Integrated Health & Safety Index

Guide to a Healthy & Safe Workplace

INTEGRATED
HEALTH &
SAFETY INDEX

IHS

THE INTEGRATED HEALTH and SAFETY INDEX

The rise of interest in health and safety measures as indicators of corporate value is gaining traction among thought leaders, who believe a universal system of health and safety metrics reporting could emerge as a new standard of valuation, much as social and environmental sustainability emerged as corporate indicators via the Dow Jones Sustainability Index (DJSI) in the late 1990s.

Taking into account the global success and impact of the DJSI, and increasing discussions among workplace health experts about the need for standardized, public metrics reporting of health and safety data, ACOEM and Underwriters Laboratories (UL) have partnered to create a consistent, replicable, public metrics reporting system similar to DJSI, making it possible for investors to assess the business value of health and safety. One of the long-term goals of this effort is to help propel faster establishment of true cultures of integrated health and safety in the workplace – just as the DJSI led to greater corporate adoption of economic, social and environmental sustainability programs in the late 1990s.

The resulting system, called the Integrated Health and Safety Index, uses a 1,000 point assessment scale that employers can use to measure their performance in three key dimensions of sustainability modeled by the DJSI: economic, social and environmental. Details of the scoring system are provided below.

The Integrated Health and Safety Index provides a vital resource to assess your company's effectiveness in providing a safe and healthy workplace. By using the "Guide to a Healthy and Safe Workplace" and the IHS Checklist, contained in this document, along with the IHS Index Self-Assessment Tool, you can determine your company's ability to maintain and enhance workplace safety and health. Using all of these resources to review and rate your company's progress in meeting standards for excellence will provide valuable insight into areas for improvement.

Note: The basic methodology for the IHS Index's measurement system was adapted from ACOEM's Corporate Health Achievement Award (CHAA) program, which recognizes employer achievement in health and safety programming. For many years, the CHAA program has recognized the best health and safety initiatives in North America. The CHAA program has now been updated to align with the principles of Integrated Health and Safety programming – including use of the IHS Index for measurement – and employers are encouraged to apply for CHAA recognition as a way of gauging the success of their integrated health and safety efforts and receiving public acknowledgement of their work. To learn more, visit http://www.acoem.org/echaa.

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THE IHS INDEX PROCESS

The IHS Index allows for a thorough and comprehensive evaluation of an organization's occupational and environmental health and safety programs as measured against key standards for performance. The IHS Index rates an organization based on four components: Program Description, Program Dissemination, Outcome Measure and Trend Data. Points are awarded for each item within the four sections based on the following:

A. **Program Description:** Organization has evidence that appropriate programs exist in the category indicated. The organization should clearly delineate what programs it has implemented that are relevant to each section that enable it to meet the key standards defined in each section.

   For example, for item 2.1, the organization might indicate:

   - That it conducts pre-placement examinations on all employees as well as evaluating employee suitable for job transfers
   - That it conducts medical surveillance as required under the OSHA standards for lead and benzene as well as for noise exposure
   - That all employees are offered an exit examination when they leave the company

B. **Program Dissemination:** The Index takes into account how well deployed programs are in all appropriate areas and departments within the organization.

   For example, an organization may note "we offer annual medical exams to all employees who work at locations where there is an on-site health service." This statement does not clearly indicate what percentage of the organization's employees has access to these annual medical exams. A more complete response would be, "annual medical exams are provided to all employees who work at locations where there is an on-site health service; this represents 85% of our workforce."

   If a program is not deployed to everyone in the organization, the organization should be clear as to what percentage of its employee population is covered. For example, respirator clearance exams would only be expected to be offered to employees who are required to use respiratory protection. Again, specific information as to the applicable population will aid in understanding your programs. A statement – "all employees who wear respirators receive annual clearance exams" is not specific. The applicant should identify how many employees are required to use respiratory protection and what percentage completed their annual clearance exams.

   Program dissemination is an important contributor to the score. A great program that is only disseminated to 5% of the workforce will not contribute significantly to your overall assessment. If a new program is being implemented on a pilot basis or to only a small percentage of the population, these programs should be included in the new innovative or unique programs under Standard 1.5.

C. **Outcome Measures:** An organization should have developed metrics for its programs. The organization should understand the metrics it has developed for all programs. Outcome measures and trends are often presented using numerical data, graphs, and charts. A combination of a narrative description of the measures and their trends and graphs or charts is recommended. A narrative description might read *"In 2005 we set a 5-year goal of moving our use of needleless delivery systems and retractable syringes from the baseline of 45% to 96%. We achieved this goal two years early (2008) and have continued to sustain a >95% compliance in 2009 and 2010."* A chart or graph depicting outcome measures and trends should be included for key programs. Combined, these elements give your leadership team – and anyone else you share the Index measurements with – a comprehensive and easily understood guide to the meaning and impact of these measurements.

