



Executive Summary of a Practice Analysis Study of the Certified Occupational Health Nurse – Specialist

**Conducted for
The American Board for Occupational Health Nurses, Inc. (ABOHN)**

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Introduction

The practice analysis study described in this report was conducted in 2018 at the request of the American Board of Occupational Health Nurses (ABOHN). The purpose of this study was to describe the job activities of occupational health nurses in sufficient detail in order to provide a basis for the continued development of a professional, job-related, evidence-based certification examination.

ABOHN appointed an Advisory Committee (AC) to conduct a practice analysis to identify job responsibilities of occupational health nurses and develop the examination specifications for the Certified Occupational Health Nurse – Specialist (COHN-S) exams. The AC was reflective of those who work in occupational health nursing in all relevant aspects including geographic area, professional area, years of work experience, educational background, gender, and work setting. The members of the AC were experienced professionals, all thoroughly familiar with the skills and activities of the profession. Listed below in Table 1 are the AC members.

Table 1. Practice Analysis Advisory Committee Members

Name	Location
Lucy Carlson (Chair)	MN
Melinda Cordova	TX
Jean Orchard	OR
Bev Hagar	WA
Daurice Holly	PA
Denise Matthews	DE
Noreen Olson	WA
Wanda Smiling	SC
Pam Swann	FL
Michele Willis	MD

This AC was responsible for guiding the practice analysis for the Certified Occupational Health Nurse – Specialist (COHN-S) examination. The AC was consulted throughout the practice analysis stages to ensure that expert judgment was available to PSI staff. PSI is grateful to these individuals for their guidance and expertise, as well as the time committed to this project. Without the AC's effort and expertise across various specialty areas, this project would not have been accomplished.

In the next section of this report, the methodology of this study is discussed. In particular, the design of the practice analysis survey instrument is described, including the method of defining tasks, rating scales, and demographic questions. Also discussed in the methodology section is the sampling plan and distribution of the web-based practice analysis survey. The results section of this report discusses the respondent demographics and a summary of the responses. The final section of this report discusses the development of the Examination Specifications based on these data.

Methodology

Committee Responsibilities

Supporting documents were provided by PSI staff regarding both the practice analysis process (and its relationship to the process of developing examination specifications) and ABOHN's role in the development of the certification examination. The Advisory Committee (AC) then considered various resource materials that could be helpful for a better understanding of the job tasks of occupational health nurses. Major duties for the practice analysis survey development were initiated and agreed at the first AC meeting in January 2018, and these duties included:

- a. Defining the target practitioner,
- b. Developing a sampling plan for the survey,
- c. Identifying a list of tasks for the survey instrument,
- d. Identifying content areas,
- e. Determining the survey rating scales,
- f. Determining the relevant demographic variables of interest, and
- g. Integrating the tasks, rating scales, and demographics into a survey instrument.

Developing the Practice Analysis Survey

Defining the target practitioner

For the purposes of the survey, the AC adopted the following practitioner definition of a board Certified Occupational Health Nurse – Specialist:

Occupational Health Nursing is a specialty practice that focuses on preventive healthcare, health promotion, and health restoration within the context of a safe and healthy environment. It includes the prevention of adverse health effects from occupational and environmental hazards and health promotion in general. The practice provides and delivers occupational and environmental health and safety programs and services to clients. The board Certified Occupational Health Nurse – Specialist (COHN-S) is a registered nurse whose primary focus is on program administration in the occupational health environment.

Developing a sampling plan for the survey

The AC considered various methods of identifying individuals who considered themselves to be occupational health nurses, or who would be knowledgeable about the duties of occupational health nurses.

Identifying a list of tasks for the survey instrument

The primary document that served as a basis for the task list was the previous COHN-S content outline. The outline was distributed to each AC member; they were instructed to consider the following questions while reviewing the outline and provide the edits to PSI:

1. What is new in the profession in the past 5 years?
2. What is the greatest weakness of the existing test blueprint?
3. Is there anything that is grossly underrepresented or overrepresented in the existing blueprint?
4. Do you agree that the major categories on the blueprint still apply?

PSI incorporated all AC member edits into one document and was a focal point of discussion at the first meeting. In addition, a list of tasks containing comprehensive descriptions of job activities was drafted by PSI staff based on various sources provided by ABOHN, including: job descriptions, research articles, and the Occupational Information Network (O*NET) descriptions of occupational health nurses. O*NET, sponsored by the U.S. Department of Labor, defines the key characteristics on almost 1,000 occupations and is the nation's primary source of occupational information. The draft list of tasks was thoroughly discussed during the first AC meeting. Tasks representing individual job responsibilities of occupational health nurses were modified, added, and removed based on the meeting discussion. At the conclusion of this meeting, all tasks were verified as being appropriately linked to the associated content area (e.g., Clinician Role), and the finalized list included 105 tasks performed by occupational health nurses. Upon completion of this list, the AC authorized development of the practice analysis survey.

Identifying content areas

The AC identified five content areas, under which the 132 tasks for occupational health nurses were categorized:

1. Clinician Role
2. Manager Role
3. Educator Role
4. Consultant Role
5. Case Manager Role

Determining the survey rating scales

The AC assisted in the selection of the rating scale used in the survey. This scale was based on similar scales used by PSI in previous national practice analysis surveys by other professions. A single choice significance scale, including a "Not performed" option, was selected by the AC. This scale was intended to solicit survey respondents' judgments on the significance of tasks after they had considered the extent to which the tasks are necessary to the performance of an occupational health nurse. The significance scale adopted by the AC is shown below.

Regardless of how often you may perform the activity, how significant is it to the practice of occupational health nursing?

- 5 = Highest significance
- 4 = Above average significance
- 3 = Average significance
- 2 = Below average significance
- 1 = Lowest significance
- 0 = Not performed

Determining the relevant demographic variables of interest

The demographic section was designed to gather information about the respondents' demographic characteristics. Some demographic questions were primarily used to help the AC evaluate the representativeness of the respondent group. Other demographic questions were included to identify subgroups for further analyses, namely location of practice, years of experience in occupational health nursing, occupational health nurse certification status, where they report within their organization, and job title.

Integrating the tasks, rating scales, and demographics into a survey instrument

Following the first AC meeting, survey components (demographics, rating scales, 105 occupational health nurse tasks) were compiled into a draft survey form. The draft survey was reviewed by the AC for completeness, relevance to the profession, appropriate language, and clarity of instructions, and then it was compiled as a pilot survey to be delivered via the web. The pilot survey was distributed to all AC members for review and comment. The purpose of the pilot study was to determine (1) if the directions were clear, (2) if any important tasks were missing from the survey, (3) if the tasks were clearly worded, and (4) if the rating scale was easy to use and understand. The AC also reviewed comments from the pilot study participants. Any needed modifications to the survey were made prior to the formal survey distribution.

Results

Sample Size

Links to a web-based survey were distributed by email to 7,385 occupational health nurses on March 29, 2018 with a reminder sent on April 27, 2018. The survey officially closed on April 29, 2018. Eight hundred five (805) responses were received to the occupational health nurse survey. Responses were excluded if they provided ratings for 20% or less of the tasks (n=2). A total of 803 respondents provided usable responses to be included in the analysis. Responses to the demographic questions indicated that there were sufficient numbers from relevant demographic subgroups for subsequent analyses. As is typical of survey research, some respondents did not respond to every survey question; therefore, the number of respondents shown in the following sections is often somewhat less than 803. For those remaining respondents, summaries of the demographic questions are shown in the next section. The number of candidates responding to each question is based on valid responses, i.e., omits are excluded from percentage calculations.

