- Increase provision of handwashing stations, hand sanitizing, and enhanced disinfecting requirements.
- Provide flexible sick leave policies.
- Permit telecommuting and staggered work shifts to allow social distancing where feasible.
- Develop and implement "return to work" policies and procedures using symptom-based or test-based strategies.
- Ensure that employees practice physical distancing, including by limiting worksite density.

The temporary standard sweeps broadly and may require:

- (1) administrative and work practice controls, such as prescreening employees prior to the start of a shift,
- (2) the use of personal protective equipment, and
- (3) engineering controls such as increased HVAC efficiencies.

Once the new standard goes into effect, covered employers will have 30 days to train employees on the standard and 60 days to develop their infectious disease preparedness and response plans. The Virginia Occupational Safety and Health Program has stated that it is developing training and outreach materials pursuant to the standard and will make them publicly available in the near term. These will include industry-specific training PowerPoints for employers and employees explaining the standard, an infectious disease preparedness and response plan template, and a flowchart for determining how to classify job tasks by hazards employees are potentially exposed to for “very high”, “high”, “medium”, and “lower” exposure risk levels.

Accountability: Continual Improvement in a Just Culture

Cory Worden, PhD(ABD), MS, CSHM, CSP, CHSP, ARM, REM, CESCO

At the final point in the continual improvement cycle of culture change, diligence will have ideally been paid to identifying, assessing, controlling, and communicating hazards, validating safe behaviors, and investigating incidents to ensure support to the pursuit of a safety culture. In addition, incidents will have been investigated so that any necessary controls, retraining, and other needs can be addressed to ensure a just culture.

However, those vigilantly opposed to safety - those who actively choose to bypass hazard controls - will continue to resist. They can be identified in comparison to those being diligently safe (employees adamantly engaged in safety practices), and those subject to the local culture (employees mirroring the actions of their peers and supervisors). People who are vigilantly opposed to safety will not be following safety protocols, seeking assistance when needed, and making recommendations and reporting near-miss events. At this point, those who are defiantly unsafe must be removed from the organization to ensure a safety culture; however, this accountability cannot be a random or unwarranted act. It can only be undertaken after due diligence has been paid to ensuring hazard control implementation, training, validation, and other needs required to ensure all team members have been positioned for success.

Ultimately, continual improvement in program developments and systematic vetting of resistance and support eventually leads to the point at which those strongly resisting safety protocols can be identified and assessed. Then, after exhausting options to pursue hearts and minds for cultural transition toward safety without damaging the overall culture and credibility, direct action can be taken against those identified as defiantly unsafe. This critical juncture is, in itself, vetted by needs for actionable intelligence. Know that due diligence has been paid by setting up all team members for success in safety, investigation of all near-miss events and incidents, and causal analysis to determine how and why these incidents occurred and what is needed to prevent them.

The situation simply needs to be objective. Any subjectivity can be misconstrued and can damage the just culture. In the military and in law enforcement, this would be referred to as following the “rules of engagement.” With due diligence covering these rules of engagement, removal of those defiantly unsafe is warranted. In the military, this is a “direct action”. It’s the point where the team stops trying to develop a partnership with the indigenous parties and - after justly proving defiant, violent actions - launches attacks against them as they did in Afghanistan and Iraq. In the safety world, this would simply be the point when Human Resources becomes involved and team members may possibly have their employment terminated.

In either case, nothing can happen until due diligence has been paid to culture change to ensure the difference is known among the diligently safe, those subject to local culture, and the defiantly unsafe. With accountability, the defiantly unsafe can be removed.

In the pursuit of righteous accountability, due diligence must be paid to program development, validity of hazard controls, and efforts to change culture before accountability can be undertaken. Without due diligence, legality is a major issue. Wrongful termination suits, whistleblower complaints, Americans with Disabilities Act (ADA) concerns, Health Insurance Portability and Accountability Act (HIPAA) concerns, and many other factors can arise, with ensuing litigation. Unjust accountability can also work against the safety culture. For example, if employees feel as though safety is being used as a means to remove team members, this may prompt Occupational Safety and Health Administration (OSHA) complaints or encourage more unsafe acts.