D. **Trend Data:** Trend data is presented showing a reduction of health risk, health-cost savings, or other impact on the business over time.

Scoring

The score is based on a weighting of elements for each of the 18 standards contained in the three sections. Each of the standards is scored according to a program's comprehensiveness, dissemination to applicable populations, and documentation of quality assurance and continuous improvement.

To complete the IHS index process, and compile your IHS index score, you will use the **IHS Self-Assessment Tool**, a spreadsheet with pre-set formulas and calculations that you can populate with your own data. The IHS Self-Assessment Tool automatically tabulates a final integrated health and safety score for your organization, depending on the data you enter.

This score helps you understand where your programs are doing well, where they are lagging, and how your organization measures up, overall, to an objective standard for effective health and safety programming.

The IHS Self-Assessment Tool is free and available for public use at:
http://www.acoem.org/uploadedFiles/Knowledge_Centers/Health_and_Productivity/IHS Self Assessemnt.xlsx.

ABOUT THE "GUIDE TO A HEALTHY AND SAFE WORKPLACE" AND THE IHS CHECKLIST

To help those using the IHS Self-Assessment Tool, the "Guide to a Healthy and Safe Workplace" has been developed, which is included here and describes in detail each IHS standard and what organizations should be addressing as they try to achieve each standard. The guide provides all of the background information you need to complete an IHS self-assessment. Users of the self-assessment tool are encouraged to use the guide as they rate their programs.

The guide includes an IHS Checklist, which can provide a quick determination of your organization's current health and safety environment before you complete a full self-assessment. You can use the checklist as you go through the "Guide to a Healthy and Safe Workplace" to get a quick sense of where you stand.

How to use the checklist:

Step 1: Simply match up the number in each box on the left side of the checklist with the corresponding section in the "Guide to a Healthy and Safe Workplace"; there you will find more details on best practices that are used to determine the level of your organization's workplace health and safety programs.

Step 2: Put a check in all the boxes that apply to each standard. The more checks you have, the more robust are your current health and safety efforts. A higher number of points will be likely for that standard when you complete a full assessment using the IHS Self-Assessment Tool.

IHS CHECKLIST

	Program Exists	Program Is Well Deployed	Program Is Consistently Measured	Program Trends Are Tracked Over Time	Total Points Possible	SCORE
1.1 Organization & Management					75	
1.2 Health & Safety Information Systems					75	
1.3 Occupational Injury & Illness					75	
1.4 Absence & Disability Management					60	
1.5 Integrated Health & Productivity Management					70	
1.0 Economic Dimension TOTAL POINTS					**355**	
2.1 Health Evaluation of Workers					75	
2.2 Workplace Health Hazard Evaluations, Inspection & Abatement					60	
2.3 Education Regarding Worksite Hazards					50	
2.4 Personal Protective Equipment (PPE)					40	
2.5 Toxicological Assessment & Planning					25	
2.6 External Environment					30	
2.7 Emergency Preparedness, Continuity Planning & Disruption Prevention					45	
2.0 Environmental Dimension TOTAL POINTS					**325**	
3.1 Evaluation & Quality Improvement					75	
3.2 Innovation & Social Responsibility					25	
3.3 Travelers Health					30	
3.4 Health Promotion & Wellness Including Non-Occupational Illness and Injury					70	
3.5 Health Benefits Management					50	
3.6 Mental/Behavioral Health					70	
3.0 Social Dimension TOTAL POINTS					**320**	

Sample Metrics for Select Standards

Economic Dimension

1. *Workers' Compensation*
    a. Number of workers' compensation claims filed annually
    b. Total workers' compensation costs incurred each year – trend data minimum 3 years
    c. Total temporary disability (TTD) days paid each year
2. *Percent of Senior Management Reviews*
    a. Number of leader/senior manager reviews per year divided by total number in leadership position
3. *Turnover Rate*
    a. Number of employees leaving during the year x 100 divided by number of employees at start of year

