**OCCUPATIONAL HEALTH PROCESS: AFFINITY CHARTING RECAP**

***ISSUES***

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| Onboarding New Employees & Ongoing Occupational Health Issues |
| 1. Check Guidelines
	* $ versus care of employees
	* Not confident in knowledge/history of Risk/DES when it comes to healthcare workers
	* Laws and guidelines are not considered for healthcare workers
	* DES has strict rules about driving checks, UAs, background checks, etc. but not for HCW guidelines
	* Ergonomics
2. Policies & Procedures
	* Who – permanent – temporary – contracted – volunteers – interns/students – etc.
	* Need classifications or locations established for required occupational health (by qualified person) NOT support or admin. staff
	* Timeframe between employee start date and completed testing/immi date... 30, 90 days?
	* 90 days is too long for training/screening
	* How do supervisors know what has been done at onboarding that it’s been done?
	* DES houses medical records – do they notify employee when next immi, etc., is due?
	* No capacity for increased workload of HR Liaisons!
3. Review
	* Initial Record (Immi) review- who can review? In house or Providence?
	* Who evaluates vaccine records and determines need for titer vs. vaccine?
4. Process
	* Need consistent, documented process/checklist with clear timeline
	* No clear policy or proves for HR Liaisons
	* Disjointed process
5. Last Step: Revise the Policies
	* DES Risk Manual policies need to be updated
	* Polices are not updated or not present or they are present but you can’t find them
	* Who’s responsible for updating policies & procedures for all H3S Divisions? Do we have all teams identified?

Other issues: fragrance allergies (exposure to public – staff w/ allergies), students / volunteers / interns (new state OAR for them recently created), If in policy it should also be in a form that matches, laterals / promotions |

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| Tuberculosis Control Issues |
| * Onboarding
	+ Who’s qualified to test for TB?
	+ Proof must be submitted before first day on job
	+ Can a new employee with history of BCG vaccine have a QFT blood test instead of a TB skin test?
	+ Post exposure to TB re-test and documentation
	+ Who does x-ray and who pays for it?
* Equipment/Education
	+ Can the smaller clinics be equipped with negative pressure rooms?
	+ BH clinic staff not trained in how to respond to a client walking in stating they have TB or communicable disease
* Process
	+ “Annual” testing is hit and miss
* Risks/Results
	+ Why aren’t all clinics notified (BH & PC) when we have a positive TB patient?
	+ Exposure/risk levels for positions should be clear
	+ What do we do if employee tests positive? Can we not hire them?
	+ Results sent to DES? Only positives or all annual tests?
* Who?
	+ No one department or person oversees TB control issues
	+ Training schedule/requirements need to be scheduled, recorded & maintained
	+ Who follows-up with staff / managers once completed?
* Policy
	+ DES Risk Manual and policies need to be updated
	+ Outdated policies and difficult to find
	+ Policies are not updated or not present or they are present but you can’t find them
	+ Should we address the pros/cons of a blanket policy vs policies for PC vs PH vs BH?
	+ Negative pressure rooms
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| Bloodborne Pathogen (BBP) Issues |
| * Policy
	+ Needle stick injury is always a kafuffle
	+ Policies are not updated or not present or they are present but you can’t find them
	+ DES Risk Manual policies need to be updated
	+ Ned stick injury – red packets are not kept up to date
* Tracking
	+ Who keeps track of annual refreshers?
	+ Consistent tracking? Database, employee file, by division?
	+ Who guarantees education and annual updates?
	+ Do we have a BBP coordinator?
	+ Who is to be trained? How often? How is it tracked? How is an employee notified they are due for a training?
* Training
	+ Need to find FREE BBP training for new hires
	+ BBP testing can be self directed – video on website with brief test
	+ Before hire (currently) or on county time (within first 30 days)
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| Immunization Issues |
| * Review
	+ Who in-house can review the employee/s record to determine what is needed at on-boarding?
	+ Who will review new employee’s immunization records and determine needs?
* Cost
	+ Is Providence contracted services cost prohibited? (some type of financial analysis needed)
* Records
	+ How will confidentiality of records be ensured – a lot of sensitive information (STi, Past A&D issues, etc.)
	+ Who keeps track of refusal and annual updates?
* Policies/Procedures
	+ Policies are not updated or not present or they are present but you can’t find them
	+ DES Risk Manual and policies need to be updated
	+ What happens once it is done?
	+ How do we respond to new hires who are infected with a disease?
	+ No process in place to ensure completion
	+ What is required for new hires? Different for class spec. or location?
	+ Immunizations should be completed before start date
	+ No oversight by anyone/department
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***SOLUTIONS***