With centralized decision making and a multi-functional team including safety, occupational health, human resources and more, even when removing an employee for unsafe work, accountability can be undertaken without violating regulations or ethics. Lastly and importantly, again, the situation must be objective and impersonal; it should not be boasted about or even discussed – this will only result in the creation of more proverbial bad blood and enemies.

Ultimately, the continual improvement cycle of safety culture development means unearthing unsafe conditions and unsafe behaviors that have become part of organizational cultures. Preferably, with hazards identified and controlled, controls communicated and validated, and incidents investigated, cultures will be amenable to safe conditions and safe behaviors, and accountability won’t be an issue. However, accountability must be undertaken within a just culture and with complete due diligence. Otherwise, the attempt at improving safety could be very counterproductive.

AOHP Strategic Plan Update July 2020

Stacy Smirl, MSM, BSN, RN, COEE, COHN-S

AOHP's members are the association's greatest asset. To continue to strengthen AOHP's current and future structure by attracting and retaining engaged, talented members, key strategic initiatives have been developed to define AOHP as a world class, contemporary, leading resource organization for occupational health professionals in healthcare.

Addressing the below questions, through strategic plan goals, objectives, and tactical initiatives, will sustain the organization and provide accountability.

1. What is AOHP's vision for members and for the organization as a whole?
2. How does AOHP measure that vision?
3. What service delivery is expected from AOHP Board and Chapter leadership, and how will achievement be measured?

AOHP's three high-level, strategic priorities and tactical initiatives include:

Priority 1 – AOHP will be recognized as the leading resource in occupational health.

Initiative 1. Sharps consultation and comparison of national data with individual health systems or hospitals.

Status: An educational webinar will be developed in collaboration with the Board and Headquarters.

Initiative 2. Nationally recognized organization related to occupational health and safety: hold strategic partnerships with leading organizations and regulatory bodies.

Status: Work is ongoing to establish and continue partnerships with leading healthcare worker-focused organizations, including the National Institute for Occupational Safety and Health Total Worker Health initiative, the Occupational Safety and Health Administration (OSHA), The Joint Commissioner, the Centers for Disease Control and Prevention's (CDC) immunization charter with the Department of Health and Human Services, and The Joint Commission.

AOHP was represented at the European Scientific Working Group on Influenza (ESWI) Conference in 2019 to communicate best practices and compliance strategies.

Priority 2 – AOHP will be recognized as the leading best practice educational resource for occupational health professionals.

Initiative 1. Complete and publish the Chapter Election Process.

Status: The written election process is now complete and includes a step-by-step guide and member survey.

Initiative 2. Beyond Getting Started (BGS) resources guideline review.

Status: The review and updates were completed in June 2020 and were announced via press release in July.

Initiative 3. Healthcare System Membership Campaign.

Status: Written communication has been developed and approved by the Board for Regional Directors to distribute to health system(s) that are not currently represented as AOHP members, to offer a one-year membership for their employee/occupational health leader. Through this personalized communication, free membership has already been awarded to health system leaders in Regions One and Three.

Priority 3 – AOHP will pursue succession planning to maintain distinctive leadership for the organization.

Initiative 1. Develop member survey to collect pertinent information.

Status: A survey was sent to the membership in March with objectives to: identify those interested in Board positions and their goals for the organization; and to help guide decisions for succession planning. The AOHP Board is now analyzing the survey results.

Current Issues in the Assessment of Respiratory Protective Devices Workshop

The National Academy of Medicine on Respiratory Protection for Non-traditional Workers and the General Public is scheduled for August 4th and 5th. This workshop, hosted by the Planning Committee on Current Issues in the Assessment of Respiratory Protective Devices, will provide an opportunity to exchange knowledge and ideas between professionals, policy makers, manufacturers, and users regarding the occupational and non-occupational use of respirators outside of workplace respiratory protection programs. These discussions will include an exploration of current respirator assessment and approval processes; existing gaps in respiratory protection for target groups with situation-specific needs, such as outdoor workers, wildland firefighters, and the public; research avenues; and best practices for communicating guidance to these populations.

<https://www.nationalacademies.org/event/08-04-2020/current-issues-in-the-assessment-of-respiratory-protective-devices-a-workshop>

Webinar on Preventing COVID-19 in Primary Care Health Centers

A new pre-recorded webinar is now available to help primary care health centers utilize resources and strategies from The Joint Commission to stop the transmission of COVID-19. Additionally, the webinar will teach organizations how to use the Hierarchy of Controls developed by NIOSH.