Environmental Dimension

4. *Accident/Incidence Rates for Employees and Contractors (Trend over 5 years)*
    a. Frequency: OSHA Total Recordable Incidence Rate (OSHA TRIR) Employees and Contractors – (# of OSHA Recordable x 200,000/# of hours worked)
    b. Severity: OSHA restricted duty days for employees and contractors (# of lost/restricted work days x 200,000/# of hours worked)
    c. Severity: OSHA lost/restricted workday case rate (# of OSHA lost/restricted workday cases x 200,000/# of hours worked)
5. *Hazard Recognition (minimum 3 years of data)*
    a. Total # of inspections and/or audits per year to include # of correct (safe conditions) and # of adverse/at-risk (unsafe) conditions/inspection or audit
    b. Total # of near miss reported/year
    c. Total # of observations reported/year (safe conditions) and # of adverse/at-risk (unsafe) conditions/observation reported
    d. The % of owned or leased work locations that have implemented an occupational safety health management system. The % of those locations that have been audited by an independent 3rd party.
6. *Participation*
    a. % of workforce submitting observations (safe, at risk conditions), near misses annually
7. *Hazard Prevention/Closure Rate*
    a. % completion of corrective actions for adverse (unsafe) conditions reported for inspections/audits/near miss and observations within due date
8. *Education and Training*
    a. # of hours of training/employee as % of objective
    b. Total training days completed during year divided by the average number of employees for the year
    c. The percent of employees trained prior to start of work

Social Dimension

9. *Wellness Programs*
    a. Percent of employees completing an annual HRA
    b. Percent of employees completing Annual Labs/Biometric Screenings
    c. Percent of employees completing a primary care physician periodic wellness visit
10. *Prevalence of Chronic Health Conditions and Health Risks*
    a. Percent of employees in individual high health-risk levels at baseline and annual follow up. (As an example, the percent of employees that are high-risk with each of the individual 15 health risks in Dee Edington's assessment model as outlined in the book, "Zero Trends.")
    b. Percent of employees in low, medium and high health-risk categories at baseline and annual follow up (as outlined in "Zero Trends.")
11. *Impact of Health Conditions*
    a. Working days lost per year by disease category (i.e., diabetes, obesity, hypertension etc.) x 100 divided by working days available in the same year.
12. *Community Engagement*
    a. Number of community activities engaged in annually by the employer that are related to community health and/or environmental sustainability

GUIDE TO A HEALTHY and SAFE WORKPLACE

Overview

The following *Guide to a Healthy and Safe Workplace* will steer you through all the components you must address in the IHS self-assessment. It is divided into three sections – Economic Dimension, Environmental Dimension and Social Dimension. Each section contains a set of standards, all of which must be responded to in the self-assessment in the order presented in this *Guide*. Each section contains IHS standards for the area and examples of how these standards have been interpreted and implemented. Examples of outcome measures and trends are provided; however, these are just examples and are not intended to be all inclusive or required for any particular area. In the event you do not believe an item is applicable to your organization, you should indicate this in the self-assessment and provide justification as to why it is non-applicable in the comment area.

Throughout the following discussion, we use the terms "OEM" and "OEH" professionals. OEM refers to occupational and environmental (OEM) physicians, who have received training in occupational and environmental medicine, 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 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.

SECTION 1.0 ECONOMIC DIMENSION

The following section contains criteria for the **Economic Dimension**. To fulfill this dimension, organizations need to demonstrate ongoing financial support for comprehensive IHS programming, including showing they adequately fund budget-lines for health and safety programs, that sufficient training is provided for these programs, that well defined benchmarks for performance outcomes are in place and that employees are making progress in meeting such outcomes. More generally, 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.

> **✔ CHECKLIST**
>
> ❑ Programs exist
> ❑ Programs are well deployed
> ❑ Programs Measured Showing Trends
> ❑ Trends Tracked Over Time
> ❑ Data Used for Continuous Quality Improvement

1.1 Organization & Management

IHS 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 occupational and environmental medicine (OEM), occupational and environmental health (OEH), and safety professionals, with all reporting to a level in the organization that will have a broad influence and global impact. OEM, OEH and safety 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, OEH and safety 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 and environmental health and safety and must be able to manage change in a constructive and positive manner.

Application Response

Describe in detail the organization's management and leadership structure, the reporting relationships, the responsibilities and the authorities of each of the OEM, OEH and safety professionals. Describe the frequency of reviews, the methods by which the departments are encouraged to collaborate and provide evidence of the programs that result from meeting the IHS Standards. Explain how the programs are reviewed, how the decisions were made for the program implementation, speed and breadth. Provide the specific goals and measures for these programs, the breadth of their impact and the measurable results. Provide data on the organization's response to the results. Explain leadership's involvement and how it demonstrates adherence to the IHS Standards.