Demographic Information

The following figures and tables present background information collected from the 803 respondents. These demographic data helped describe the sample. Based on discussion with the AC, the demographic data were as expected, and judged to be representative of the profession.

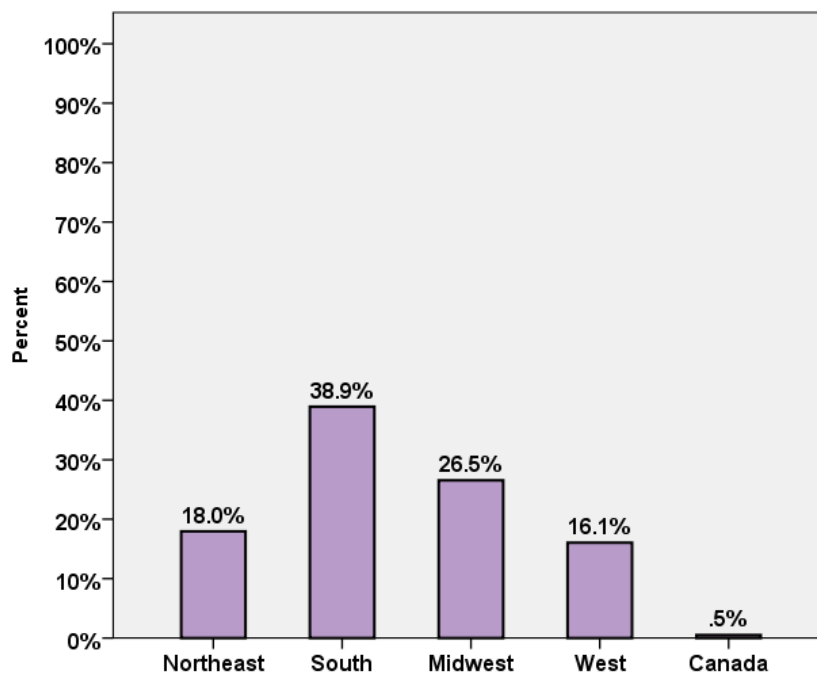


Figure 1. Region of primary practice (n=791)

Northeast: CT, MA, ME, NH, NJ, NY, PA, RI, VT

Midwest: IA, IL, IN, KS, MI, MN, MO, ND, NE, OH, SD, WI

South: AL, AR, DC, DE, FL, GA, KY, LA, MD, MS, NC, OK, PR, SC, TN, TX, VA, WV

West: AK, AZ, CA, CO, HI, ID, MT, NM, NV, OR, UT, WA, WY

Canada: Alberta, British Columbia, Manitoba, New Brunswick, Newfoundland, Nova Scotia, Ontario, Prince Edward Island, Quebec, Saskatchewan

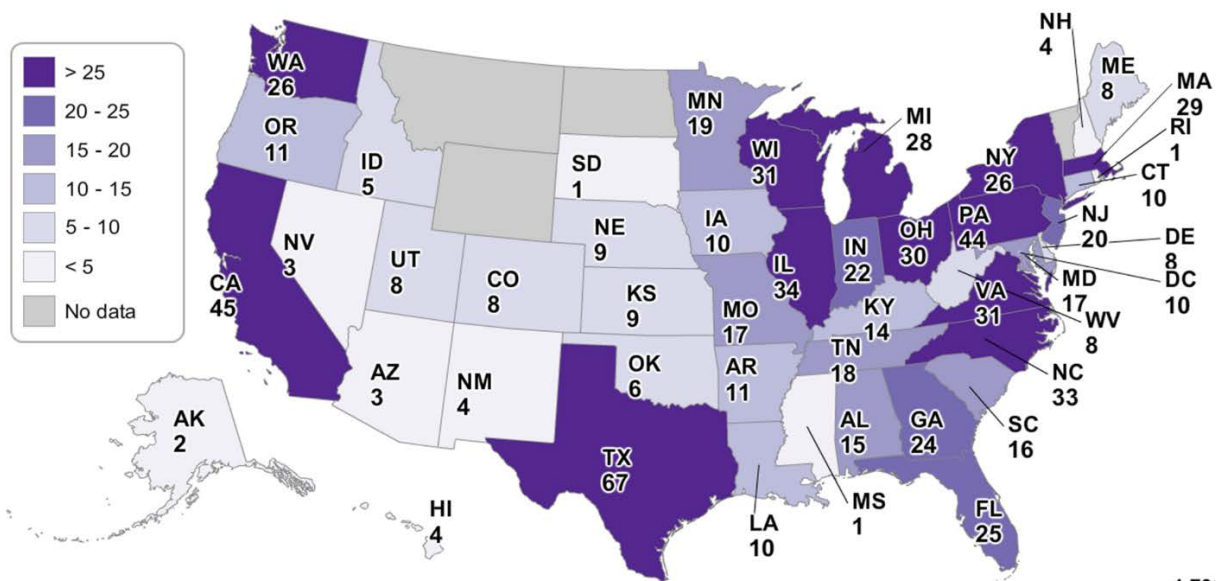


Figure 2. State of primary practice (n=791)

Survey respondents were asked which state/territory they primarily practiced. Figure 1 shows the states recoded into five main regions. As shown in Figure 1, most respondents (38.9%) indicated that they primarily practiced in the South. Figure 2 is a choropleth of the frequencies across the United States.

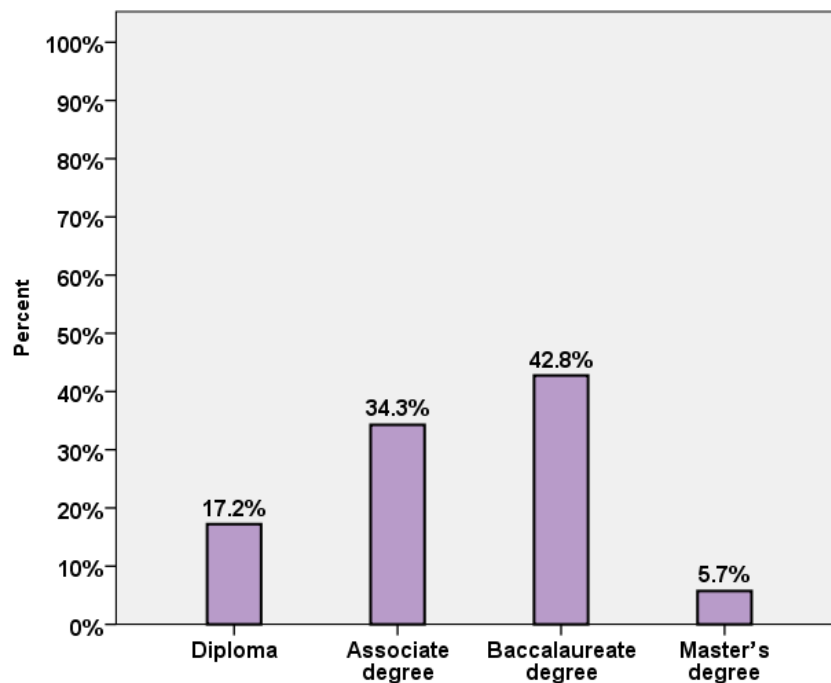


Figure 3. Most basic level of education in nursing (n=802)

Survey respondents were asked to indicate their basic (first) level of education in nursing. Figure 3 shows that most respondents (42.8%) indicated that a Baccalaureate degree was their basic level of education in nursing.