The time codes for specific sections are provided for quick reference:

- COVID-19 resources from The Joint Commission (1:54)
- Transmission (2:44)
- How can you prevent the spread? (5:10)
- Prioritization and prescreening (7:51)
- Source control (14:51)
- Substitution (20:48)
- Engineering (24:47)
- Administration (28:49)
- Personal protective equipment (35:19)
- Other factors to consider (47:26)

[Watch](#) the webinar.



FREE Webinar - Incorporating Occupational Data into Infectious Disease Case Reports and Employee Health Records

Presented by ACOEM's Health Informatics Section

[Register Today for This Free Webinar](#)

The COVID-19 Pandemic and Workplace Risks -- Incorporating Occupational Data into Infectious Disease Case Reports and EHRs: Recent Progress and Opportunities

Wednesday, August 5, 2020; 1:00-2:30 pm EDT

1.5 hours with live Q&A

The COVID-19 pandemic has underscored gaps in current gathering of data on infected patients' occupations and our ability to control viral transmission in workplaces. Over the past decade, researchers at the National Institute for Occupational Safety and Health (NIOSH) and public health agencies have made significant progress in designing a set of informatics products which will capture "industry and occupation" (I&O) codes in EHRs. This webinar will demonstrate NIOSH's recently updated Occupational Data for Health (ODH) and will clarify opportunities for medical practices and electronic health records (EHRs) vendors to capture better occupational data in EHRs. Reliable I&O data is likely to benefit both clinical practice and reporting of infectious diseases that have an important occupational component.

Target Audience:

- OEM professionals interested in EHRs and health informatics
- Representatives and consultants to EHR vendors
- Policy leaders within health plans and medical groups

Moderator:

Mason Harrell III, MD, MPH, FACOEM

Vice-Chair, ACOEM Health Informatics Section; Medical Department Head, U.S. Navy

This is an all-access webinar and is open to the public.

Register Here

For more information, visit [website](#).

2019-2020 ROC Result

Caboodle Winners - They recruited three to five new members (Active level) and will receive a free AOHP 2020 Membership.

- Erin Gervasoni
- Audrey Sadler
- Cory Worden

Feather in My Cap Winners – Below members recruited one or two new members and will receive their choice of a Free Webinar or a 2020 Conference Syllabus Flash Drive.

Roberta Anderson	Reid Hadley	Aundra Peters
Lorie Arata	Tina Harvey	Joan Ray
Kimberly Basham	Karen Heaton	Julia Reyes
Cynthia Buckman	Nicole Hines	Krystal Rogers
Deb Burnett	Diane Hutson	Lindsey Sanchez
Jane Burnson	Sheri Ivy	John Scipione
Lorraine Chambers	Jan Johnson	Christine Shiosaki
Dina Chron	Megan Kapolka	LaVerne Simmons
Rachel Clark	Tony Koch	Stacy Smirl
Lydia Crutchfield	Christy Krebs	Elia Stanko
Andrea Dayot	Terry Long	Joy Stoddard
Paula Desroches	Jennifer McMahon	Nancy Verhaar
Terri Dixon	Nancy Moulds	Julie Weitz
Patty Evans	Lisa Myers	Cindy Wilson
Mary Giovannetti	Kathleen O'Neill	
Mary Godwin	Phyllis Pass	

Pie in the Sky Chapter Award - **Houston Chapter** recruited the most new members in this period.

You Can Be a ROC Star!

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

(Jul 1, 2020 – Jun 30, 2021)

The 2020 – 2021 Recruit Our Colleagues (ROC) starts Jul 1, 2020 – Jun 30, 2021. ROC is a great way for members to help AOHP grow while earning rewards that can be used toward education and membership. The ROC campaign offers five levels of individual awards, as well as an award for the chapter recruiting the most new members.

For full details of the awards and campaign rules, please visit [our website](#). You can download this [ROC Flyer](#) to share with your colleagues.