Examples of Program Components, Processes and Dissemination
- A system for managing worker 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 and 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) etc.
- Training available and encouraged to ensure the health and safety staff is aware of latest standards and guidelines
- Medical, health and safety personnel encouraged and sponsored to be active in local professional societies and committees
- OEM, OEH and safety 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, safety and medical disciplines
- Funding to ensure that typical as well as unusual/emergency safety and health expenditures will be covered
- Health policies and legislation of concern to the organization are addressed by management and OEM 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
- The 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 health and safety 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

IHS Standards

Effective health, safety and environmental programs use information systems to promote worker health and safety. Occupational health information systems (OHIS) and occupational safety information systems can and should be used for multiple reasons, including: aggregate data collection and analysis, documentation of worker's medical surveillance, tracking medical appointments, delivery and documentation of training programs and health and wellness programs, communications between stakeholders, benefits education and tracking, as well as monitoring of chemical and other hazards. These systems help provide access to safety data sheets (SDS), Occupational Safety and Health Administration (OSHA) accident and injury logs, research data, updates to regulatory and governmental changes at the state and federal levels. These systems support statistical analysis, integrated case management and enable research of peer reviewed literature and delivery of continuing professional education. OHIS are needed to generate metrics used to identify problems, track compliance, manage programs 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 worker, documenting the reasons for and results of all evaluations. Ideally these records should contain data sufficient to reproduce a chronology of the worker's medical history, workplace exposures, medical evaluations, illnesses, and injuries. 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 the records are computerized, their security must be assured and the information they contain kept confidential.

OEH professionals must remain informed on regulatory issues affecting medical records, such as the Health Insurance Portability and Accountability Act of 1996 (HIPAA) the Americans with Disabilities Act (ADA), and Genetic Information Nondiscrimination Act (GINA) regulations.

Application Response

Describe in detail the organization's Health & Safety Information Systems, how they are used, who has access and how the data are used. Explain how the systems are used to support the many elements identified in the IHS Standards. Explain the policies and procedures for maintaining worker health records including retention times and maintenance of confidentially and security. Explain how the data are used to improve the effectiveness and efficiency of the health, safety and wellness programs. Give examples of improvements that were made utilizing the data from these systems.

Examples of Program Components, Processes and Dissemination
- Health and safety information is integrated with other information management tools to drive improvements in worker 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 & safety information systems support audits and research
- Data protection protocols for all health & safety systems
- Communication of patient information between health care facilities
- Validation of and consistent metrics 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 and/or response to safety issues
- Percentage of charts with signed consent forms
- Percentage of charts having allergy notations clearly visible
- Audit results for compliance to set regulatory criteria in both health and safety
- Percentage of compliance with HIPAA and other medical privacy laws

1.3 Occupational Injury and Illness Management

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

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

Application Response

Describe in detail the processes and procedures your organization has to diagnose and treat injury or illness occurring on the job.

Examples of Program Components, Processes and Dissemination

- Availability of appropriately trained and licensed health professionals to assess worker health status for prevention, early recognition and treatment of illness and injury
- Appropriate policies and procedures for responding to and evaluating occupational illness or injuries
- Approved (and signed) treatment protocols that conform with ACOEM 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 workers 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 workers and locations

Outcome Measures and Trends
- Results of emergency response system/provider interfaces
- Quantification and records of relevant inspections by regulatory agencies
- Injury or illness rates (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*, 3rd Edition for treatment of workplace illness and injury or other guidelines
- 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
- Percent of eligible workers and locations receiving programs

1.4 Absence and Disability Management

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

Application Response
Describe how health professionals and case managers support human resources, managers, and supervisors to help assure quality of medical care and facilitate the early return-to-work for workers absent from work due to illness or injury. Discuss your disability case management and return-to-work programs.

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 organization's policy and stewarded to facilitate worker's optimal and timely return to health and to work
- Medical practice guidelines used for the most common causes of illness
- 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 RTW programs
- Protocol for dissemination of program offerings to all applicable workers and locations

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 v. published benchmarks/guidelines
- 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 workers with restrictions returned to workplace through structured return-to-work
- 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's *Occupational Medicine Practice Guidelines*, 3rd Edition
- Permanent disability levels and rates
- Occupational disability retirement awards (reduction over time)
- Litigation rates and workers' compensation claims/costs
- Percent of eligible workers and locations receiving programs

1.5 Integrated Health and Productivity Management

IHS Standards

Integrated health and productivity management measures the link between worker health and productivity and directs employer investments into interventions that improve health and organizational performance. With this approach, managing the health of a population is incorporated as an important component in the organization's business strategy. Organizational resources are aligned to support an integrated approach to strategically investing in worker health and performance. Efforts are made to quantify the total economic impact of health, including direct medical and pharmacy costs of health care as well as indirect productivity-related costs such as absenteeism and presenteeism (present at work, but limited in some aspect of job performance by health problems). Health interventions are chosen and evaluated to maximize positive impact on health, attendance, and productivity.

