



# Occupational Health Nursing Practice Standards

2003

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## **INTRODUCTION**

Professional registered nursing associations in the provinces and territories provide standards for acceptable nursing practice in any setting. Implicit in these standards is the notion of a continuum of practice from beginner to expert. These standards usually express a framework for evaluating minimum, safe practice for all registered nurses.

### **Occupational Health Nursing Practice Standards**

This document describes occupational health nursing practice standards required for providing quality occupational health nursing care. As members of the nursing profession, occupational health nurses (OHN's) strive to ensure a high caliber of service and are accountable for their practice. Standards provide the basic mechanism for evaluating practice both through peer and self-evaluation.

These standards were developed to guide OHN's in evaluating their nursing practice in any occupational health setting. The intent of these standards is to provide a guide to the provision of comprehensive, quality nursing care. Therefore, the standards suggest more than minimum, safe nursing care; they reflect excellence in occupational health nursing practice and, as such, are intended to assist OHN's to improve their nursing care.

Practice standards change to reflect changing practice; therefore, this document represents the present scope of occupational health nursing practice. However, with the ever-changing role of OHN's, it is expected that these standards will need revision on a regular basis.

This document does not address competencies or program standards. For clarification of these terms, please see Appendix A.

### **SCOPE OF OCCUPATIONAL HEALTH NURSING PRACTICE**

The primary role of the occupational health nurse is to coordinate the delivery of comprehensive, equitable, quality occupational health services for workers and worker groups. The context for practice is dynamic and influenced by health policy, cultural, social, economic, political, technological, and environmental issues (American Association of Occupational Health Nurses, 1994).

Occupational health nurses use the nursing process to provide ethical, confidential nursing care to workers and worker groups within legal and professional parameters. Working in collaboration with the worker/worker group, employer, union, health professionals, and others, the occupational health nurse assists clients to achieve their health goals through informed, decision-making about health issues.

As professionals, occupational health nurses are accountable and responsible for their practice. Working independently as well as in collaboration with others, occupational health nurses advocate for workers and worker groups to promote health in a safe and healthy work environment.

The scope of practice includes managing and administering an occupational health service within legal and professional parameters; conducting health examinations; assessing the work environment; providing primary, secondary, and tertiary prevention strategies; providing health education programs; providing health promotion

programs; providing counseling interventions and programs; managing the information system; conducting health surveillance programs; monitoring injury/illness trends; as well as program planning, policy development, and cost-containment strategies.

## CONCEPTUAL FRAMEWORK

An occupational health nursing conceptual framework presents values and beliefs about four aspects: the individual, health, occupational health nursing, and the environment. The interrelationship of these four components reflects the assumptions and philosophy of occupational health nursing practice.

### Individual:

· is unique in his/her biological, psychological, social, spiritual, and cultural characteristics. The individual has rights to: confidentiality of health records, advocacy, work in a safe and healthy environment, information about his/her health status as well as potential hazards, choose or refuse participation in occupational health programs, and refuse unsafe/unhealthy work. In addition, the individual has responsibilities to: maintain his/her own health, know the hazards of his/her workplace, assume responsibility for the consequences of his/her actions, respect the rights and needs of others, and maintain safe work practices for self and others.

### Health:

· is the extent to which an individual or group is able to realize aspirations to satisfy needs, and to change or cope with the environment. Health is, therefore, seen as a resource for everyday life, not the objective of living. Health is a positive concept emphasizing social and personal resources as well as physical capacities. (World Health Organization, 1984).

### Occupational health nursing:

- is that specialty area of nursing practice which focuses on the worker/worker group by:
  - promoting health
  - preventing illness/injury
  - protecting workers from risks associated with exposure to occupational health hazards
  - recommending placement of workers in jobs suited to their physiological and psychological health status
  - restoring workers' health in a safe and healthy work environment

### Environment:

· consists of dynamic forces which interact with each other and the individual. The environment can be social, economic, political, physical, and cultural as well as the internal psychological status of the individual. A major focus of occupational health nursing is the work environment because of its unique health hazards.

