SESSION 211

PROFESSIONAL PRACTICE: DOCTORS, NURSES, LICENSES, PRACTICE QUALITY, and INJURY UNDER-REPORTING
WHAT CAN WE DO ABOUT THIS?

PRESENTERS
• Kathy Fagan, MD, MPH; Medical Officer, OSHA Office of Occupational Medicine
• Robyn Robbins, Safety Director, UFCW
• Pam Carter, MSN, RN, COHN-S, FAAOHN; Past President, American Association of Occupational Health Nurses
• Michael Hodgson, MD, MPH; Chief Medical Officer and Director, OSHA Office of Occupational Medicine

CONFLICTS OF INTEREST
• None of the three presented have conflicts of interest to disclose
OUTLINE

• Kathy Fagan, MD and Robyn Robbins: Recent OSHA investigations, underreporting, and worker experiences
• Pam Carter, RN: Nursing scope of practice
• Michael Hodgson, MD: more examples
• DISCUSSION
  – What organizations are responsible
  – What avenues can we take?

Medical Management of Work-Related Injuries and Illnesses: Findings during OSHA Investigations

Kathleen Fagan, MD, MPH
Medical Officer
OSHA Office of Occupational Medicine
AOHC 2015, Baltimore

Objectives

• Describe OSHA investigations where medical management practice questions have been raised.
• Detail scope of practice issues in these cases.
• List adverse consequences of these medical management practices.

I have no relevant financial conflicts to disclose.
OSHA Investigations

- High numbers of ergonomic symptoms and injuries
- Workers afraid to report symptoms and injuries
- Employers discourage workers from seeking medical care
- Workers don’t seek care, stop getting care, see doctor on own, leave company
- Onsite medical units (first aid stations, nursing stations)- inappropriate supervision, wrong and old SOP’s / medical directives, poor medical records practices
Case Example

• 42 year old Hispanic woman – bilateral hand pain and paresthesias one month after starting on debone line.

Ergonomic Assessment of Selected Tasks on Debone Line

<table>
<thead>
<tr>
<th>Task</th>
<th>Strain Index (SI)-Dominant Hand</th>
<th>Strain Index (SI)-Non-dominant hand</th>
<th>ACGIH Hand Activity Level (HAL)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Load cones</td>
<td>54</td>
<td>13.5</td>
<td>Above TLV</td>
</tr>
<tr>
<td>Shoulder cut</td>
<td>60.8</td>
<td>121.5</td>
<td>Above TLV</td>
</tr>
<tr>
<td>Wing cut</td>
<td>81</td>
<td>60.8</td>
<td>Above TLV</td>
</tr>
<tr>
<td>Pull skin</td>
<td>91.1</td>
<td>15.2</td>
<td>Above TLV</td>
</tr>
<tr>
<td>Breast inspect</td>
<td>60.8</td>
<td>60.6</td>
<td>Above TLV</td>
</tr>
<tr>
<td>Tender cut</td>
<td>27</td>
<td>18</td>
<td>Above TLV</td>
</tr>
</tbody>
</table>

SI < 6 = Low risk of ergonomic hazard.
Above HAL TLV = Significantly elevated risk of MSDs.

Case Example continued:

• 42 year old Hispanic woman – bilateral hand pain and paresthesias one month after starting on debone line.
• Seen at nursing station repeatedly over 2 months before referral to doctor
• Treatment: ice, muscle rubs, Epsom salt soaks, NSAIDs
• Returned to regular job
• 5 months later finally dxed CTS; cortisone injections, surgery planned; transferred out of debone line.
Effects of Poor Medical Management Practices

- Progression of injury, more severe, less chance of reversibility, chronic disability
- Underreporting, under-recording of work-related injuries and illnesses, inaccurate surveillance, inability of employer to use data to improve workplace health and safety
- Inability of researchers, ergonomists to have accurate data to investigate epidemiology, root causes, effective interventions
- Effects on clinicians- poor practice habits, possible threats to medical/nursing licenses

Discussion Questions

- Scopes of practice; how clinicians with different training interact, work together
- Communication issues- clinician to clinician, clinician to employer, clinician to patient/worker
- Ethical questions
- State laws, codes of ethics,
- Requirements regarding medical records

OSHA Commercial!
OSHA’s New Recordkeeping Requirements (as of Jan 1, 2015)