For the individual, injury or illness impacts on all aspects of life – at home and at work. Implementation of a strategy that promotes worker health and quality of life is essential to the worker's 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 worker retention, lowering retraining and replacement costs, and enhancing organization culture.

Application Response

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

Examples of Program Components, Processes, Dissemination

- Analysis of health status and health needs of the population – number of workers with chronic conditions that affect performance, e.g., asthma, 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 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 the balance of health and human performance of the workplace

- Organization policies demonstrate commitment to worker health, well-being, human performance, and productivity

- Protocol for dissemination of program offerings to all applicable workers 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, work performance

- Number of different worker assistance programs offered

- Indices of worker satisfaction and organizational climate surveys

- Calculation of cost/benefit analyses or ROI and VOI (value of investment)

- 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 workers 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 would be required 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 Workers

IHS Standards

Appropriate health evaluations should be performed and workers 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 worker job descriptions. Arrangements for care should be made when appropriate including to the worker's private physician. Follow-up information should be received and documented, and appropriate action taken. Evaluations should be carried out on the following occasions:

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

- Complete medical history
- Occupational history (complete work history) including past job exposures
- Assessment of the organs or systems likely to be affected by the assignment
- Evaluation of the 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 worker 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 workers may be required by an employer or regulatory agency directive because of potential exposure to hazards in the work environment. Certification examinations such as Federal Aviation Administration (FAA) or U.S. Department of Transportation (DOT) commercial driver may also be required. OEM and/or OEH professionals should be involved in defining and developing the medical surveillance programs that identify early signs of potential hazard exposure and thus protect workers.

Infection control – OEM 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 blood borne pathogens. Appropriate infection control procedures should be implemented during an epidemic or pandemic.

Application Response

Describe your worker health evaluation and screening programs. Provide detailed information on program structure and specific screenings for target populations according to specified time frames, with feedback and follow-up of results. Discuss your organization's infection control procedures, if applicable.

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 workers who need examinations
- Written job clearance, certification or report of examination outcome
- Worker and supervisor notification of evaluations requiring changes in job function, workplace practices, or other environmental factors
- Policy for obtaining worker permission to release information to their personal physicians
- Infection control procedures clearly communicated to all medical, health and safety professionals
- Periodic review of blood borne pathogen protocols
- Protocol for dissemination of program offerings to all applicable workers 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 blood borne pathogen standards
- Prevalence rates for needlesticks
- 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 workers and locations receiving programs
- Percent of participation in medical surveillance or health examinations

2.2 Workplace Health Hazard Evaluations, Inspection and Abatement

IHS 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 and OEH professionals should be familiar with the working environment, worker tasks, worker job descriptions, potential chemical, physical and biological agent exposures, and mental stresses that may result from these jobs via qualitative and/or quantitative assessments.

Application Response
Describe in detail the organization's program for inspection and evaluation of potential risks from workplace health and safety hazards. Discuss procedures including follow-up of identified hazards and a summary of the organization's health and safety record. Also provide the organization's impact on the local community environment and the organization's plans of action to prevent environmental exposure. Provide any information related to being investigated for environmental exposure to the local community.

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 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 that all regulatory and organization requirements are met and any over exposures of personnel are detected, monitored, evaluated, documented, mitigated or controlled
- Retention of monitoring records of workers exposures as they relate to job histories
- A systematic program for evaluation of injuries, illnesses and OEH&S 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 workers 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 and improvements that promote better worker 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

IHS Standards

Health, safety and environmental programs are in place to educate workers about potential hazards at the worksite and their potential for impacting the local community environment. Every worker 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 worker knowledge of chemical usage. State and local statutes also may require reporting of some occupational bio monitoring 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 the material safety

data sheets (MSDS) and other communication materials. Substantive guidance from OEM and OEH professionals should assist workers to evaluate hazards and risks, provide worker training, and assist in the preparation of the MSDS. A long-term approach to improving hazard communication should be part of any program and include provisions to address worker comprehension of the hazards or risks and standardized approaches to educate workers about labels and the MSDS format.

Application Response

Describe your organization's formal communication programs and procedures to ensure that workers are educated about health, safety, and environmental hazards and risks inherent to their specific jobs in compliance with the OSHA Hazard Communication Standard. Also describe your programs for ensuring communications are updated, appropriate and clearly understood. Discuss the linkage with local community officials and EMS responders to assure they are aware of all chemicals and/or hazards at your worksite and appropriate response measures.