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| Onboarding Solutions |
| * Identify requirements for each position (taking into consideration location) and create a checklist for onboarding needs.
* As people are hired they are given their job classification and a copy of policies that relate to their job. Within the first 30 days their supervisor reviews those policies and provides training.
* Have a procedure checklist
* Have current policies
* Clearly delineate work flow that shows each step of onboarding process.
* Bloodborne pathogen trainings provided 30 days of new hire and annually for all staff
* Quantiferon TB test if unable to test with skin test should be provided
* Chest x-ray if unable to test for TB due to history
* Vaccine review
* TB testing
* Admin/HR onboards employee, sends them to provide for all screenings/reviews
* Employee’s manager receives copy of medical record to document ongoing needs / follow-up / training needs and sends to DES for record keeping
* Documented policy / process / procedures for all divisions updated annually for occupational health
* Have Providence review and perform immi. / tb tests
* Determine either based on classification, location or some other ‘criteria’ – what is needed for a particular new hire has to be decided first
* Review immunization status to determine what immunizations or titers are needed
* Clarify baseline / initial TB screening policy to include BCG – immunized employees
* Titers drawn at Providence Occupational Health Clinic if employees requests it
* Reminder of next vaccine dose due to each employee as needed
* Test new hires for need for vaccine (titer blood draw)
* Vaccinate all new employees
* TB skin test placed and read witihin 30 days of hire or QFT drawn if history of BCG
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| Ongoing Solutions |
| * Annual BBP training is tracked, reminders sent to each employee when time to do again
* Annual TB assessment done for all employees with face to face client contact
* Need policy for next steps if employee converts from negative to positive TB skin test
* Add to PolicyTech required trainings – including BBP and require staff to take trainings
* Have a tracking system for BBP, TB & Immi Reviews / Needs
* QI Team reviews policies annually
* Clearly delineated work flow (already developed) that is implemented and followed on an ongoing basis
* Have county counsel review and vet to ensure that process protects both the county and employees
* Create and maintain ongoing employee file for occupational health (Would also house onboarding documentation)
* Identify requirements for each position (taking into consideration location) and create a checklist of ongoing needs
* TB testing post exposure to TB
* Annual TB Fit Testing
* Annual updates of Bloodborne Pathogen Training
* Assign a point person for occupational health with-in each division to review requirements and update policy / procedures
* Only schedule TB patient in clinics with negative pressure rooms
* Create workflow to accompany exposure packets and clarify how to order, collect, result and communicate patient (source) testing
* Develop workflow to track employees as they get needed immunizations and follow-up negative titer results
* Outsource all testing, reviewing, occupational health to ensure: confidentiality and capacity/workload issues for staff responsible to do this work
* BBP training done within 30 days of hire
* Documentation of TB evaluation and immunization status retained in confident employee file at DES
* Needed vaccines given at Clackamas County Occupational Health Clinic
* Immunization record, TB status assessed by qualified person
* Have a rep. from healthcare divisions (PH, HC & BH) consult with DES when updating Risk Manual
* Keep track of 3 step vaccine need (Hep B series) over time.
* Educate supervisors on employee occupational health process
* DES / Risk should orient/ train HR Liaisions on expectations & needs
* Development of Occupational Safety policy & training as next step
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