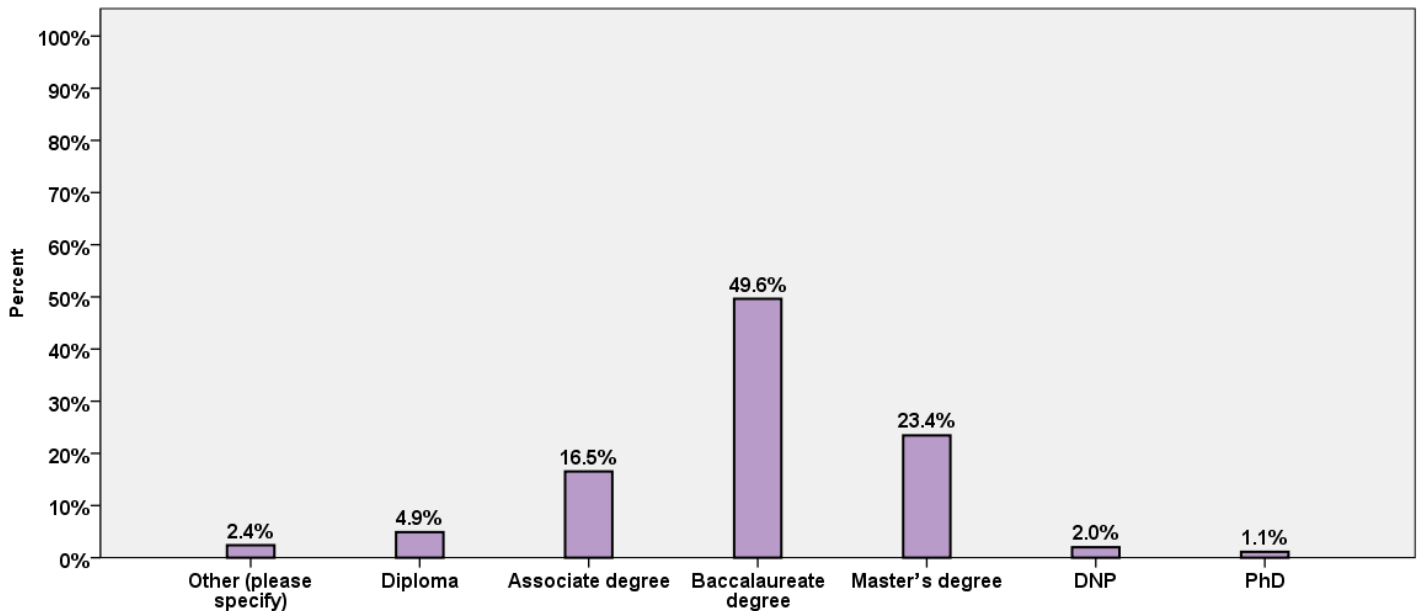


Figure 4. Highest level of education in nursing (n=798)

Survey respondents were asked to indicate their highest level of education in nursing. *Figure 4* shows that most respondents (49.6%) indicated that a Baccalaureate degree was their highest level of education in nursing.

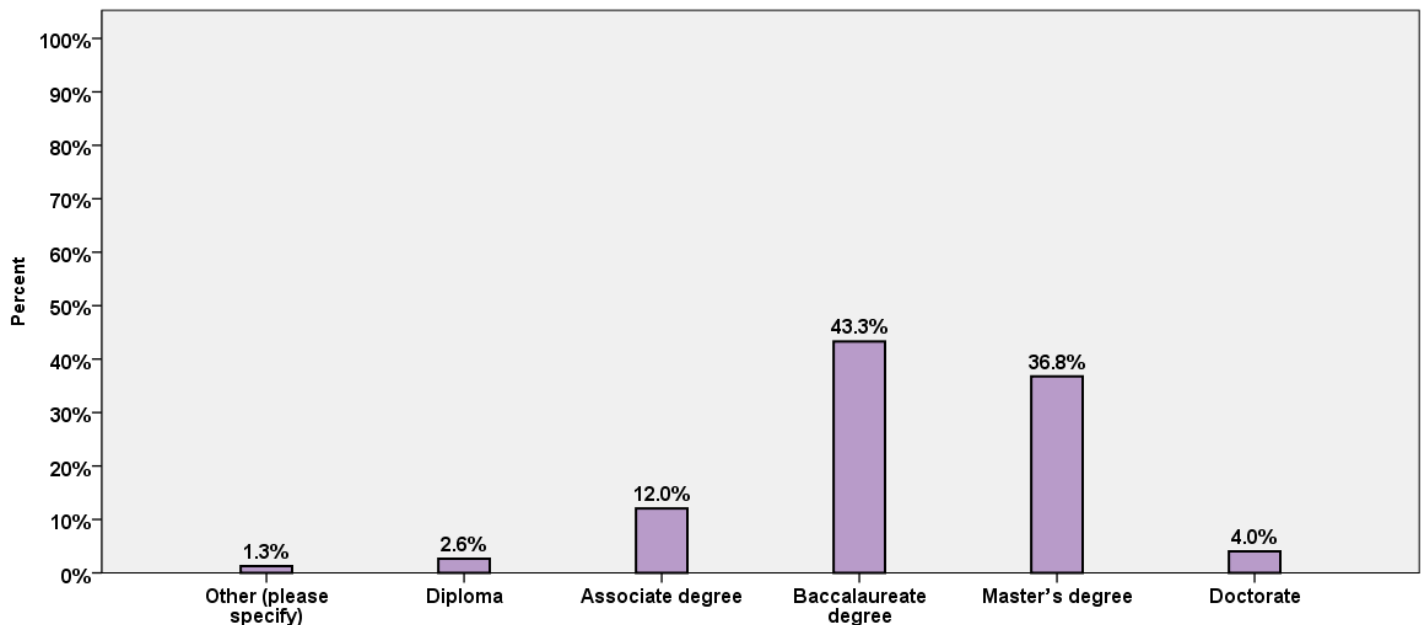


Figure 5. Highest level of education (n=797)

Survey respondents were asked to indicate their highest completed education level. As shown in *Figure 5*, half of respondents (43.3%) indicated that a Baccalaureate degree was their highest completed level of education.

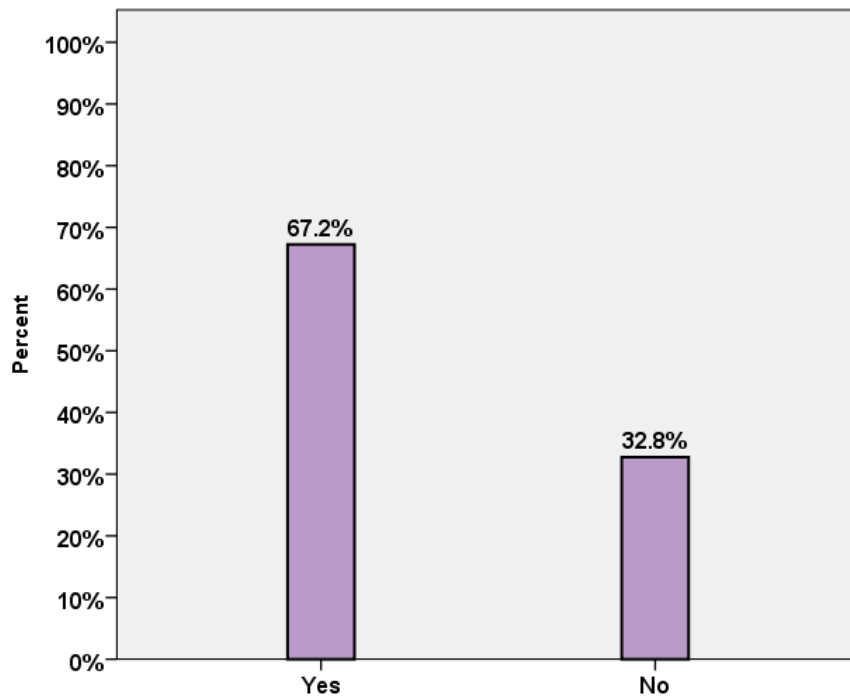


Figure 6. Are you currently certified in occupational health nursing (n=700)

Survey respondents were asked to indicate whether they were currently certified in occupational health nursing. Figure 6 shows that the majority of respondents (67.2%) indicated that they are certified in occupational health nursing.