## STRUCTURE, PROCESS, AND OUTCOME CRITERIA

The occupational health nursing practice standards presented in this document were developed using an approach suggested by Donabedian (1966) based on a -framework of structure, process, and outcomes. This

approach was chosen to facilitate the development of quality assurance programs in occupational health nursing (Migliozzi, 1990).

**Structure criteria** include items such as the facilities, equipment, human resources, policies, and other organizational characteristics necessary to carry out nursing care. At times, structure criteria will not be within the control of the occupational health nurse; however, employers do have a responsibility to provide appropriate resources for delivering safe, quality care. At all times, it is the responsibility of the OHN to provide safe nursing care even though structural constraints may exist.

**Process criteria** describe nursing actions in caring for clients. It includes decision-making as well as various treatments administered by nurses.

**Outcome criteria** focus on the end results of the nursing care provided. Outcome criteria equate to client behavior or health status or those measures which ensure quality care for the client.

## **STANDARD I: PROFESSIONAL RESPONSIBILITY AND ACCOUNTABILITY**

*The occupational health nurse is responsible and accountable at all times for his/her occupational health nursing practice.*

### **Structure**

1. Opportunities are available to participate in learning experiences which promote occupational health nursing practice, leadership, and professional growth.
2. The setting supports communication, consultation, and collaboration among occupational health and safety professionals, consultants, workers, management, unions, and other agencies such as government and community resource groups.
3. The setting supports participation in professional organizations.
4. Performance appraisal mechanisms are in place to ensure that administrative matters are evaluated by management while occupational health nursing practice is evaluated by nursing professionals.
5. Quality improvement and quality assurance mechanisms are in place for evaluating and improving the quality of care provided.
6. Written practice standards, scope of practice, and code of ethics documents are available to guide and evaluate nursing practice.
7. Written policies and procedures, job descriptions, organizational charts, and descriptions of roles and responsibilities are available to guide management of programs offered through the occupational health service.
8. Appropriate organizational, human, technical/material, and financial resources are available to provide safe, quality, nursing care.

9. An atmosphere exists which facilitates collegiality, mutual trust, respect, encouragement, team work, and support.

### **Process**

The occupational health nurse:

1. maintains active registration with an appropriate licensing body
2. assumes primary responsibility for maintaining competence in occupational health nursing practice
3. understands, complies with, and practices in accordance with relevant nursing legislation, code of ethics, practice standards, scope of practice documents, workplace policies and procedures, human rights legislation, and other municipal, provincial and federal legislation applicable to the-workplace
4. questions policies, procedures, and practices inconsistent with therapeutic client outcomes, current occupational health nursing practices, and safety standards
5. uses appropriate resources, expertise, research, and relevant literature to provide quality nursing care
6. seeks opportunities for ongoing personal and professional development:
  - 6.1 participates in advanced and/or continuing education activities to improve his/her occupational health nursing knowledge and skills;
  - 6.2 promotes the growth of the profession by maintaining membership. in and participating in professional associations;
  - 6.3 works towards or maintains certification in occupational health nursing [e.g., COHN(C)];
7. maintains impartiality in dealing with employers, employees, unions, and other related agents/agencies
8. acts as a consultant to the client on occupational health and safety matters
9. acts as an advocate for the worker/worker population on health and safety issues by protecting the worker's right to:
  - 9.1 access and understand relevant information
  - 9.2 informed and voluntary consent to care, treatment, and participation in research
  - 9.3 privacy and confidentiality
  - 9.4 control the release of confidential information
  - 9.5 treatment with respect

9.6 participation in decisions affecting care

9.7 equal access to health care

10. appropriately delegates nursing care to other members of the health and safety team and is accountable for the delegation of care to others

11. collaborates with the client, other members of the occupational health and safety team, and appropriate others to ensure promotion of health and the prevention of work-related illness and injury

12. participates in research for the advancement of occupational health nursing and utilizes research in clinical decision making

13. participates in performance appraisal activities

14. participates in quality assurance and quality improvement activities to assure and improve the quality of nursing care

15. serves as a mentor for colleagues and nursing students to promote learning;

16. manages resources in a cost-effective manner

17. participates in decisions affecting the provision of quality nursing care

18. participates as an active member of a multi-disciplinary team.

