



AMERICAN COLLEGE OF  
OCCUPATIONAL AND  
ENVIRONMENTAL MEDICINE

# *Guide to a Healthy and Safe Workplace*

2019

## ABOUT ACOEM

Founded in 1916, the American College of Occupational and Environmental Medicine (ACOEM) is the nation's largest medical society dedicated to promoting the health of employees through preventive medicine, clinical care, research, and education. The College represents more than 4,500 physicians and other health care professionals specializing in the field of occupational and environmental medicine (OEM).

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**GUIDE TO A HEALTHY AND SAFE WORKPLACE:  
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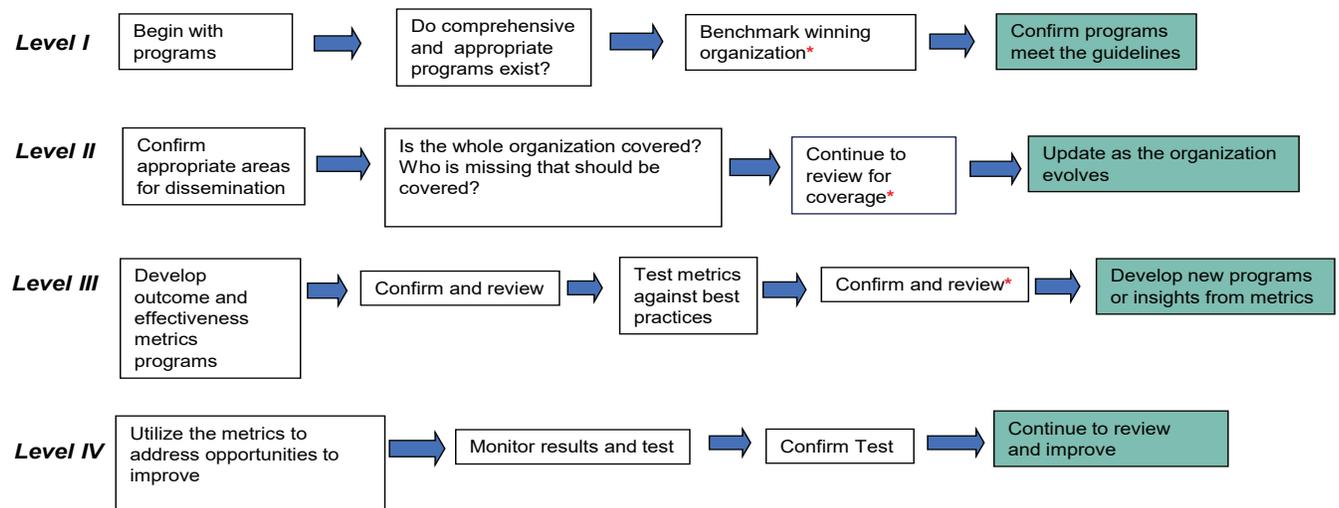
Overview

The following *Guide to a Healthy and Safe Workplace* will steer your organization through all the components recommended by the American College of Occupational and Environmental Medicine (ACOEM) for excellence. If you are applying for the Excellence in Corporate Health Achievement Award (eCHAA), this *Guide* contains all the components you must address in your application. As you are considering implementing these programs, you may wish to use the “Roadmap to Excellence” below to help guide you. Excellence comes with maturity. You will note that the *Guide to a Healthy and Safe Workplace* is divided into three dimensions – 1) Economic Dimension; 2) Environmental Dimension; and 3) Social Dimension. Each dimension contains the ACOEM standards for the area and examples of how these standards have been interpreted and implemented. Examples of outcome measures and trends are provided in the *Guide*. However, these are just examples and are not intended to be all inclusive or required for any particular area.

The following checklist will act as a guide to help you include the right components for each standard. You will also note that the Roadmap to Excellence takes you through the maturity process that builds sustainability (see Levels of Maturity chart on page 3).

✓ CHECKLIST	
■	Programs exist
■	Programs are well deployed
■	Programs measured showing trends
■	Trends tracked over time
■	Data used for continuous quality improvement

ROADMAP TO EXCELLENCE



\* Consider a Self-Assessment

**Levels of Maturity**

Level*	Description	Stage of Maturity
Level I 30%	<i>Programs:</i> Organization has evidence that appropriate programs exist in the category indicated with emphasis on innovative programs and practices.	Approach
Level II 20%	<i>Dissemination:</i> Organization has evidence that the program exists and that it is well deployed in all appropriate areas and departments of the organization.	Deployment
Level III 20%	<i>Outcome Measures:</i> Organization has developed results measures for this category and has begun to measure these results.	Results
Level IV 30%	<i>Positive Outcomes:</i> Organization has trend data of results measures showing reduction of health risk, health-cost savings, or other positive impact on the business or reduction of negative impact on the business.	Positive Trends

\*Percentages relate to weight given to each standard in the application.

Throughout the following discussion, we use the terms OEM and OEH. OEM refers to physicians who have received training in occupational and environmental medicine (OEM), whether through an accredited residency program or advanced training in OEM coupled with work experience focused on workplace health, wellness, safety, and the environment. OEH refers to occupational and environmental health (OEH) professionals such as occupational health nurses, registered or licensed practical nurses, nurse practitioners, industrial hygienists, safety experts, and other health and safety personnel whose focus is workplace health, safety, and/or the environment.

**1.0 ECONOMIC DIMENSION**

As part of their commitment to the Economic Dimension, organizations need to demonstrate ongoing financial support for comprehensive integrated health and safety programming, including showing that they adequately fund budget lines for health and safety programs, provide sufficient training for these programs, have well-defined benchmarks in place for performance outcomes, and can confirm employees are making progress in meeting such outcomes. Organizations need to demonstrate the broad economic benefit to society that derives from investment in the health of their employees and the communities in which they do business.

**1.1 Organization and Management**

***ACOEM Standards:***

Employers should assure that occupational medicine, industrial hygiene, safety, and environmental health professionals have input into the decision-making process related to health, safety, and environmental issues. In all settings, this requires close alliance between OEM physicians and OEH professionals, with all reporting to a level in the organization that will have a broad influence and global impact. OEM physicians and OEH professionals should work collaboratively to identify, design, and implement improvements to enhance health and productivity of the workforce, as well as maintain a safe workplace.

