**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 |

***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 |