### **Outcomes**

1. The OHN maintains active registration with an appropriate licensing body.

2. The OHN documents advanced education and continuing education activities to maintain competent practice, improve occupational health nursing knowledge and skill, and obtain/maintain certification.

3. The OHN practices in accordance with relevant nursing legislation, code of ethics,

4. practice standards, scope of practice guidelines, workplace policies and procedures, human rights legislation, and other legislation applicable to the workplace.

5. The OHN participates in professional association activities.

6. The OHN facilitates learning opportunities for students and colleagues.

7. The OHN demonstrates a variety of roles: consultant, advocate, team member, manager, communicator, facilitator.

8. The OHN participates in performance evaluation activities.

9. Documentation is available to support programs for quality assurance, quality improvement, resource management, research, roles and responsibilities of the OHN, and professional development.

## **STANDARD II: CLINICAL DECISION MAKING**

*The occupational health nurse utilizes a systematic, problem-solving approach to clinical decision making based on a conceptual framework for occupational health nursing practice.*

### **DATA COLLECTION/ASSESSMENT**

#### **Structure**

1. A system for collecting, recording, analyzing, and retrieving data is available.
2. Written policies are in place to ensure confidentiality of employee health records.

#### **Process**

The occupational health nurse:

1. collects relevant data related to the actual and potential health and safety conc of the worker, worker group, work environment, organization, and community;
2. uses all appropriate resources in data collection as well as data gathering techniques such as observation, interview, health assessment, survey, documentation search, investigation, and consultation;
3. collaborates with the client, and when appropriate, with other health and safety professionals to collect data;
4. collects data about the individual worker or worker group on a wide range of variables (Appendix B);
5. collects data about the work environment on a number of variables (Appendix C);
6. validates the data collected with the client and appropriate others;
7. documents the collected data in an appropriate information system.

#### **Outcomes**

1. Data provide a baseline for future comparison.
2. Data are current and validated with the client.
3. Data are documented in retrievable form.
4. Employee health records are confidential.



## **DATA INTERPRETATION**

### **Structure**

1. Resources are available for interpreting the data such as expertise, norms for comparison, and relevant research and literature.
2. Written policies are in place to ensure confidentiality of employee health information.

### **Process**

The occupational health nurse:

1. interprets data using appropriate resources
2. validates the data interpretation with the client and appropriate others
3. determines potential and actual risk to the worker, worker group, work environment, organization, and community
4. establishes priorities for care with the client
5. records the results of the data interpretation.

### **Outcomes**

1. Data interpretation is validated with the client and appropriate others.
2. Data interpretation is documented in such a way that evaluation can be accomplished.
3. Data interpretation is recorded in an accessible manner.

## **PLANNING**

### **Structure**

1. Nursing practice standards and scope of practice are available in the occupational health setting.
2. Resources are available for the development of nursing care plans including at least current research, literature, and legislative requirements.
3. A record-keeping system is available and suitable for updating.
4. Primary, secondary, and tertiary prevention programs are supported in the organization.
5. Opportunities are available for collaboration with others to develop plans to meet client needs.

**Process**

The occupational health nurse in collaboration with the client and relevant others:

1. plans interventions based on current, relevant research; other health information sources; and legislative requirements;
2. develops an action plan which includes:
  - 2.1 measurable, realistic goals and objectives which reflect the worker's present and potential capabilities, job requirements, and legislative requirements;
  - 2.2 priorities for action and time frames for results;
  - 2.3 available resources and constraints;
  - 2.4 activities to be performed by the occupational health nurse, client, and other team members to achieve goals;
  - 2.5 interventions aimed at promotion and prevention;
  - 2.6 education strategies as required;
  - 2.7 interventions which foster self-care, strategies and criteria for evaluation and revision;
3. documents the action plan;
4. makes recommendations to management consistent with collected data regarding potential and actual risks.