Health, safety, and environmental programs should assist in interpreting and developing pertinent regulations and guidelines for business, labor organizations, government agencies, and communities. Health, safety, and environmental programs are most effective when organizational support and commitment to the health, productivity, and safety of the workforce exists. Management must be willing to provide appropriate resources, encourage innovation, and support positive change. OEM physicians and OEH professionals must collaborate with management to meet the challenge of designing and disseminating cost-effective health, safety, and wellness programs to an increasingly diverse and aging population, often at widely dispersed

national and international sites. Programs should set uniform standards of care and encourage best practices throughout the organization, including internationally. Managers should understand the value of workplace occupational and environmental health and safety and must be able to manage change in a constructive and positive manner.

### ***Examples of Program Components, Processes, and Dissemination:***

- A system for managing employee safety and occupational health is clearly documented and communicated
- Measurable goals are defined for key occupational health, safety, and environmental programs
- Policies and procedures to ensure enforcement are reviewed and updated on a regular basis and disseminated throughout the organization
- Programs exist to address employee health and well-being with well-defined outcomes highlighting the return on investments for the programs
- Lines of authority, responsibility, and accountability are well defined
- Systematic, regular reviews with results provided to all health, safety, and environmental professionals
- Policies written and enforced that support ethical principles of ACOEM and other organizations, e.g., American Association of Occupational Health Nurses (AAOHN), American Industrial Hygiene Association (AIAA)
- Training available and encouraged to ensure that the health and safety staff is aware of the latest standards and guidelines
- Medical personnel encouraged and sponsored to be active in local medical societies and committees
- OEM physicians and OEH professionals systematically maintain awareness of legal and regulatory issues that may impact health programs
- Systems are in place to ensure applicable laws, regulations, and permit requirements are met
- Systematic program for planning with the input and alignment of all the health and medical disciplines
- Funding to ensure that typical as well as unusual/emergency safety and health expenditures are covered
- Health policies and legislation of concern to the organization are addressed by management and OEM physicians and OEH professionals with medical and health professionals providing appropriate expertise
- Management reviews the results of programs, including participation and achievement of goals, on a regular basis to ensure programs are on track or appropriate adjustments are made and supported
- Organization and the management are recognized as models of the practices that are being supported
- Leadership encourages benchmarking programs and results, in order to improve the overall health, safety and wellness of the workforce and the organization

### ***Examples of Outcome Measures and Trends:***

- Frequency of leadership reviews scheduled and confirmed
- Number of programs introduced with specific goals that have been reviewed and approved
- Frequency of training, who is trained, and extent it is reviewed
- Level of funding provided to support health, safety, wellness, and environmental programs over time
- Number of programs that have been designed, delivered, and have demonstrated outcomes
- Number of benchmarking activities that were completed and results of these activities
- Participation of occupational health, medical, and safety professionals in external committees and activities
- External accreditation
- Staff turnover

## 1.2 Health and Safety Information Systems

### ***ACOEM Standards:***

Effective health, safety, and environmental programs use information systems to promote employee health and safety. Occupational health information systems (OHIS) can and should be used for multiple reasons, including aggregate data collection and analysis, documentation of employee's medical surveillance, tracking medical appointments, delivery and documentation of training programs and health and wellness programs, communications between stakeholders, benefits education and tracking, and monitoring of chemical and other hazards. These systems help provide access to Safety Data Sheets, Occupational Safety and Health Administration (OSHA) accident and injury logs, research data, and updates to regulatory and governmental changes at the state and federal levels. These systems support statistical analysis and integrated case management and enable research of peer-reviewed literature and delivery of continuing professional education. Occupational health information systems (OHIS) are needed to generate metrics used to identify problems, track compliance, manage programs, and assure quality and effectiveness. These systems are also used to wisely allocate health resources. Health, safety and environmental programs must maintain occupational medical records on each employee, documenting the reasons for and results of all evaluations. Ideally these records should contain data sufficient to reproduce a chronology of the employee's medical history, workplace exposures, medical evaluations, illnesses, and injuries. As these systems provide powerful analytical tools, the organization must maintain appropriate control and meet all privacy requirements. Procedures must preserve confidentiality of all health information and medical records while allowing access to those with a bona fide need to know. If records are computerized, their security must be assured and the information they contain kept confidential. OEM physicians and OEH professionals must remain informed on regulatory issues affecting medical records, such as the Health Insurance Portability and Accountability Act of 1996 (HIPAA), Americans with Disabilities Act (ADA), and Genetic Information Nondiscrimination Act (GINA) regulations.

### ***Examples of Program Components, Processes, and Dissemination:***

- Health information is integrated with other information management tools to drive improvements in employee health, safety, quality, and efficiency
- Health information systems are developed in concert with other organizational initiatives such as business process re-engineering
- Implementation of multi-site data systems (in-house and vendor operated)
- Use of data for supporting financial impact of the health, safety, and wellness programs
- Electronic medical records management
- Data links between medical, industrial hygiene data, and job exposure information
- Medical decision support systems
- Health information systems support to audits and research
- Data protection protocols
- Communication of patient information between health care facilities
- Validation of and consistent metrics are across organizational lines

### ***Examples of Outcome Measures and Trends:***

- Quality assurance issues identified by OHIS utilization, such as medication errors
- Quantitative data showing improvement in speed and accuracy of information
- Quantitative data showing return on investment of the technology to the organizational performance and productivity
- Examples of insights gained through analysis of data to help implementation of high-quality care in a more cost-effective manner

- Data demonstrating cost avoidance due to early data or more accurate data due to OHIS utilization
- Impact of OHIS on administrative processes
- Systems reliability data
- Data on the response time for providing medical records
- Percentage of charts with signed consent forms
- Percentage of charts having allergy notations clearly visible
- Audit results for compliance to set regulatory criteria
- Percentage of compliance with HIPAA and other medical privacy laws

### 1.3 Occupational Injury and Illness Management

#### ***ACOEM Standards:***

Occupational and environmental injuries and illnesses should be diagnosed and treated promptly. OEM physicians are best qualified to diagnose occupational illnesses and injuries because of their knowledge of the workplace and environment. OEM physicians and OEH professionals should objectively resolve issues about occupational causation of illness, be knowledgeable regarding available rehabilitation programs and facilities, and interact with program administrators as appropriate to facilitate post-illness or injury return to work based on familiarity with the worksite and input from supervisory/management personnel.

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

**Termination of assignment** – Health status may need evaluation when exposure ceases or employment terminates. The employee should be informed concerning health status and advised of any adverse health effects due to work or environmental exposures.