- Employers must report all work-related fatalities within 8 hours.
- Employers must report the following within 24 hours:
  - Any inpatient hospitalization(s)
  - Amputation
  - Loss of Eye

How to Report:
- Call 1-800-321-OSHA (6742)
- Call your nearest OSHA area office, during normal business hours: www.osha.gov/html/RAmap.html

Link to OSHA Recordkeeping webpage:
http://www.osha.gov/recordkeeping2014/

References:

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Nursing Scope of Practice in the Work Environment

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Past President
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AOHC 2015

Objectives

• Differentiate the various providers of occupational health services delivered within the work environment
• Discuss the educational curriculum and preparation for occupational health providers
• Identify the governing body of authority for licensed occupational providers
• Compare the approach, role and responsibility of employers in providing occupational health services

Providers

• Registered Nurse
  - Diploma
  - Associate Degree
  - Bachelor's Degree
  - Masters (Advance Practice/Nurse Practitioner)
  - Doctorate/Phd

  • Licensed Professional/Vocational Nurse
  • Emergency Medical Technicians
    - Emergency Medical Technician/Paramedic

  • Non-Licensed
    - Medical Assistant
Education

Registered Nurse
2 years – 8 years college and universities

LPN/LVN
12-month program found in technical and vocational schools and community colleges

EMT
100 – 1000 hours (classroom & practicum)

Medical Assistants

Scope of Practice

18VAC90-20-37. Supervision of licensed practical nurses.
Licensed practical nursing is performed under the direction or supervision of a licensed medical practitioner, a registered nurse or a licensed dentist.

Role of the Employer

How familiar are non-healthcare employers aware of licensure requirements?

How familiar are healthcare workers with the scope of their practice?
Who practices what?

- Regulatory framework
  - Occupational Safety and Health Act
  - State licensing and compensation laws
  - Professional practice
- Clinical occupational health:
  - Nursing: RN and LPN
  - Physicians: occupational medicine vs other specialties
- Occupational Health:
  - Managers vs physicians
  - Management vs safety

IOM

1. “Ensure that the public is protected from unscrupulous, incompetent and unethical practitioners”;
2. “Offer some assurance to the public that the regulated individual is competent to provide certain services in a safe and effective manner”;
3. “Provide a means by which individuals who fail to comply with the profession’s standards can be disciplined, including the revocation of their licenses.”

Boards of Nursing LPN/VN

Requirements for Decision Making

<table>
<thead>
<tr>
<th>Decision-Making or Care Planning</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assessment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Compare health history data to norms for decision-making or care planning?</td>
<td>25</td>
<td>17</td>
</tr>
<tr>
<td>Compare psychological data to norms for decision-making or care planning?</td>
<td>21</td>
<td>18</td>
</tr>
<tr>
<td>Compare potential for violence data to norms for decision-making or care planning?</td>
<td>21</td>
<td>19</td>
</tr>
<tr>
<td>Compare nutritional or hydration status data to norms for decision-making or care planning?</td>
<td>29</td>
<td>12</td>
</tr>
</tbody>
</table>
OSHA LEAD STANDARD
The Lead standard [1926.62(j)(1)(iii) - construction] and [1910.1025(j)(1)(ii) - general industry]
• "the employer shall assure that all medical examinations and procedures are performed by or under the supervision of a licensed physician".
• When examinations and procedures?
• Lab testing?
• Clinical evaluations

FIRST AID
OSHA’s Medical Services and First Aid Standard (1910.151) has three requirements:
1. Ready availability of medical personnel for advice and consultation on matters of plant health;
2. First aid supplies and trained first aid personnel if there is no nearby medical facility; …
SOLUTIONS

• Drivers
  – Financial
  – "OSHA recordables"
• System performance and improvement
  – How do we know who is on the team?
  – Team performance evaluation?
• Whom do we approach
  – Practitioner
  – Plant
  – Licensing authority

EXAMPLES FOR DISCUSSION

• Poultry case
  – Plant worker seen 94 times by LPN for first aid before being referred to physician
• Oil industry
  – Finger fracture treated with steristrip, with restricted duty and continuing work in off-shore oil
• LEAD
  – National chain sells lead testing services to companies without physician involvement or review

MORE REFERENCES

4. OSHA Lead Standard 1910.1025
5. OSHA First Aid Standard 1910.151