**Outcomes**

1. Clients participate in the development of the action plan.
2. Client rights are protected.
3. The plan is written and retrievable.
4. Objectives of the plan are realistic and measurable.
5. The plan is updated and revised as necessary.
6. Achievement of objectives is documented and revisions made accordingly.
7. The plan provides for continuity of care.
8. Management is informed about potential and actual workplace risks to the health and safety of the employees.

## IMPLEMENTATION

### Structure

1. A written philosophy of occupational health nursing is available.
2. Written goals and objectives of the occupational health service which support the organization's mission statement are available.
3. Written nursing protocols are available.
4. Written medical directives are provided by a physician.
5. A written policy on confidentiality of health records endorsed by management is available and communicated.
6. Written policies and procedures describing the programs offered through the occupational health service are available.
7. Appropriate human and material resources to facilitate the provision of safe nursing care are available. The following should be included:
  - 7.1 qualified occupational health nurse(s) as defined by the Occupational Health Nurses Association;
  - 7.2 resource people with appropriate expertise for consultation and education;
  - 7.2 facilities of adequate design, size, and location to ensure that the occupational health nursing program can:
    - 7.3.1 be conducted in a safe and cost-effective manner to meet the organization's needs;
    - 7.3.2 provide appropriate programs;
    - 7.3.3 be conducive to the development of the therapeutic nurse/client relationship;
  - 7.3 occupational health nursing staff involved in the planning and designing of the occupational health facility including participation in the selection of equipment and supplies;
  - 7.4 equipment which is operational, reflects current technology, and is calibrated in accordance with manufacturer's specifications;
  - 7.6 relevant reference materials related to occupational health nursing practice.
8. A health record-keeping system which facilitates the permanent documentation of the nursing process ensuring that:
  - 8.1 confidentiality of worker health records is maintained;

8.2 client data are accessible and retrievable;

8.3 health records are maintained and stored for sufficient length of time to facilitate epidemiological concerns, compensation claims, and legislated requirements;

8.4 standardized guidelines for documentation are available and current;

8.4 health records are only accessed by occupational health nurses, physicians, and designated others who have taken an oath of confidentiality.

## **Process**

The occupational health nurse implements measures aimed at health promotion, health maintenance, injury/disease prevention, and rehabilitation of workers and the promotion of a safe and healthy workplace. The occupational health nurse:

1. uses current research, legislation, and other scientific information to implement interventions and programs;
2. facilitates ongoing programs to increase the client's awareness of health and safety risks and to promote positive health and safety practices;
3. facilitates direct nursing care, rehabilitation, and follow-up for the ill and injured worker to promote optimal functioning as soon as possible;
4. counsels the worker to facilitate and guide problem solving;
5. initiates referrals to appropriate community resources;
6. maintains open and effective communication with the client and other health professionals to ensure continuity of care;
7. maintains a comprehensive and current record of nursing actions;
8. protects client right;
9. participates in environmental surveillance activities;
10. delegates duties appropriately to ancillary personnel.

## **Outcomes**

1. Implementation activities are recorded appropriately.
2. Client outcomes are documented and plans revised accordingly with the client.
3. Confidentiality related to employee health records is maintained.

4. The client has access to a broad range of programs.

## **EVALUATION**

### **Structure**

1. A quality assurance and improvement program is available to evaluate and improve occupational health nursing practice.
2. The setting supports an atmosphere that facilitates collegiality, mutual trust, respect, encouragement, team work, and support.
3. Appropriate personnel, including the client, participate in the evaluation process.
4. Written plans exist for evaluation purposes.
5. Resources are available and accessible for conducting evaluation.