#### ***Examples of Program Components, Processes and Dissemination:***

- Availability of appropriately trained and licensed health professionals to assess employee health status for prevention, early recognition, and treatment of illness and injury
- Appropriate policies and procedures for responding to and evaluating occupational illness or injuries
- Approved (and signed) treatment protocols that conform to ACOEM’s *Occupational Medicine Practice Guidelines* or other practice guidelines
- Procedures to ensure the proper reporting of cases identified as work related
- Operational first-responder teams
- Patient instructions and education for work-related injury or illness
- If off-site services, the quality assurance provided to managers of all off-site services
- Procedures for follow-up and reporting of relevant inspections by regulatory agencies
- Improvement of new cases of work-related injuries (e.g., noise-induced hearing loss)
- Improvement in number of employees with abnormal biological monitoring results (e.g., blood lead)
- Medical personnel involved in job assessment to establish functional requirements
- Benchmarked guidelines used for comparisons on disability duration
- Protocol for dissemination of program offerings to all applicable employees and locations

**Examples of Outcome Measures and Trends:**

- Results of emergency response system/provider interfaces
- Quantification and records of relevant inspections by regulatory agencies
- Injury or illness rates (e.g., OSHA 300 log)
- Lost work time
- Rate of injury and illness cases involving days away from work due to overexertion or repetitive motion
- Percent compliance with ACOEM’s *Occupational Medicine Practice Guidelines* for treatment of workplace illness and injury
- Rates of occupational environmental illnesses and injuries over time with evidence of actions taken to improve results
- Number of work-related injuries/illnesses resulting in medical treatment, lost time from work, restricted work activity, or death compared to targets of *Healthy People 2020* (see <https://www.healthypeople.gov/>)
- Percent of eligible employees and locations receiving programs

**1.4 Absence and Disability Management**

**ACOEM Standards:**

Disability management programs assess reasons for employees’ poor performance or absence from work due to illness or injury and determine when individuals are well enough to return to work safely. Closely related is the primary role of evaluating illness conditions that render work unsafe and require job accommodations. Frequently, the workplace can be used for rehabilitating employees, especially where selective work can be provided on a temporary, limited basis. Disability management is expanding to identify individuals and employee populations who are at increased risk of poor performance because of health issues and to find positive means to enhance health and productivity in the workforce.

**Examples of Program Components, Processes, Dissemination:**

- Written absence/disability management/Family Medical Leave Act (FMLA) policies and procedures including a comprehensive return-to-work (RTW) program supported by supervisors
- Reasonable and timely access to follow-up medical care
- Active case management of absenteeism and disabilities consistent with the organization’s policy and stewarded to facilitate employees’ optimal and timely return to health and to work
- Medical practice guidelines used for the most common causes of illness (e.g., *ACOEM Practice Guidelines*)
- Transitional jobs available for temporary assignment
- Access to appropriate ACOEM consensus and guideline statements on return-to-work
- Integration of systems/processes to include community providers
- Functional job descriptions to facilitate effective return-to-work programs
- Protocol for dissemination of program offerings to all applicable employees and locations

**Examples Outcome Measures and Trends:**

- Rate of injury and illness cases involving days away from work due to overexertion or repetitive motion
- Number of days absent from work or with restricted/modified duty
- Number of work days missed due to specific chronic conditions (e.g., depression, diabetes)
- Disability management cost savings (e.g., from case management)
- Comparison of actual lost work time and disability duration vs. published benchmarks/guidelines (e.g., percentage of those who after a heart attack received beta blockers or diabetics who receive yearly hemoglobin A1C determinations)

- Evidence of monitoring quality of care (e.g., percentage of those, who after a heart attack received beta blockers or diabetics who receive yearly hemoglobin A1C determinations)
- Early return-to-work trends
- Utilization of return-to-work programs and number of employees with restrictions returned to the workplace through structured return-to-work programs
- Re-injury rates
- Vocational rehabilitation utilization and return-to-work after rehabilitation therapy
- Patient satisfaction rates
- Percentage of those with disabilities who return to work (pre-injury or another job)
- Percentage of compliance with ACOEM *Practice Guidelines*
- Permanent disability levels and rates
- Occupational disability retirement awards (reduction over time)
- Litigation rates and employees' compensation claims/costs
- Percent of eligible employees and locations receiving programs

### 1.5 Integrated Health and Productivity Management

#### ***ACOEM Standards:***

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

#### ***Examples of Program Components, Processes, Dissemination:***

- Analysis of health status and health needs of the population – number of employees with chronic conditions that affect performance (e.g., asthma and arthritis are analyzed for management and improvement)
- Number and rate of employees with disabilities are analyzed for management and improvement
- Health programs, interventions, and benefits are selected to optimize return on investment (ROI) for health, attendance, and productivity
- An integrated health and productivity management approach links multiple departments via committees, shared data, and program development plans
- Strategies and interventions engage effective disease management, health management, and quality care
- Preventive strategies and interventions focus on enhancing health and productivity of the workforce in alignment with business strategies and appropriate for the organization's workforce
- Work environments are designed to optimize balance of health and human performance of the workplace
- Organization policies demonstrate commitment to employee health, well-being, human performance, and productivity
- Protocol for dissemination of program offerings to all applicable employees and locations

**Examples of Outcome Measures and Trends:**

- Measurement of productivity (e.g., absenteeism, presenteeism, direct and indirect health care costs)
- Impact of health status on absenteeism, presenteeism, disability, turnover, and work performance
- Number of different employee assistance programs offered
- Indices of employee satisfaction and organizational climate surveys
- Calculation of cost/benefit analyses or return on investment (ROI) and value of investment (VOI)
- Clinical and financial measures with evidence of action to correct gaps from evidence-based prevention and treatment quality-of-care criteria
- Demonstrated impact of improvements in health care upon workplace health-related productivity
- Quantify the total economic impact of health, including direct medical and pharmacy costs and indirect costs such as absenteeism and presenteeism
- Percent of eligible employees and locations receiving programs
- Demonstrated integration of health and safety activities

**SECTION 2.0 ENVIRONMENTAL DIMENSION**

As a part of their commitment to the Environmental Dimension, organizations need to show organization-wide responsiveness to a well-defined set of environmental metrics, including reporting their rates of occupational and environmental illnesses and injuries over time with evidence of actions taken to improve results, showing evidence of strict adherence to procedures for follow up and response to environmental hazards and reporting of relevant environmental inspections by regulatory agencies.