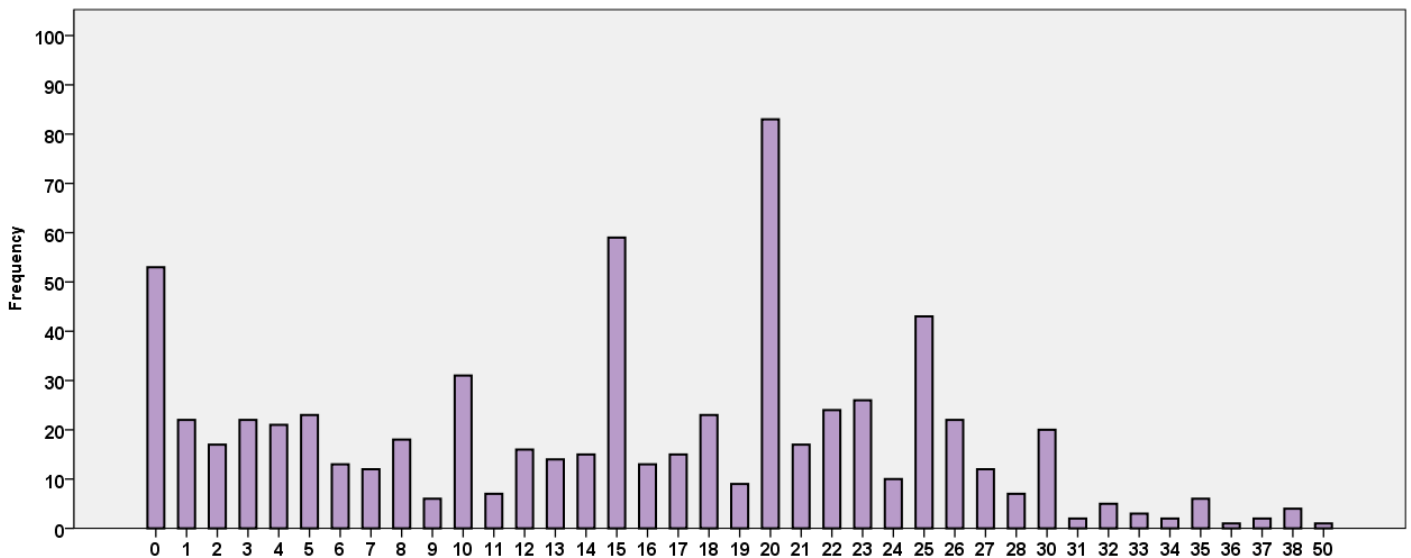


Figure 7. Years certified in occupational health nursing (n=699)

Respondents were asked how many years they had been certified in occupational health nursing. Figure 7 shows the distribution of responses. The average number of years of occupational health nursing certification for respondents was 15.23 years ($SD = 9.50$).

Survey respondents were asked what other occupational health nursing certifications that they held. Table 2 shows that the majority of respondents (62.8%) indicated that they do not hold any of the listed certifications.

Table 2. Other Occupational Health Nursing Certifications

	Frequency	Percent
CCM	83	10.3
CIH	3	0.4
COHN (C)	20	2.5
CSP	11	1.4
ARM	7	0.9
NP or APRN	76	9.5
CDMS	2	0.2
CIC	12	1.5
CCRN	5	0.6
None of the above	504	62.8

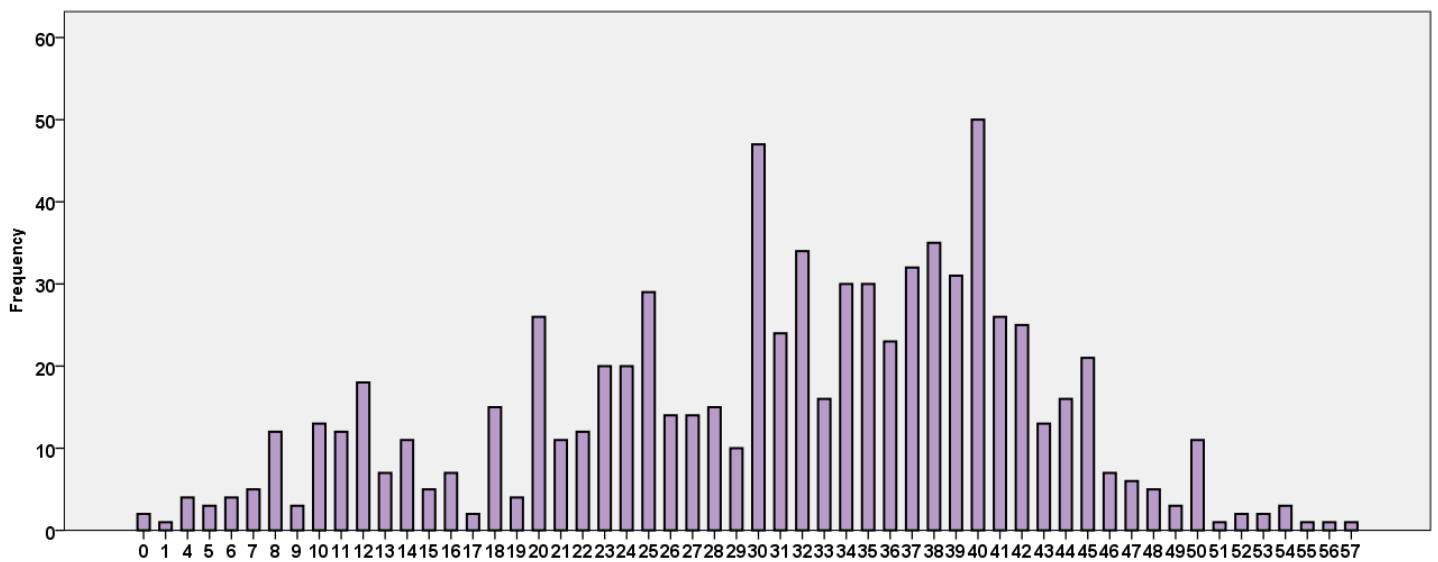


Figure 8. Years working as a registered nurse (n=795)

Respondents were asked how many years of experience they have as a registered nurse. Figure 8 shows the distribution of responses. The average number of years of registered nurse experience for respondents was 30.80 years ($SD = 11.16$).