### **Process**

The occupational health nurse systematically and continuously evaluates the quality and effectiveness of all aspects of the occupational health program. The occupational health nurse:

1. evaluates the action plans and compares results with goals and objectives based on:
  - a. improvement in the client's knowledge, skills, attitudes, as well as health and safety practices;
  - b. decrease in health and safety risk, illness, and injury status;
  - c. improvement in environmental monitoring and hazard controls in the workplace with resultant reduction in exposure;
  - d. cost benefit and cost effectiveness;
  - e. long and short term outcomes;
  - f. quality of care.
2. collaborates with the client and, when appropriate, with the team and others evaluation process;
3. evaluates the relevance, cost effectiveness, and long term impact of program developed to address health and safety issues;
4. uses evaluation data to assess and revise health and safety plans;
5. documents evaluation data.

**Outcomes**

1. Evaluation is documented.
2. Based on evaluation, recommendations are made and timely follow-up activities are carried out.
3. Client participation in the evaluation process is documented.

**GLOSSARY OF TERMS****Advocate:**

One who informs and supports people so that they can make the best decisions possible for themselves; or one who acts on behalf of others when they are unable to act on their own behalf. (Kohnke, 1980).

**Certification:**

A voluntary and periodic (re-certification) process by which an organized professional body confirms that a registered nurse has demonstrated competence in a nursing specialty by having met pre-determined standards of that specialty. (Ontario Occupational Health Nurses Association, 1988).

**Client:**

Refers to the individual worker, worker group, work environment, organization and/or community.

**Clinical decision-making:**

Pertaining to or founded on actual observation and treatment of clients as distinguished from theoretical or basic sciences. (Dorland, 1988).

**Community:**

Is a specific group of people usually living in a defined geographical area who share a common culture, are arranged in a social structure, and exhibit some, awareness of their identity as a group. (Nutbeam, 1985) .

**Competence:**

The ability to integrate knowledge, skills, and judgement. (Alberta Occupational Health Nurses Association, 1990).

**Conceptual framework:**

Nursing conceptual frameworks represent ideas and interrelationships. How the interrelationships are described forms the distinctive features of a specific nursing framework. The main ideas in any nursing framework are Person, Health, Environment, Nursing. (Alberta Association of Registered Nurses, 1991).

**Confidentiality:**

The right of individuals to have all information about themselves released only to those to whom they have consented (either expressed or implied consent). This imposes a responsibility on health care providers to safeguard the secrecy of other people's data. (Adapted from Picard, 1986).

**Counseling:**

A helping relationship that involves more than information and support, but less than psychotherapy. It involves helping clients to understand their problems and feeling, and to develop plans to solve their problems. (American Association of Occupational Health Nurses, 1977).

**Employee Health Records:**

Are confidential, cumulative accounts of health information for each worker. Individual health records include employee-specific documentation of occupational injuries and illnesses, non-occupational injuries and illnesses, occupational health histories, results of preplacement and periodic health examinations, laboratory results, health surveillance results, immunizations, workers' compensation forms, occupational health nursing and medical progress notes, as well as disability information and documentation of episodic care. (American Association of Occupational Health Nurses, 1995, p.48).

**Epidemiology:**

The science concerned with the study of the factors determining and influencing the frequency and distribution of disease, injury, and other health-related events and their causes in a defined human population for the purpose of establishing programs to prevent and control their development and spread. (Dorland, 1988).

**Ergonomics:**

Is the study of humans at work to understand the complex relationships among people, physical and psychological aspects of the work environment (such as facilities, equipment, and tools), job demands, and work methods. (Keyserling, 1988).

**Health promotion:**

Is the process of enabling people to increase control over, and to improve their health. (World Health Organization, Health & Welfare Canada, & Canadian Public Health Association, 1986).

**Health record:**

An individual's health information recorded on traditional paper records, computerized data systems, or other automated modes. (Alberta Association of Registered Nurses, 1986).

**Health Surveillance:**

A generic term used to describe a number of activities conducted to determine whether groups of workers may be suffering an occupational illness as a result of exposure to a particular hazard or group of hazards. Health

surveillance is always based on environmental assessments with exposures evaluated and documented. (Alberta Occupational Health Nurses Association, 1990).