**2.1 Health Evaluation of Employees**

**ACOEM Standards:**

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

**Pre-assignment/pre-placement** – Health status, both physical and emotional, should be assessed before making recommendations regarding the assignment of an applicant or current employee to a job to assure that the individual can perform the essential job functions safely and without endangering the safety of others. This recommendation shall be based on any or all of the following:

- Complete medical history
- Occupational history (complete work history) including past job exposures
- Assessment of the organs or systems likely to be affected by the assignment
- Evaluation of the job description and demands to which assignment is being considered
- Compliance with federal, state, and local laws and regulations including GINA regulations

**Medical surveillance** – The health status of the employee should be reviewed periodically when there is a possibility that workplace exposures or job activities (including organizational stress factors) could have an adverse health effect. Medical surveillance of employees may be required by an employer or regulatory agency directive because of potential exposure to hazards in the work environment. Certification examinations such as Federal Aviation Administration (FAA) or U.S. Department of Transportation (DOT) for commercial motor vehicle drivers

may also be required. OEM physicians and/or OEH professionals should be involved in defining and developing medical surveillance programs that identify early signs of potential hazard exposure and thus protect employees.

**Infection control** – OEM physicians and OEH professionals are sometimes involved in screening for infectious diseases that may spread at the workplace during an epidemic or pandemic. For those organizations with health clinics or who offer on-site flu vaccine programs and health screenings, programs should be in place for infection control and prevention of the transmission of bloodborne pathogens. Appropriate infection control procedures should be implemented during an epidemic or pandemic.

***Example of Program Components, Processes, and Dissemination:***

- Appropriate written and authorized policies and procedures
- Programs and procedures to assure that relevant medical surveillance inspections are done as required by regulatory agencies
- List of health evaluations available that meet regulatory and organization requirements
- Scheduling systems in place to track and identify employees who need examinations
- Written job clearance, certification, or report of examination outcome
- Employee and supervisor notification of evaluations requiring changes in job function, workplace practices, or other environmental factors
- Policy for obtaining employee permission to release information to their personal physicians
- Infection control procedures clearly communicated to all OEM physicians and OEH professionals
- Periodic review of bloodborne pathogen protocols
- Protocol for dissemination of program offerings to all applicable employees and locations

***Examples of Outcome Measures and Trends:***

- Participation rates for evaluations (e.g., documented by periodic random chart audits) charted over time
- Record of relevant medical surveillance inspections as required by regulatory agencies
- Reports of biological monitoring and other health evaluation results
- Compliance with bloodborne pathogen standards
- Prevalence rates for needle sticks
- Compliance with appropriate infection control standards
- No-show and missed appointment rates for health and safety screenings/monitoring
- Satisfaction survey results by users of services and by management
- Medical quality audit results and percentage of corrective actions
- Compliance with technician training requirements (e.g., audiometry, pulmonary function, EKGs), calibration of equipment, testing procedures, and interpretation parameters
- Percent of eligible employees and locations receiving programs
- Percent of participation in medical surveillance or health examinations

## **2.2 Workplace Health Hazard Evaluations, Inspection and Abatement**

***ACOEM Standards:***

OEM physicians and OEH professionals should routinely inspect and evaluate the workplace to identify potential health and safety hazards and sub-optimal work practices. OEM physicians and OEH professionals should be familiar with the working environment; employee tasks and job descriptions; potential chemical, physical, and biological agent exposures; and mental stresses that may result from these jobs via qualitative and/or quantitative assessments.

### ***Examples of Program Components, Processes, and Dissemination:***

- Written policies and procedures
- Systematic process for analyzing the underlying root causes of environmental accidents/incidents and recommending preventive measures to minimize or eliminate in the future
- Rapid and appropriate responses to hazard identification and accident investigations
- Frequent, systematic interaction of OEM physicians and OEH professionals with industrial hygiene, safety, and environmental engineering
- Systems to ensure risk assessment, risk management, and the hierarchy of control measures are in place
- Reviews of processes and procedures aimed at using “least hazardous” technology and “design-in” principles (e.g., for ergonomics)
- An exposure monitoring program ensuring all regulatory and organization requirements are met and any over exposures of personnel are detected, monitored, evaluated, documented, and mitigated or controlled
- Retention of monitoring records of employee exposures as they relate to job histories
- A systematic program for evaluation of injuries, illnesses, and occupational and environmental health and safety surveillance program results for identification of root causes
- Procedures for systematic monitoring of exposures and proper protective measures are communicated and pertinent health data are recorded and reviewed
- Programs and services are offered to employees affected in all locations
- New materials, designs, processes, products, procedures, acquisitions, divestments, and demolitions are reviewed for health hazard control evaluations and recommendations
- Systems are in place to ensure that the management of environment, health, and safety is effective (e.g., self-inspection, internal or external audit)

### ***Examples of Outcome Measures and Trends:***

- Compliance rates for procedures and results
- Number of citations from health/safety regulatory agencies, or lawsuits relating to health/safety issues
- Resolutions of workplace hazards or risks (e.g., reduced number or magnitude of actual and potential workplace health risks identified)
- Number of changes/improvements that promote better employee safety performance (e.g., ergonomics)
- Percentage of recommendations that require actions for health protection that are documented, communicated, and completed to resolution
- Percentage of industrial hygiene monitoring results that exceed the permissible exposure limit
- Output from audits (e.g., closure of action items, audit rating)

## **2.3 Education Regarding Worksite Hazards**

### ***ACOEM Standards:***

Health, safety, and environmental programs are in place to educate employees about potential hazards at the worksite and their potential for impacting the local community environment. Every employee should know the potential hazards involved in each job to which he or she is likely to be assigned and what the potential risks are in relation to these hazards.

The OSHA Hazard Communication Standard (“right-to-know”) stresses the importance of employee knowledge of chemical usage. State and local statutes also may require reporting of some occupational biomonitoring results and illnesses. Effective communication procedures should ensure that all stakeholders, both

within the organization and the local community, are informed on an ongoing basis of the identities of these hazardous chemicals, associated health and safety hazards, and appropriate protective measures. Systematic review regarding the quality of information disseminated under the program is necessary to determine whether the information is accurate, up-to-date, and readily accessible from Safety Data Sheets (SDS) and other communication materials. Substantive guidance from OEM physicians and OEH professionals should assist employees to evaluate hazards and risks, provide employee training, and assist in the preparation of the Safety Data Sheets (SDS). A long-term approach to improving hazard communication should be part of any program and include provisions to address employee comprehension of the hazards or risks and standardized approaches to educate employees about labels and the Safety Data Sheets (SDS) format.