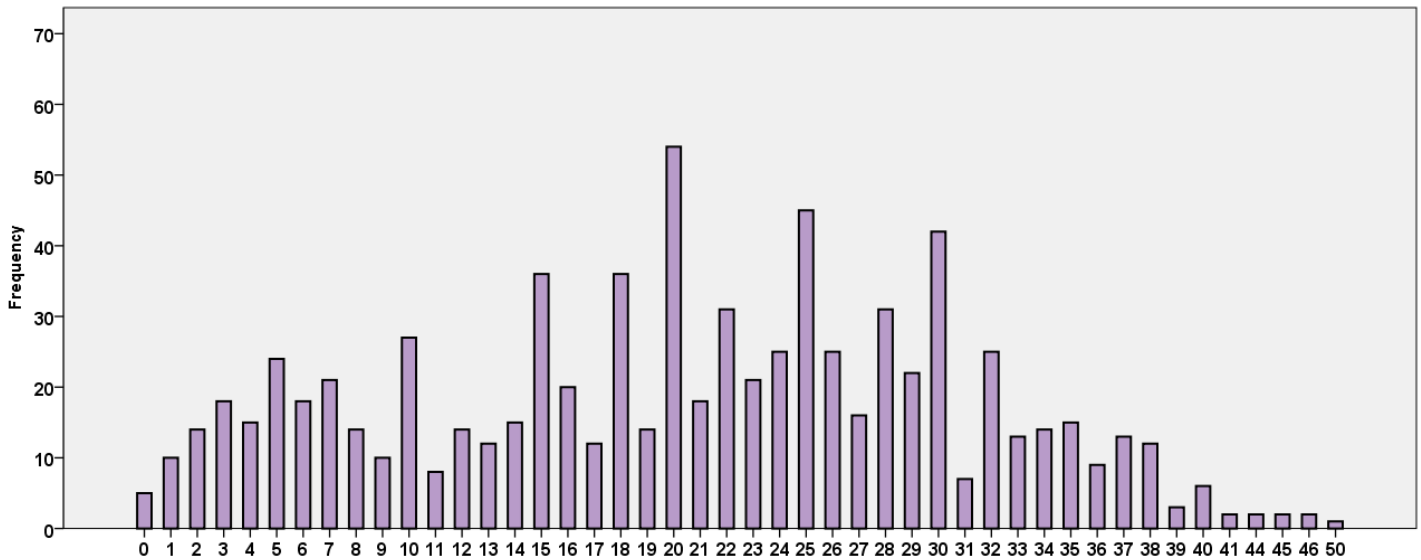


Figure 9. Please indicate the number of years working as an occupational health nurse (n=799)

Respondents were asked how many years of experience they have as an occupational health nurse. Figure 9 shows the distribution of responses. The average number of years of occupational health nurse experience for respondents was 20.35 years ($SD = 10.31$).

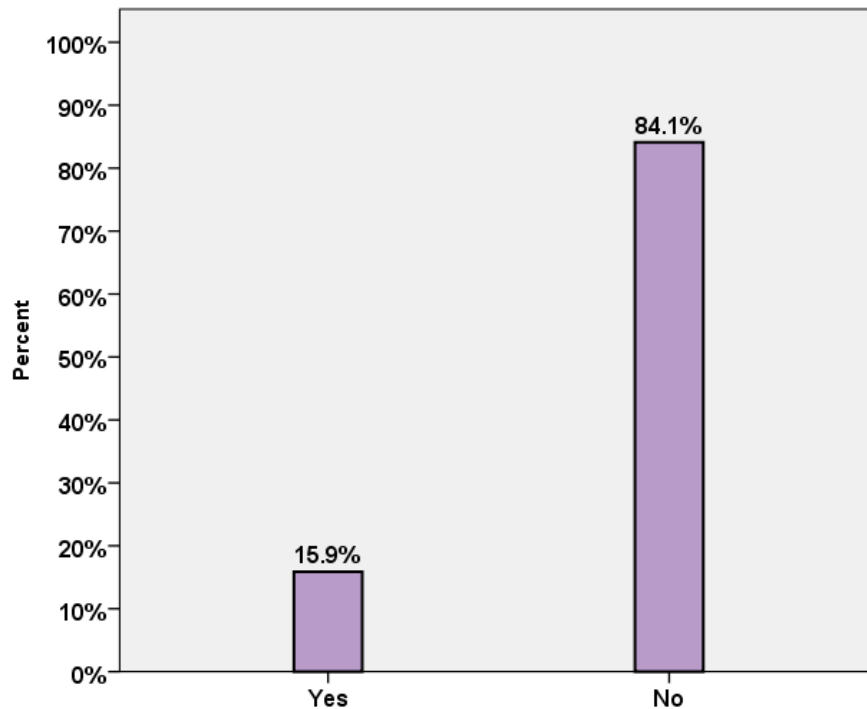


Figure 10. Do you have responsibility for global health services (n=800)

Survey respondents were asked if they have responsibility for global health services. Figure 10 shows that the majority of respondents (84.1%) indicated that they do not have global health services responsibilities.

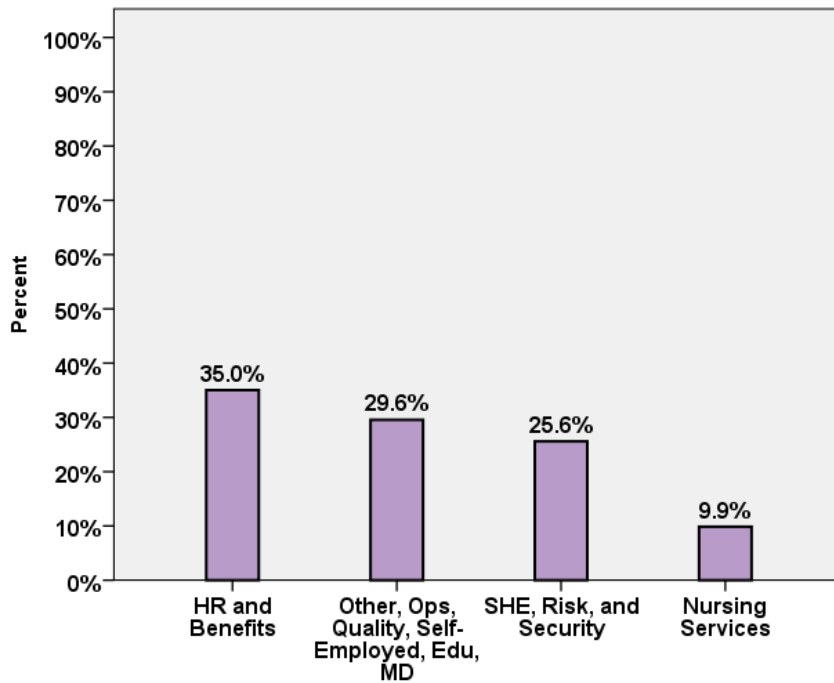


Figure 11. Which department best describes where you report (n=802)

Respondents were asked which option best described where they report within an organization. Figure 11 shows the majority of respondents (35.0%) selected HR and Benefits.