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/worker right to know"
- A comprehensive program for initial, ongoing and periodic refresher training on potential work hazards
- Documented worker training on risk assessment and knowledge transfer of reproductive hazards, chemical hazards, hearing protection, blood borne 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 worker population and local community officials and EMS responders with special emphasis to all potentially exposed persons as defined by law, organization policy and good OEH&S 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 workers and at all locations

Examples of Outcome Measures and Trends

- Rate of compliance with policies and procedures
- Results of surveys by workers
- Percentage of compliance with worker "right-to-know" for all known identified hazards, such as bloodborne pathogens, etc.
- Participation rates for worker training, training results and updating
- Quantitative results of organization's monitoring of education and training needs
- Effectiveness of training as measured by posttest 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)

IHS Standards

Health, safety, and environmental programs should ensure that workers 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 workers. The organization should also provide adequate education to workers in the proper utilization, cleaning and care, and where applicable, disposal of equipment for all potential uses. Furthermore, workers who utilize respirators should be enrolled in an appropriate medical evaluation program. This should be provided to all impacted workers at all relevant sites. OEM and OEH professionals and management should actively encourage worker compliance with proper care and use of equipment.

Application Response

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

Examples of Program Components, Processes and Dissemination

- Documented system for identification of need for PPE
- A documented process for evaluation of workers requiring PPE and the procedure to ensure that all affected workers (including contract workers) 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 PPE
- A program to ensure that PPE is certified by appropriate independent entities, such as the National Institute for Occupational Safety and Health (NIOSH), and American National Standards Institute (ANSI)
- Written policies on voluntary use of PPE
- Written policies and training on PPE storage, cleaning, and repair processes
- Programs that ensure that services are offered to all workers in all locations
- Programs to ensure that employees are able to wear PPE and that it fits appropriately
- Audit of PPE programs to ensure they are continuing to be effective

Examples of Outcome Measures and Trends

- Protective equipment 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 workers knowledge and skills relative to requirements
- Quantitative results of training documentation and assessment of training effectiveness
- Quantitative evidence of effectiveness of PPE procedures and instructions in preventing occupational injuries and illnesses
- Training compliance rates
- Impact of training on issues potentially related to sub-optimal PPE use
- Injury rates from failure to use PPE properly as root cause (e.g., needle stick injuries)
- 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 PPE with other organizations of similar size in the same industry
- Number of workers required to wear PPE and reductions in the percentage over time owing to hazard abatement

2.5 Toxicological Assessment & Planning

IHS Standards

Health, safety and environmental programs should include procedures to incorporate advice on the nature, adequacy, and significance of toxicological test data pertinent to the workplace. Toxicological assessments should include advice on chemical substances that have not had adequate toxicological testing. Where adequate data does not exist, the OEM and OEH professionals should recommend appropriate control measures to protect staff and where there is good science based rationale, medical surveillance and testing practices. Processes should be in place for toxicological assessment of new chemicals prior to introduction in the workplace. OEM and OEH personnel should recommend appropriate protection and surveillance of workers in keeping with data available or until appropriate data are received.

Application Response

Describe your program for toxicological testing of chemicals that are produced or used in the workplace including procedures for chemicals for which adequate data are not available. Discuss the process for assessment of new chemicals prior to being brought on-site. Include your procedures for relevant communications to workers and appropriate actions.

Examples of Program Components, Processes and Dissemination

- Documented system for identification of chemicals for toxicological testing
- A comprehensive process for review and completion of particularly hazardous substances
- A program to ensure thoroughness of toxicological evaluations
- 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
- The health officer is advised and reviews proposed materials or agents before the introduction of these new materials or agents to a site
- Information available for recognizing and treating overexposure to feedstock and the environmental impact from products for distribution to the local community
- Worker 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
- Safety data sheets (SDS) are readily available at all relevant worksites for ease in consulting in case of an accident
- Programs to ensure that services are offered to all workers at all locations

Examples of Outcome Measures and Trends

- Number of toxicological evaluations
- Number of times that the toxicological evaluations led to changes/improvements in work processes
- Number of SDS developed as manufacturer of the product
- Frequency of updating the SDS
- Number of different sources of data the organization utilizes to predict future trends that may impact their products, services, or operations
- Incidences of exposures to judge needs in this area
- Funds committed for toxicological research

2.6 External Environment

IHS Standards
Health, safety, and environmental programs focus not only on workplace hazards but also the impact of emissions on the community and protection of the environment. Organizations and workers 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 company and worker 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. Worker and community awareness of potential hazards is not only a regulatory requirement but must be made a part of daily practice. Effective disaster and critical incident management requires education and ongoing diligence with a focus on the worker and the community.