### ***Examples of Program Components, Processes, and Dissemination:***

- Written policies and procedures in place
- System to ensure that all relevant program elements are covered
- Up-to-date programs for hazardous communications/employee right to know
- A comprehensive program for initial, ongoing, and periodic refresher training on potential work hazards
- Documented employee training on risk assessment and knowledge transfer of reproductive hazards, chemical hazards, hearing protection, bloodborne pathogens, manual lifting, ergonomics, safety, etc.
- Programs that ensure that health hazard data and exposure control requirements are readily available that list chemical, physical, and biologic agents and radioactive materials
- Engineering work practices to ensure control of hazards
- Regular and systematic communications programs to the employee population and local community officials and emergency medical responders with special emphasis to all potentially exposed persons as defined by law, organization policy, and good occupational health and safety practices
- Proactive advice provided on health and human factor issues, such as ergonomics and shift work
- Programs that ensure information is kept current about applicable laws, regulations, permits, codes, workplace standards, and practices
- Systems for resolution of conflicts about potential hazards and the resulting operating requirements documented and communicated to those affected
- Programs to ensure services are offered to all appropriate employees and at all locations

### ***Examples of Outcome Measures and Trends:***

- Rate of compliance with policies and procedures
- Results of surveys by employees
- Percentage of compliance with employee right-to-know for all known identified hazards, such as bloodborne pathogens, etc.
- Participation rates for employee training, results of training, and updating training
- Quantitative results of organization's monitoring of education and training needs
- Effectiveness of training as measured by post-test evaluation and compliance inspections
- Quantitative evidence of impact of training on health, safety and environmental programs, issues, illnesses and injuries
- Number of changes to training that resulted from training being adapted to address actual environmental and/or occupational injuries and illnesses
- Number of adaptations of programs to address safety performance
- Quantitative results of audits done by professionals to ensure compliance

## 2.4 Personal Protective Equipment (PPE)

### ***ACOEM Standards:***

Health, safety, and environmental programs should ensure that employees who need personal protective equipment (PPE) are clearly identified, provided with proper selection, and fitted with personal protective devices. These include equipment such as hearing and eye protection, gloves, and respirators. The organization should determine that the devices provide adequate protection to employees. The organization should also provide adequate education to employees in the proper utilization, cleaning, and care, and where applicable, disposal of equipment for all potential uses. Furthermore, employees who utilize respirators should be enrolled in an appropriate medical evaluation program. This should be provided to all impacted employees at all relevant sites. OEM physicians and OEH professionals and management should actively encourage employee compliance with proper care and use of equipment.

### ***Examples of Program Components, Processes, and Dissemination:***

- Documented system for identification of the need for personal protective equipment (PPE)
- A documented process for evaluation of employees requiring personal protective equipment (PPE) and the procedure to ensure that all affected employees (including contract employees) are provided with equal high-quality safety and health protection as well as training
- A systematic measurement system to provide visibility and control of the process
- A systematic approach that reviews all hazards and ensures that all hazard controls have been evaluated and used prior to using personal protective equipment (PPE)
- Program to ensure personal protective equipment (PPE) is certified by appropriate independent entities (e.g., National Institute for Occupational Safety and Health, American National Standards Institute)
- Written policies on voluntary use of personal protective equipment (PPE)
- Written policies/training on personal protective equipment (PPE) storage, cleaning, and repair processes
- Programs that ensure services are offered to all employees in all locations
- Programs to ensure employees are able to wear personal protective equipment that is appropriately fitted
- Audit of personal protective equipment (PPE) programs to ensure they are continuing to be effective

### ***Examples of Outcome Measures and Trends:***

- Personal protective equipment (PPE) utilization rates for hearing and/or eye protection, respiratory protection, radiation shielding, blood/fluid barriers, heat resistant garments (e.g., Nomex®, gloves, etc.)
- Quantitative assessment of employees knowledge and skills relative to requirements
- Quantitative results of training documentation and assessment of training effectiveness
- Quantitative evidence of effectiveness of personal protective equipment (PPE) procedures and instructions in preventing occupational injuries and illnesses
- Training compliance rates
- Impact of training on issues potentially related to sub-optimal personal protective equipment (PPE) use
- Injury rates from failure to use personal protective equipment properly as root cause (e.g., needlesticks)
- Results from quantitative fit testing (both respirator and hearing protection)
- Results of internal audits for appropriate use and compliance
- Number of new cases of work-related noise-induced hearing loss
- Benchmark comparisons of use of personal protective equipment (PPE) with other organizations of similar size in the same industry
- Number of employees required to wear personal protective equipment (PPE) and reductions in percentage over time owing to hazard abatement

## 2.5 Toxicological Assessment and Planning

### ***ACOEM Standards:***

Organizations should evaluate all areas where chemical exposures may affect the health and safety of employees or the environment. Processes should be in place for toxicological assessment of new chemicals prior to introduction in the workplace. OEM physicians and OEH professionals should recommend appropriate protection and surveillance of employees in keeping with data available or until appropriate data are received. Where adequate data does not exist, OEM physicians and OEH professionals should recommend appropriate control measures to protect staff and where there is good science-based rationale, medical surveillance and testing practices. Health, safety, and environmental programs should include procedures to incorporate advice on the nature, adequacy, and significance of toxicological test data pertinent to the workplace. Organizations that develop and/or sell chemicals may need to conduct toxicological assessments on chemical substances that have not had adequate toxicological testing.