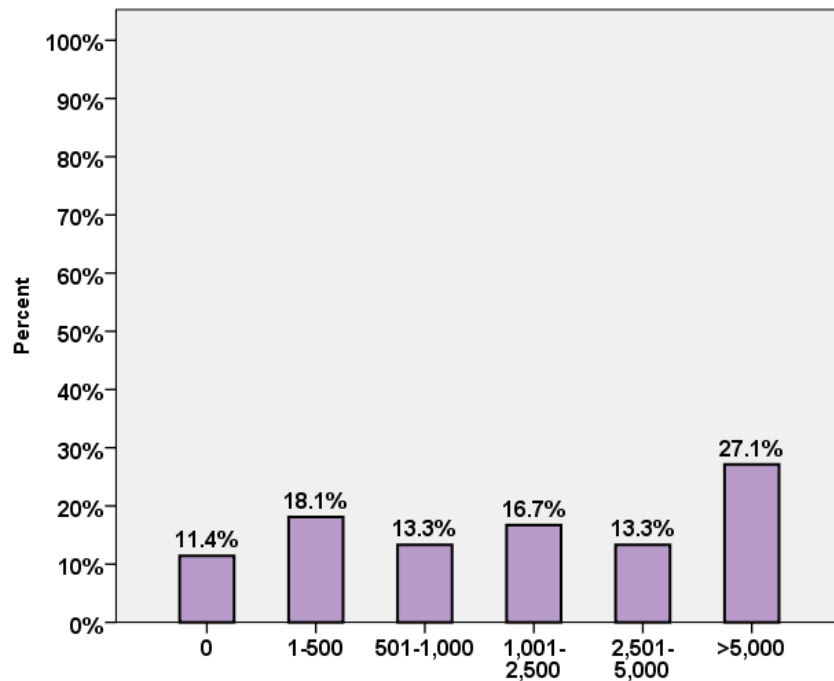


Figure 12. How many employees are you responsible for (n=796)

Survey respondents were asked how many employees they are responsible for providing occupational health nurse services. Figure 12 shows that most respondents (27.1%) indicated that they serve over 5,000 employees.

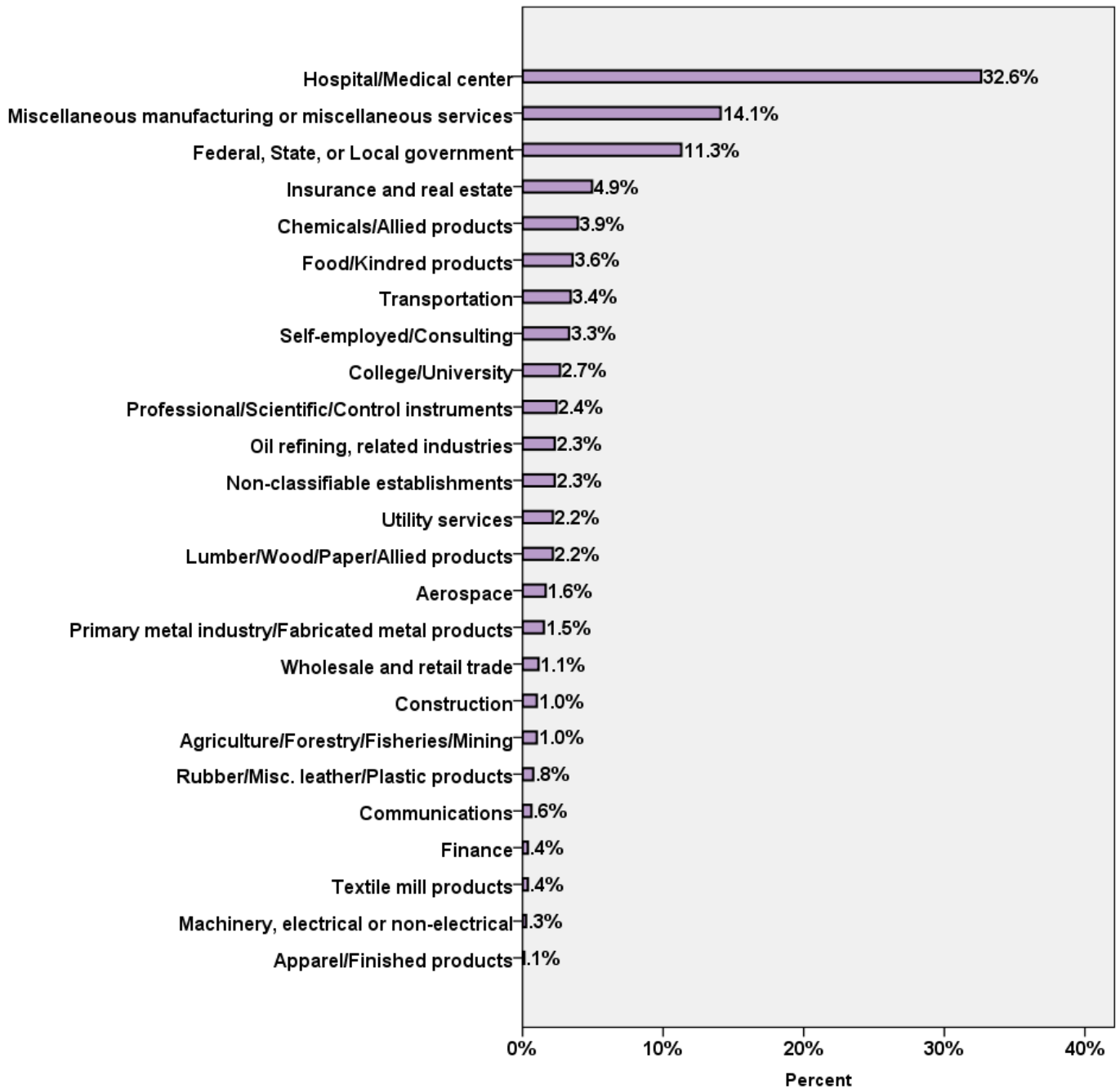


Figure 13. Which of these best describes the type of industry for which you work (n=788)

Survey respondents were asked which option best described the industry that they worked. Figure 13 shows that most respondents (32.6%) indicated that they worked in a Hospital or Medical Center.