Application Response
Describe in detail the organization's methodology for reviewing and improving its impact on the external environment. Provide details on who review the program, the frequency of the reviews, and who has responsibility for improvement and implementation. Provide details that indicate how the information is gathered and is used in making decisions. Describe how the information is confirmed to be credible. Provide details on the improvement process, including timetables procedures, relevant analyses, metrics and corrective actions taken. Provide examples of programs that have been evaluated and modified based on this process and how the improved programs impact the external environment.

Examples of Program Components, Processes and Dissemination
- Documented system for identification and quantification of chemicals that enter the external environment
- A 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/services
- Efficient use and measurement of energy and reduction of greenhouse gases/CO2
- Information available for recognizing and treating over exposure to potentially hazardous chemicals
- Information available for recognizing the environmental impact from products for distribution to the local community
- Worker 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) http://www.epa.gov/epp/pubs/guidance/finalguidance.htm
- Education to 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 let 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
- The Toxic Release Inventory (TRI) required by EPA annually and records of the amount of "toxics" used
- Requirements to follow ISO environmental guidelines (14001)
- Funds committed for toxicological research

2.7 Emergency Preparedness, Continuity Planning, and Disruption Prevention

IHS 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 workers 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 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 EAP and critical incident debriefing (CID) resources are in place.

Application Response

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

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
- A systematic process is used to define standards and 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
- There is a robust systematic process 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
- Worker 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 workers know emergency procedures and services
- OEM, OEH and safety staff are members of community panels
- EAPs trained and skilled in conducting Critical Incident Debriefing (CID)
- There is a process to ensure that all programs and services are offered to all workers in all locations
- Emergency response teams
- First aid/CPR/automatic external defibrillator (AED) training and emergency drills
- Agreement with emergency medical services for rapid response when necessary with regularly scheduled drills
- Use of appropriate ACOEM consensus 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 worker 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, OEH and safety staff
- Number of uses of AEDs and number of saves

SECTION 3.0 SOCIAL DIMENSION

As a part of their commitment to the social dimension, organizations would be required to demonstrate adherence to diverse activities aimed at ensuring engagement of IHS 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.

✔ CHECKLIST
☐ Programs exist
☐ Programs are well deployed
☐ Programs Measured Showing Trends
☐ Trends Tracked Over Time
☐ Data Used for Continuous Quality Improvement

3.1 Evaluation and Quality Improvement

IHS Standards

Program evaluation is necessary to ensure 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.

Application Response

Describe in detail the organization's methodology for reviewing and improving its health, safety and environmental programs. Provide details on who reviews the programs, the frequency of the reviews, and who has responsibility for improvement and implementation. Provide details that indicate how the information used in making decisions was gathered and what makes it credible. Provide details on the improvement process, including time tables, procedures, relevant analyses, metrics and corrective actions taken. Provide examples of programs that have been evaluated and modified based on this process and how the improved programs impact health, safety and environmental results.

Examples of Program Components, Processes and Dissemination

- Annual evaluation of safety and health management system in order to maintain knowledge of the site's 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 and other occupational health and safety organizations/Code of Ethical Conduct
- Evidence of communication across all channels including worker involvement and involvement of safety and health departments in planning for new equipment, processes, buildings, etc.
- Determination of effectiveness of OEH&S 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

IHS Standards
In the spirit of continuous improvement and innovation, organizations will continue to expand the effectiveness and reach of programs that impact the health, safety, and/or environment of employees and the communities in which the company operates. The social responsibility of the company—that is, its leadership and engagement in community health and sustainability activities, as well as its employment of all demographic groups—is an important aspect of its overall IHS rating. The IHS Standards are set forth to provide insight into programs that provide positive impact and evidence of these programs should be provided.

Application Response
Describe in detail any new innovative program(s) that has shown positive impact on the goals and objectives of worker health, safety or environment. Discuss the insight for the program; provide the procedures, processes and goals that were established. Provide information on data collection, analyses and reporting of research. Give evidence of the results achieved from the program. Give recommendations and insights that support the continuation of this effort and a commitment to ongoing research. Indicate any articles or publications from the research conducted.

The workforce composition should be reflective of the demographics of the community in which the company 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 X 100 divided by the total number of employees at the same point in time

▪ Number of community activities engaged in annually

3.3 Traveler Health

IHS 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 workers 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).

Application Response

Describe your travel health program for employees including availability of immunizations against infectious disease and other vaccinations as well as medical evacuation protocols and general travel advice.

Example 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 company teams to aid in response to natural/man-made disasters.