### ***Examples of Program Components, Processes, and Dissemination:***

- Safety Data Sheets are readily available at all relevant worksites for ease in consulting in case of exposure
- Employees receive training in the organization's hazardous chemical management (or hazard communication) process
- There is a review of proposed materials or agents before they are introduced to a site
- Programs to ensure that services are offered to all employees at all locations
- Appropriate supplies and treatment plans to treat the most common employee chemical exposures in the workplace
- Employee and customer reports of adverse health effects related to products and services
- Information on potential hazards associated with products and guidance to ensure proper handling, use and disposal is documented and communicated to end users
- Procedures to proactively prevent future health and/or environmental problems from products/services
- The amount and thoroughness of testing on products/services sold by the organization and relevance of this testing to current and future health concerns is documented and reviewed
- Documented system for identifying chemicals for which the organization will initiate toxicological testing

### ***Examples of Outcome Measures and Trends:***

- Percentage of employees receiving hazardous chemical management (or hazard communication) training
- Process for reviewing new chemicals being introduced into the workplace; number of times that substitution of a less hazardous substance is recommended; number of times that recommendations for medical surveillance are made; number of times that recommendations for personal protective equipment (PPE) are made
- Number of toxicological evaluations
- Number of times toxicological evaluations led to changes/improvements in work processes
- Percentage of chemicals used on site for which Safety Data Sheets are available and the frequency with which these are updated
- Number of Safety Data Sheets developed as manufacturer of the product
- Frequency of updating the Safety Data Sheets
- Number of different sources of data the organization utilizes to predict future trends that may impact their products, services, or operations
- Ability to use exposure events to judge needs in this area
- Funds committed for toxicological research

## 2.6 External Environment

### ***ACOEM Standards:***

Health, safety, and environmental programs focus not only on workplace hazards, but also the impact of emissions on the community and the protection of the environment. Organizations and employees must go beyond the risks of specific jobs. Steps must be taken to encourage identification of workplace hazards and external pollution. Energy consumption is an expectation of the organization and employee involvement and participation is key. Appropriate recycling of solid and hazardous waste requires the commitment of management and cooperation of the workforce. The safety of materials used, manufacturing processes and process changes, products, and byproducts must be evaluated for the impact on the workplace and the external environment. Employee and community awareness of potential hazards is not only a regulatory requirement, it must be made a part of daily practice. Effective disaster and critical incident management requires education and ongoing diligence with a focus on the employee and the community.

### ***Examples of Program Components, Processes, and Dissemination:***

- A documented system for the identification and quantification of chemicals that enter the external environment
- Comprehensive process for review and identification of methods to minimize environmental impact of chemicals
- Procedures to proactively prevent future health and/or environmental problems from products and services
- Efficient use and measurement of energy and reduction of greenhouse gases/CO<sub>2</sub>
- Information available for recognizing and treating over exposure to potentially hazardous chemicals and the environmental impact from products for distribution to the local community
- Employee and customer reports of adverse health effects related to products and services
- Recycling of wastes from the production facilities/workplace
- Recyclability of products manufactured
- Support for green areas/forests at or near facilities
- Manufacture of products of environmentally friendly products from suppliers/raw materials (Life Cycle Analyses; see <http://www.epa.gov/epp/pubs/guidance/finalguidance.htm>)
- Education to the community to potential risks of products including catastrophes (compliance with environmental right to know laws)
- Personal support of environmental or sustainable goals (e.g., home waste recycling/disposal, home energy use, carpooling, etc.)

### ***Examples of Outcome Measures and Trends:***

- Number of regular environmental evaluations and audits
- Number of times that the evaluations led to changes/improvements in work processes
- Posting of community air pollution levels
- Number and frequency of regular environmental audits and review of facilities and waste disposal sites
- Toxic release inventory (TRI) required by the U.S. Environmental Protection Agency (EPA) annually and records of the amount of “toxics” used
- Requirements to follow the International Organization for Standards (ISO) environmental guidelines (14001)
- Funds committed for toxicological research

## 2.7 Emergency Preparedness, Continuity Planning, and Disruption Prevention

### ***ACOEM Standards:***

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

### ***Examples of Program Components, Processes, and Dissemination:***

- A systematic response plan exists that is integrated with the local community emergency services
- The response plan includes clear delineation of measures of responsibility including emergency care
- Systematic process is used to define standards/goals and professional networks to mitigate disaster effects
- Goals and standards specify levels of performance that will lead the organization to a world-class level of performance on these factors
- Robust systematic process exists for identifying potential risks and assessing those risks and possible consequences
- Regular review meetings and table top exercises are held to assess emergency preparedness plans
- Plans are reviewed as necessary based upon changes in requirements, the environment, or other factors
- Employee and public concerns are incorporated into the organization's planning process
- There is a process for integrating future or emerging trends into the planning process
- Local medical resources are informed of potential workplace injuries and illnesses
- Regular first aid and CPR training and emergency medical response is documented
- Investigations and debriefs of all utilization of emergency services are accomplished with identification of key learnings
- A program is in place to ensure that all employees know emergency procedures and services
- OEM physicians and OEH professionals are members of community panels
- Employee assistance professionals trained and skilled in conducting critical incident debriefing (CID)
- There is a process to ensure that all programs and services are offered to all employees in all locations
- Emergency response teams are in place
- First aid/CPR/automatic external defibrillator (AED) training and emergency drills are in place
- Agreement with emergency medical services for rapid response when necessary with regularly scheduled drills
- Use of appropriate ACOEM position statements on AEDs and workplace emergencies

### ***Examples of Outcome Measures and Trends:***

- Number of drills and assessments of readiness
- Reports on degree of success in response to real or near disasters
- Progress in meeting goals and standards in areas of public responsibility and corporate citizenship

- Survey results of employee and public concerns
- Number of corrective actions and “lessons learned” from drills, table-top sessions, and real incidents
- Number of CIDs and results
- Number and frequency of meetings with community groups involving OEM physicians and OEH professionals
- Number of uses of AEDs and number of saves

### SECTION 3.0 SOCIAL DIMENSION

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As a part of their commitment to the Social Dimension, organizations need to demonstrate adherence to diverse activities aimed at ensuring engagement of integrated health and safety strategies with employees, ranging from establishing and maintaining health and safety education programs and well communicated population-health strategies to providing evidence of extending equal access to benefits, the reduction of disparities among employees in health and safety outcomes, and being a good corporate citizen of the community – including participation in community-wide health, safety and environmental programs.