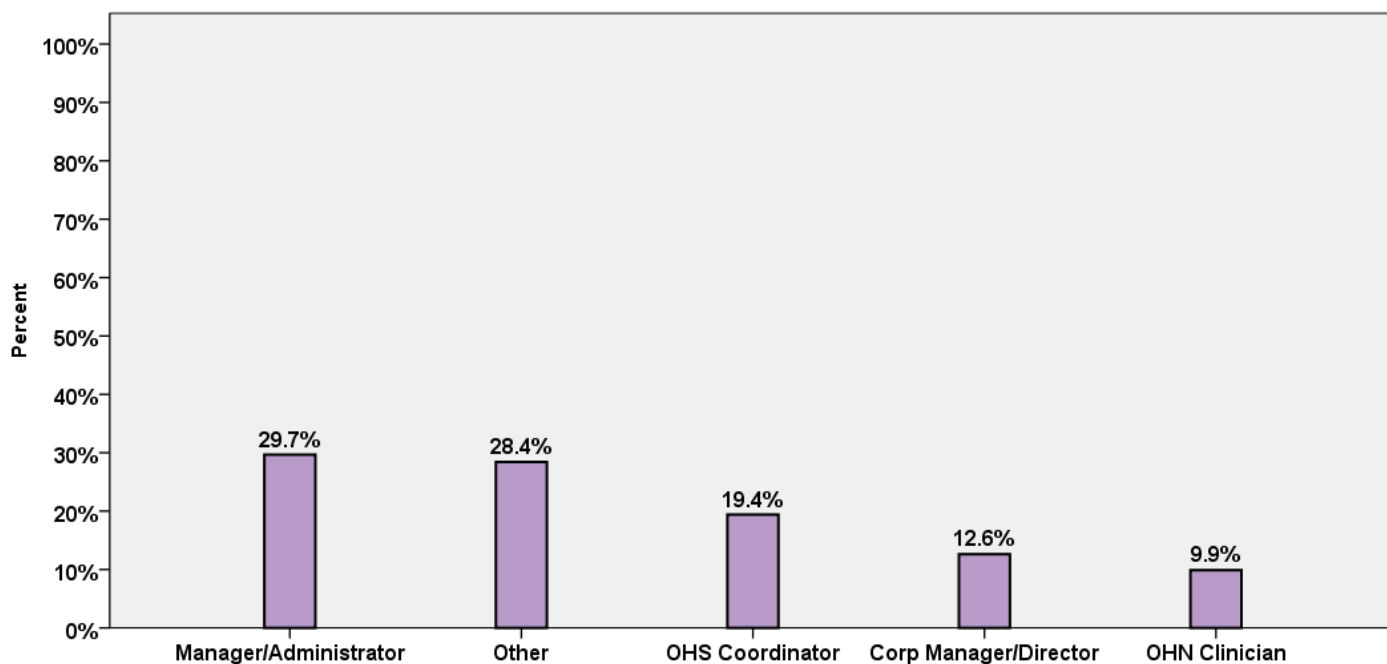


Figure 14. Which job title most closely matches your primary job responsibility (n=799)

Respondents were asked which option best described their primary job responsibility. Figure 14 shows that most respondents (29.7%) selected Manager/Administrator.

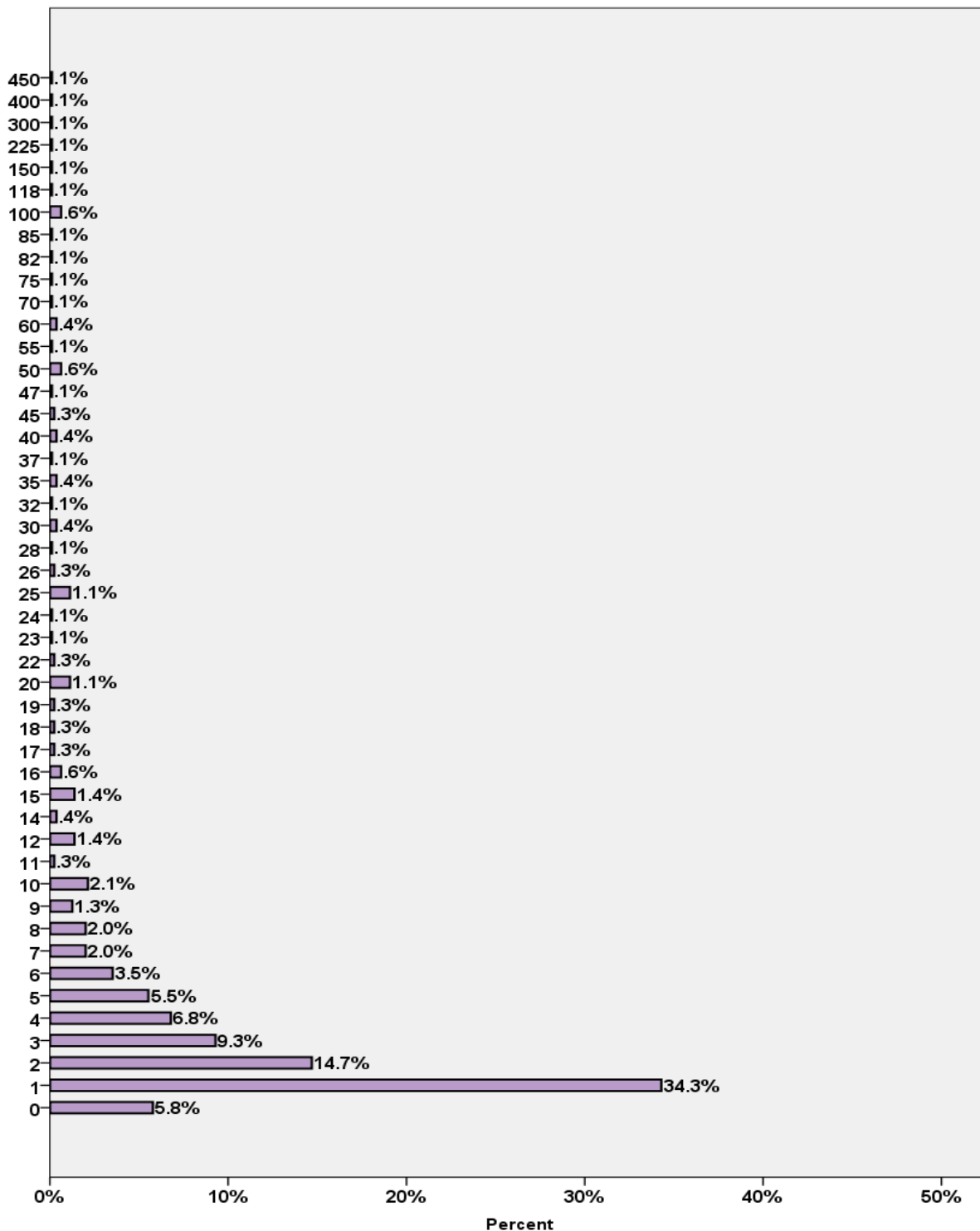


Figure 15. How many occupational health nurses work at your facility (n=796)

Respondents were asked to report how many nurses (including the respondent) work at their facility. Figure 15 shows the majority of respondents (34.3%) report one total occupational health nurses at their location.

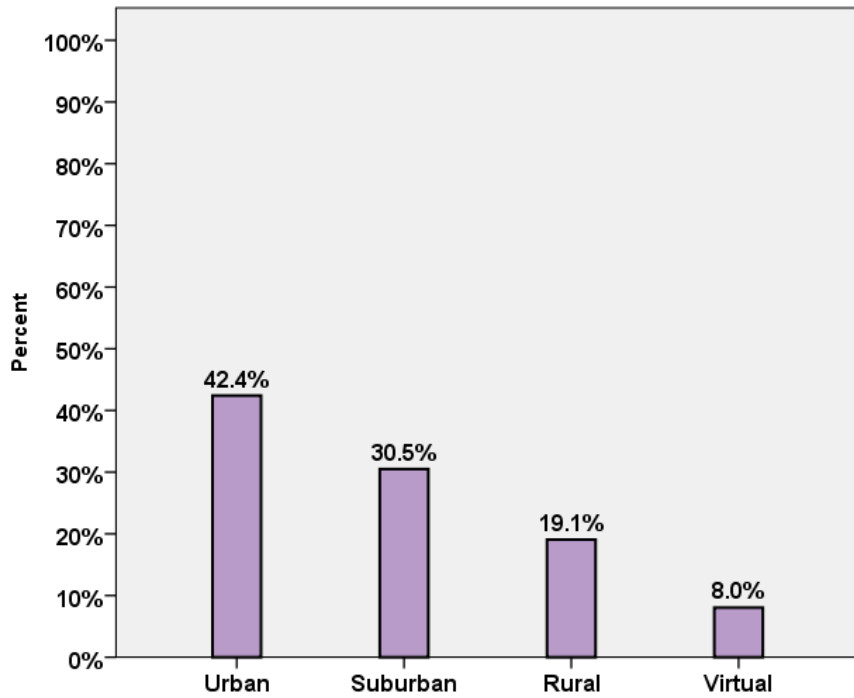


Figure 16. Which best represents the setting of your primary practice (n=803)

Respondents were asked which option best represents their practice setting. Figure 16 shows that most respondents (42.4%) practice in an urban setting.