**Impartiality:**

Not biased; treating or affecting all equally. (Webster, 1987).

**Multi disciplinary Team:**

A functioning unit composed of individuals with varied and specialized training, who coordinate their activities to provide services to a client or group of clients. (Ducanis & Golin, 1979).

**Nursing Process:**

A systematic approach to the delivery of nursing care that consists of the following steps: collection of data, analysis of data, planning of the intervention, implementation of the intervention, and evaluation. (Canadian Nurses Association, 1991).

**Occupational Health and Safety Team:**

May consist of occupational health nurses, occupational physicians, occupational hygienists, ergonomists, psychologists, safety engineers, toxicologists, epidemiologists, employee assistance program coordinators, fitness advisors, nutritionists, physiotherapists, occupational therapists, and other health professionals appropriate to meet the work place needs.

**Occupational health hazard:**

From an occupational hygiene point of view, the physical, chemical, biological, ergonomic, and psycho social hazards related to the work environment.

**Occupational hygiene:**

That science and an devoted to the anticipation, recognition, evaluation, and control of those environmental factors or stresses arising in or from the workplace, which may cause sickness, impaired health and well-being, or significant discomfort among workers or among the citizens of the community. (Plog, 1988).

**Safety Hazards:**

Any condition or action which presents an exposure to danger or harm to people, property or the environment. (Plog, 1988).

**Toxicology:**

The study of the harmful effects of chemicals on the biologic systems. (Frumkin, 1988).



## APPENDIX A

### Competencies

A recognized specialty area of nursing practice is able to define the competencies (knowledge, skills, and attitudes) that are unique to the area of practice and for which registered nurses need additional education and experience. These competencies can form the basis for certification such as that offered through the Canadian Nurses Association. Certification is a voluntary process by which a registered nurse who meets established criteria (a combination of education and experience) may attempt a written examination. Successful completion of the examination authorizes the registered nurse to use credentials after his/her name which signify competence (education and experience) in the specialty area of nursing practice. The particular focus of competencies is on education.

### Program Standards

Program standards are standards established to evaluate outcomes from occupational health, hygiene, and safety programs provided for workers. Programs are usually developed and provided by a multi-disciplinary team, and reflect policies- and procedures instituted by management, physicians, nurses, hygienists, safety professionals and others to meet the health, hygiene, and safety needs of the workplace. Comprehensive programs require input from all parties - management, union, occupational physicians, OHN's, safety professionals, hygienists, ergonomists, and others as required. Therefore, -evaluation of such programs requires a broad approach which identifies the criteria to be measured. For example, the elements for a successful respiratory protection program would be identified to enable a program evaluation, both formative and summative, to be conducted. The particular focus of program standards is on attainment of program objectives.

## APPENDIX B

Subjective and objective data are collected from the individual worker or worker group when dealing with health concerns. A number of variables are addressed such as:

- a. demographic characteristics;
- b. a complete health history including present problems, past illness/injuries, occupational history, hobbies, and lifestyle factors;
- c. physical assessment; d. screening tests and laboratory tests;
- d. physical and mental requirements of the job; attitudes, awareness, and behavior related to workplace health and safety;
- e. biophysical, psycho social, cultural, and spiritual characteristics;
- f. goals and expectations; strengths and limitations;
- g. availability of resources; interpersonal relationships with family and other support networks;
- h. use of personal protective equipment;

- i. risk perception;
- j. exposure data;
- k. MSDS data.

## **APPENDIX C**

Data are collected about the work environment. A number of variables are addressed such as:

- a. physical characteristics of the workplace;
- b. work processes, products manufactured, and services offered;
- c. organizational culture and demographics;
- d. potential or actual health and safety hazards;
- e. existing control measures instituted for hazards;
- f. resources available in the workplace (e.g., MSDS's) and community;
- g. exposure data;
- h. identification of high risk worker populations and high risk environmental area; morbidity and mortality trends;
- i. disaster potential and preparedness.

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