#### 3.1 Evaluation and Quality Improvement

##### ***ACOEM Standards:***

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

##### ***Examples of Program Components, Processes, and Dissemination:***

- Annual evaluation of the safety and health management system in order to maintain knowledge of site hazards
- Well-defined program components and expectations subject to review
- Benchmarking of effectiveness of system elements
- Verification of goals completed and modification of goals, policies, and procedures as warranted
- Adherence to ACOEM’s and other occupational health and safety organizations’ code of ethical conduct
- Evidence of communication across all channels including employee involvement and involvement of safety and health departments in planning for new equipment, processes, buildings, etc.
- Determination of effectiveness of occupational and environmental health and safety management after each accident or incident
- Positive response to internal and external audits
- Robust audit programs and consideration of external accreditation (e.g., ISO 14001 and ISO 18001)

##### ***Examples of Outcome Measures and Trends:***

- Percentage of completed recommendations in periodic written evaluations
- Results of audits and management plans
- Program goals that have been achieved and modified to address opportunities for improvement
- Results and trends of patient and client satisfaction surveys
- Number of recognition awards (state, national or other)

### 3.2 Innovation and Social Responsibility

#### ***ACOEM Standards:***

ACOEM has been committed to enhancing the overall health, safety, and wellness of the workplace and has developed the eCHAA to recognize the finest health programs in North America. In the spirit of continuous improvement and innovation, the College recognizes that organizations will continue to expand the envelope of programs that impact the health, safety, and/or environment of employees and communities in which the organization operates. The ACOEM standards are set forth to provide insight into programs that provide positive impact and will continue to seek evidence of these programs.

The workforce composition should be reflective of the demographics of the community in which the organization resides, and this diversity of the workforce should be evident at all organizational levels. Organizations should engage in community activities on an annual basis.

#### ***Examples of Program Components, Processes, and Dissemination:***

- Areas of unmet needs that have been identified, such as:
  - Immunity/conversion rates
  - Illness/injury cluster investigation
  - Patterns of illness and injury evaluations to assess possible workplace causal factors
  - Epidemiologic or toxicological studies conducted to address specific concerns or as part of general health surveillance
- Description of the program, including how an unmet need was identified, development and implementation of the program, and preliminary results of the program

#### ***Examples of Outcome Measures and Trends:***

- Use of results for medical screening and surveillance purposes
- Results used to develop new workplace safety and/or wellness programs
- Studies published in peer-reviewed journals
- Impact of the studies on reducing hazards and on organizational policies and procedures
- Positive influence on scientific regulatory decisions
- Employee composition reflects the demographics of the community by gender, ethnicity, sexual orientation, age, etc., determined by the number of employees in an equity group, multiplied by 100, and divided by the total number of employees at the same point in time
- Number of community activities engaged in annually

### 3.3 Travelers' Health

#### ***ACOEM Standards:***

Organizations should have a method to advise travelers concerning various travel-related issues such as prevention of jet lag, food- and water-borne diseases, local outbreaks of illness, motion sickness, and the need for medical care abroad. Vaccinations and information are available to employees who may be exposed to a disease for which there is an effective vaccination (e.g., hepatitis A and B virus exposure in travel to certain areas).

#### ***Examples of Program Components, Processes, and Dissemination:***

- Formal travel programs for domestic and international travelers/assignees as appropriate pre-trip and post-trip/expatriates' evaluation
- Travel medicine advice for international travelers/expatriates and families including sending the organization's teams to aid in response to natural/man-made disasters

- Advice by OEM physicians and OEH professionals on sanitation and hygiene
- System and database used for providing up-to-date travel health advisories
- Medical evacuation plans for international travelers
- Mental health assessment and preparation for expatriates and families
- Assessment of medical needs of international travelers and quality of care for international travelers/ assignees/expatriates.
- Protocol for dissemination of program offerings to all applicable employees and locations

### ***Examples of Outcome Measures and Trends:***

- Immunization compliance rates with national guidelines such as the Advisory Committee on Immunization Practices (ACIP) for appropriate groups for required routine (influenza, pneumococcal disease) and recommended vaccines (e.g., hepatitis A and B, typhoid, yellow fever, tetanus, Japanese encephalitis, meningitis, etc.)
- Compliance with guidelines (e.g., ACIP) with malaria prophylaxis
- Participation rates of travelers who need medical assessments
- Assessment of satisfaction of progress by travelers/expatriates
- Post-trip health status reports
- Failure rates of expatriate assignments due to medical or mental health problems
- Percent of eligible (indicated at risk) employees and locations receiving programs

### **3.4 Health Promotion and Wellness Including Non-Occupational Injury and Illness Management**

#### ***ACOEM Standards:***

Health education and health promotion programs are integral to maintaining and enhancing the health of employee populations. Periodic health screening examinations and education aimed at maintaining and promoting the health of employees are important aspects of comprehensive employee health, safety, and environmental initiatives. Health risk appraisals (HRAs) can be used to identify and prioritize beneficial health behavior change programs. For example, smoking cessation, nutrition, and exercise programs have been documented to improve health and productivity. Evidenced-based approaches are used to develop the content and periodicity of preventive services and are reviewed regularly by knowledgeable professionals. Employee participation is typically voluntary. However, these programs help maintain and promote the health and productivity of the employee, improve morale and foster employer concern for employees' general welfare.

The health, safety, and environmental programs should also provide treatment for emergency conditions including emotional crises that occur among employees while at work. This treatment may only be palliative and to prevent loss of life and limb or, where personnel and facilities are available, may be more definitive. These services are convenient for the employee and enhance productivity in the workplace by helping to reduce time away from the work site for minor injury or illness. Employers may even arrange for personal medical care to be provided at the workplace. Care at the workplace should be consistent with local standards of patient-physician relationships. OEM physicians and OEH professionals can motivate and educate employees to take responsibility for making wise, healthier choices in lifestyle behavior and personal health care decisions.

#### ***Examples of Program Components, Processes, and Dissemination:***

- Senior management support, participation, and periodic feedback on programs
- HRAs and assessment of readiness to change health behaviors
- Risk factor screening (e.g., cardiovascular fitness, body mass index, blood pressure, immunizations, allergy desensitization, and cholesterol)

- Specific cancer screening programs for early detection following national guidelines
- Health information and health education programs (e.g., weight loss, smoking cessation, health clubs, smoke-free environment, healthy vending machine and cafeteria selections)
- Personal follow-up of those at high risk
- Evidence of a preventive approach to employee health, safety, environment, and ergonomics
- Non-occupational illness, ergonomically related complaints, symptoms, and disease prevalence reviews
- Guidelines and communications to OEM physicians and OEH professionals to encourage health promotion
- Effective communications to employees on what they can do to reduce illness, disease, and accidents
- Policies and protocols on medical care/treatment for non-work-related injuries and illnesses
- Patient satisfaction surveys
- Protocol for dissemination of program offerings to all applicable employees and locations