- Advice by OEM 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 workers and locations

Examples of Outcome Measures and Trends

- Immunization compliance rates with national guidelines (e.g. ACIP) for appropriate groups for required routine (influenza, pneumococcal disease) and recommended vaccines (e.g. Hep A and B, typhoid, yellow fever, tetanus, Japanese encephalitis, meningitis)

- 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) workers and locations receiving programs

3.4 Health Promotion and Wellness Including Non-occupational Injury and Illness Management

IHS Standards

Health education and health promotion programs are integral to maintaining and enhancing the health of worker populations. Periodic health screening examinations and education aimed at maintaining and promoting the health of workers are important aspects of comprehensive worker health, safety, and environmental initiatives. Health risk appraisals (HARAs) 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. Worker participation is typically voluntary however these programs help maintain and promote the health and productivity of the worker, improve morale and foster employer concern for workers' general welfare.

The health, safety, and environmental programs should also provide treatment for emergency conditions, including emotional crises that occur among workers while at work. This treatment may only be palliative and to prevent loss of life and limb or, where personnel and facilities are available, may be more definitive. These services are convenient for the worker and enhance productivity in the workplace by helping to reduce time away from the worksite 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/OEH professionals can motivate and educate workers to take responsibility for making wise, healthier choices in lifestyle behavior and personal health care decisions.

Application Response

Describe your health and wellness programs including health risk factor identification, population health status assessments and activities to reduce the risk of common acute and chronic diseases, and other health-related concerns that may adversely affect the workforce. Describe the processes and procedures your organization has to diagnose and treat non-occupational injury or illness occurring while at work. Describe programs in place for periodic health screenings to identify risks, promote healthy lifestyles, and encourage appropriate use of preventive health services.

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 (BMI), 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 worker health, safety, environment and ergonomics
- Non-occupational illness, ergonomically-related complaints, symptoms and disease prevalence reviews
- Guidelines and communications to OEM and OEH health 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 workers 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 worker/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 worker
- Patient satisfaction rates
- Utilization rates for on-site medical services
- Percent of eligible workers and locations receiving programs

3.5 Health Benefits Management

IHS Standards

Organizations are challenged to skillfully manage human capital to maximize the health, safety, and productivity of the workforce. Health benefits management includes assessing and identifying specific health care needs of a given worker population and helping to maximize available resources to have the largest impact on delivery of high-quality care to workers, retirees, and their families. 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 and OEH professionals provide valuable assistance in evaluating worker health benefits, benefit costs, and the adequacy of care provided. OEM 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 workers/beneficiaries.

Application Response

Discuss the health plan design and its response to employee risk factors and assuring quality care services by all health providers. Describe how OEM and OEH professionals collaborate with human resources personnel in the design, evaluation and quality assurance of worker health benefits.

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 workers about self-care and appropriate use of medical care
- Health benefit plan activities that educate and promote good health
- Health benefits tailored to worker health needs, organizational culture and productivity goals
- Benefit plan covers preventive services based on national guidelines
- Assistance provided to workers to access appropriate care and ensure members receive the 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 3rd party administrators
- Measures of appropriateness and access to medical care
- Health plan activities to assist in the management of chronic illness while working, e.g., NCQA® Living with Illness booklet
- 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 the 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 and future medical costs Quality improvement metrics, e.g., appropriate care to those with chronic diseases such as asthma patients who receive appropriate asthma care according to the National Asthma Education and Prevention Program (NAEPP) 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 (PSA)

- Percentage of pregnant women who received their first prenatal care visit during the first 3 months of pregnancy

- Percentage of new mothers who received a check-up within eight weeks after delivery

- Percentage of those covered having annual dental visits

- Utilization, e.g., visits per case, diagnostic tests per case, and modalities per case

- Worker satisfaction opinion of programs offered e.g., survey or focus group results and outcomes

- 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 that 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

IHS Standards

The organization should have appropriate written policies for worker education, prevention, and recognition of substance abuse, mental health issues and violence in the workplace. Management and supervisors should be skilled in the identification and recognition of troubled workers and refer them to OEM and OEH professionals, Employee Assistance Program (EAP) counselors, and/or substance abuse programs (SAPs).

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

Application Response

Describe your EAP and/or SAP referral, drug and alcohol policies, substance abuse testing, and workplace violence prevention programs. Provide information on health insurance coverage for treatment and rehabilitation of mental and behavioral health issues.

Examples of Program Components, Processes and Dissemination

- Written and distributed substance abuse policies and protocols
- Formal EAP and/or SAP referral plan
- Health insurance coverage of drug/alcohol treatment and rehabilitation
- Threat of workplace violence procedures
- Impaired worker evaluations
- Compliance audits
- Worker and supervisor training
- Substance abuse testing program
- EAP/SAP referrals
- Protocol for dissemination of program offerings to all applicable workers 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 workers and locations receiving programs

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