Updated *Beyond Getting Started* Resources to Advance Occupational Health Practice

AOHP has updated the five resources in its *Beyond Getting Started* series to support the advanced specialty practice of occupational health professionals (OHP) in healthcare. This series expands on the content of AOHP's flagship publication, *Getting Started: Occupational Health in the Healthcare Setting*, which was revised and expanded in 2019. *Getting Started* and *Beyond Getting Started* have proven their value to OHPs for nearly two decades as occupational health in healthcare has evolved in scope and complexity.

Updated *Beyond Getting Started* (BGS) resources include:

- **BGS: Workplace Violence in the Healthcare Setting Web Reference Guide:** This web resource links readers to useful information from the Occupational Safety and Health Administration (OSHA), National Institute for Occupational Safety and Health (NIOSH), and others to address workplace violence, which is a threat to all healthcare personnel.
- **BGS: Respiratory Protection in Healthcare Settings Web Reference Guide:** This web resource includes a variety of links from OSHA, NIOSH, The Joint Commission, and others to build competence in respiratory protection that promotes a healthy work environment and safeguards healthcare personnel from disease exposure.
- **BGS: A Resource Guide for Implementing a Safe Patient Handling and Mobility Program in the Acute Care Setting:** This resource guide provides, in a concise format, the necessary tools for the OHP to build and facilitate a program that protects patients and workers while improving health outcomes.
- **BGS: A Resource Guide for Preparing for Mass Immunization/Prophylaxis of Healthcare Personnel:** This resource guide includes information on mass immunization/prophylaxis capability to protect workers as they care for exposed patients.
- **BGS Respirator Training and Fit Testing Verification Card:** This card will allow healthcare personnel to easily recall the type of respirator for which they have been trained and fitted by detailing respirator information and safety tips for donning and doffing personal protective equipment.

For more information about AOHP's [Beyond Getting Started series](#), or to order an electronic copy of the 16th edition of the *Getting Started manual*, please contact AOHP Headquarters at 800-362-4347 or info@aohp.org.

U.S. Department of Labor Issues Revised Rule Concerning OSHA Access to Employee Medical Records

The Occupational Safety and Health Administration (OSHA) has revised the [Rules of Agency Practice and Procedure Concerning Occupational Safety and Health Administration Access to Employee Medical Records](#). The rule, which will be published in the Federal Register on June 30, describes internal procedures that OSHA personnel must follow when obtaining and using personally-identifiable employee medical information.

OSHA has identified and amended several provisions of the regulation in order to improve efficiency in implementing these internal procedures. The final rule:

Transfers the approval of written medical access orders (MAOs) from the Assistant Secretary of Occupational Safety and Health to the OSHA Medical Records Officer (MRO). The MRO is responsible for determining the transfer and public disclosure of personally-identifiable employee medical information in OSHA's possession;

- Clarifies that a written MAO does not constitute an administrative subpoena; and
- Establishes new procedures for the access and safeguarding of personally-identifiable employee medical information maintained in electronic form.

NIOSH Pocket Guide to Chemical Hazards

A new [video](#) shows how to use the [NIOSH Mobile Pocket Guide to Chemical Hazards app](#). Redesigned in 2019, the app is easier to use and has improved functionality on smaller mobile screens.

NIOSH Worker Health Charts

NIOSH recently updated its [Worker Health Charts](#) to make them faster and more responsive. This page uses NIOSH and Bureau of Labor Statistics (BLS) information to allow users to create charts to assess current rates, distribution, and trends in workplace injuries, illnesses, and deaths.

Preventing Slips, Trips, and Falls

The Joint Commission and Joint Commission Resources, in collaboration with OSHA, published an [article](#) for healthcare facilities titled "Standing Up for Safety: Help Prevent Slips, Trips, and Falls."



Did You Know?

OSHA encourages America's workplaces to commit to workplace safety and health by participating in [Safe + Sound Week](#), August 10-16. This annual nationwide event recognizes the successes of [workplace safety and health programs](#) and offers information and ideas on how to keep America's workers safe.

Follow AOHP on Social Media

AOHP is dedicated to promoting the health, safety and well-being of healthcare workers. To be recognized as an established authority in the industry, we are increasing our online presence by expanding and enhancing the AOHP professional social networking community. We need your help! Please follow us [@AOHP_Org](#) on Twitter, join our new [LinkedIn](#) group and like us on [Facebook](#). Connect with, follow and learn from your fellow employee/occupational health professionals online. Join the AOHP family!