### ***Examples of Outcome Measures and Trends:***

- Participation rates for HRAs, screening programs, and health education and behavior change programs
- Prevalence of health risks and chronic disease in employee/beneficiary populations
- Projection of health-related costs and return on investment (ROI) analyses
- Effectiveness of risk reduction programs
- Impact of programs on clinical data and productivity and on safety (i.e., reduction of illness, injury, absence)
- Treatment activity logs
- Costs of different patterns of treatment
- Participation/utilization rates for flu vaccine programs
- Productivity improvements due to on-site medical services (e.g., number of lost work-days saved per employee)
- Patient satisfaction rates
- Utilization rates for on-site medical services
- Percent of eligible employees and locations receiving programs

### **3.5 Health Benefits Management**

#### ***ACOEM Standards:***

Organizations are challenged to skillfully manage human capital to maximize the health, safety, and productivity of the workforce. Health benefits management includes assessing and identifying specific health care needs of a given employee population and helping to maximize available resources to have the largest impact on delivery of high-quality care to employees, retirees, and their families. Actuarial claims analysis for trends in diagnoses and costs can facilitate planning appropriate disease management and health promotion programs. Actuarial rate-setting can help guide appropriate utilization of medical services. Pharmacy benefit plan design can reduce costs while providing access to appropriate medications.

Quality of care of network providers can be evaluated against evidence-based best practices and standards and providers can be rewarded for highest quality care. OEM physicians and OEH professionals provide valuable assistance in evaluating employee health benefits, benefit costs, and the adequacy of care provided. OEM physicians and OEH professionals are in a unique position to apply epidemiology, statistics, and information systems to assure quality of care and identification of the most effective opportunities to improve the health of a defined population of employees/beneficiaries.

### ***Examples of Program Components, Processes, Dissemination:***

- Information for employees on medical plan choices and explanation of available services, benefits, and how plans work
- List of plan providers including primary care physicians, specialists, and other health practitioners
- Policies available that define rights and responsibilities of plan members
- Programs available that educate employees about self-care and appropriate use of medical care
- Health benefit plan activities that educate and promote good health
- Health benefits tailored to employee health needs, organizational culture, and productivity goals
- Benefit plan covers preventive services based on national guidelines
- Assistance provided to employees to access appropriate care and ensure they receive level of care needed
- Evidence of improving access to primary care and behavioral health care
- Guidelines to assist plan physicians to provide optimal care
- Programs and services utilization trends (including where appropriate point of service surveys)
- Health benefits and aggregate claims data readily available from insurance carriers or third-party administrators (TPAs)
- Measures of appropriateness and access to medical care
- Health plan activities to assist in the management of chronic illness while working
- Measuring and tracking of aggregate health risk factors for employees and other beneficiaries
- Integration of health benefit plan design with strategic direction in health promotion
- Data on outcomes for primary care physicians, specialists, and other practitioners in health plans
- Local physician community proactively engaged to practice evidence-based medicine using practice guidelines
- Pharmacy benefit design based on beneficiary health risk factors
- Effective program for improving the quality of clinical care provided to health plan members

### ***Examples of Outcome Measures and Trends:***

- Evaluation of health plan quality – e.g., National Committee for Quality Assurance (NCQA), Health Plan Employer Data and Information Set (HEDIS®) – changes resulting from review of health benefits
- Financial outcomes (e.g., temporary disability, medical care, permanent disability, future medical costs)
- Quality improvement metrics (e.g., appropriate care to patients with chronic diseases such as asthma who receive appropriate care according to National Asthma Education and Prevention Program guidelines)
- Percentage of plan members hospitalized for mental illness seen by provider within 30 days of discharge
- Actual improvements that the plan has made in care and service
- Attainment of recommended participation rates in screening programs (e.g., mammography, Pap test, prostate specific antigen)
- Percentage of pregnant women who received first prenatal care visit during first 3 months of pregnancy
- Percentage of new mothers who received a check-up within 8 weeks of delivery
- Percentage of those covered having annual dental visits
- Utilization (e.g., visits per case, diagnostic tests per case, and modalities per case)
- Employee satisfaction opinion of programs offered (e.g., survey or focus group results and outcomes)
- Evidence that the health plan is working to improve the quality of care provided to plan members with specific acute conditions and correcting any problems of poor quality
- Evidence that plan members get needed emergency services
- Evidence the health plan takes action to improve the quality of care based on quality assurance feedback

### 3.6 Mental and Behavioral Health and Misuse of Substances

***ACOEM Standards:***

The organization should have appropriate written policies for employee education, prevention, and recognition of substance abuse, mental health issues, and violence in the workplace. Management and supervisors should be skilled in the identification and recognition of troubled employees and refer them to OEM physicians and OEH professionals, employee assistance program (EAP) counselors, and/or substance abuse programs (SAPs). OEM physicians and OEH professionals are often involved in counseling and rehabilitation of the troubled employee in a confidential manner, realizing the importance of rehabilitation of impairment for drug or alcohol misuse. OEM physicians and OEH professionals are appropriately involved in mandated (e.g., DOT or military) or elective drug screening and testing of employees and serving as medical review officers (MROs) who receive, review, and interpret drug test results as part of drug-free workplace programs. Confidentiality is maintained, with no diagnostic or treatment information provided to the employer. Workplace violence prevention and response programs are in place.

***Examples of Program Components, Processes, and Dissemination:***

- Written and distributed substance abuse policies and protocols
- Formal employee assistance program (EAP) and/or substance abuse program (SAP) referral plan
- Health insurance coverage of drug/alcohol treatment and rehabilitation
- Threat of violence procedures
- Impaired employee evaluations
- Compliance audits
- Employee and supervisor training
- Substance abuse testing program
- Protocol for dissemination of program offerings to all applicable employees and locations

***Examples of Outcome Measures and Trends:***

- Percent positive alcohol and drug tests
- Success of rehabilitation and recidivism rates
- Rates of accidents related to impairment due to mental illness/substance abuse
- EAP and SAP utilization, referral, and penetration rates
- Positive substances and adulterants
- Percent of SAP referrals actually returned to work
- Links between illness (behavioral or substance abuse) and workplace issues (e.g., terminations, job turnover, absenteeism, theft, security, disciplinary actions, medical claims)
- Work-related assaults and deaths from work-related homicides
- Rates of workplace violence
- Percent of eligible employees and locations receiving programs