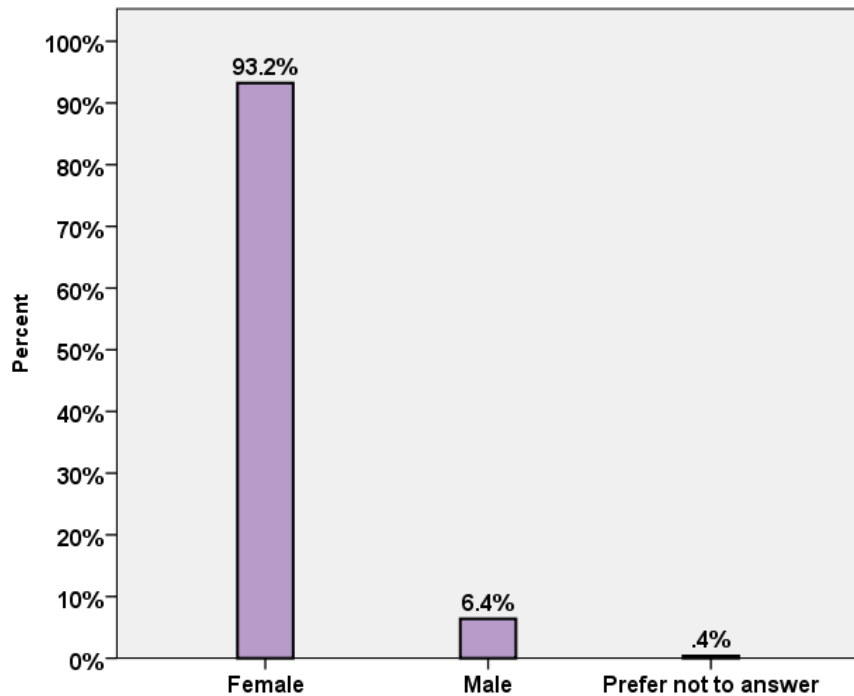


Figure 17. Gender (n=797)

Survey respondents were asked to indicate which gender they identify with. As shown in Figure 17, the majority of respondents (93.2%) indicated they identified themselves as female.

Survey respondents were asked to indicate whether or not they were Hispanic/Latino. As shown in Table 3, the majority of respondents (87.0%) indicated they were Caucasian or White, Non-Hispanic/Latino.

Table 3. Which of the following do you identify as? (Select all that apply.) (n=803)

	Hispanic/Latino		Non-Hispanic/Latino	
	Frequency	Percent	Frequency	Percent
American Indian or Alaskan Native	4	0.5	27	3.4
Asian	4	0.5	25	3.1
African American or Black	4	0.5	45	5.6
Caucasian or White	46	5.7	699	87.0
Native Hawaiian or Pacific Islander	-	-	18	2.2

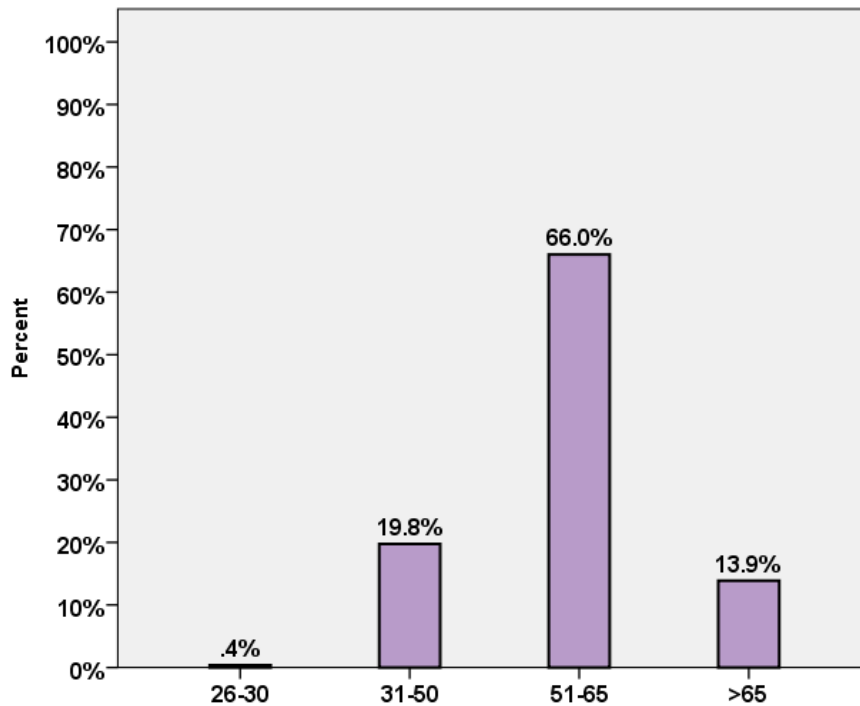


Figure 18. Age (n=800)

Survey respondents were asked to indicate their age. As shown in Figure 18, the majority of respondents (66.0%) indicated they identified themselves as being between 51 and 65 years of age.

In summary, the demographic results from this survey collection were generally as expected. The AC concluded that this information is consistent with the population of occupational health nurses, and that a sufficient number of responses in relevant subgroups were received to facilitate subsequent analysis.

Differential Analysis

A list of COHN-S tasks was shown at the end of the COHN portion of the survey. The purpose of this differential analysis was to determine if there was any merit to warrant the combination of the COHN and COHN-S programs. A comparison was made between the ratings provided by COHN and COHN-S survey respondents on these 48 tasks. The average mean rating of the 48 tasks by COHN respondents was 3.52, compared to 3.77 for COHN-S respondents. The average percent performing of the 48 tasks by COHN respondents was 63.3%, compared to 88.8% for COHN-S respondents. When presented with this information, the Practice Analysis Committee (AC) agreed unanimously that there was not sufficient evidence to warrant combining the COHN and COHN-S programs. A list of the 48 tasks appears below.

Task	Task Statement
1	Assess the organizational culture
2	Establish metrics and key performance indicators (e.g., vaccination compliance, services per encounter, patient encounters, program adherence)
3	Identify quality care and cost containment strategies
4	Identify scope of services
5	Monitor developments related to emerging health care issues
6	Align occupational health management program with organizational strategic initiatives
7	Apply a health and safety management system in program development (e.g., ANSI, behavioral based safety)
8	Apply knowledge of the organization's fiscal status to plan/implement programs and interventions
9	Apply knowledge of workplace processes/hazards into program design
10	Collaborate in the development of key programs (e.g., emergency preparedness, workplace violence)
11	Design and coordinate programs (e.g., international travel, immunization, health risk counseling)
12	Develop alliances with key leadership and stakeholders
13	Develop staff performance metrics
14	Interpret worker population needs assessment results
15	Use epidemiological principles to design occupational health and/or safety programs
16	Develop job descriptions for occupational health and safety staff
17	Develop specification guidelines for products/vendors/suppliers
18	Educate leadership and stakeholders about occupational health and safety programs
19	Examine data to identify trends
20	Implement plan to remediate identified hazards
21	Incorporate evidence-based practice
22	Participate in benchmarking
23	Analyze aggregate case information (e.g., trends, lost and restricted work days, research)
24	Analyze the results of the quality management/improvement programs (e.g., benchmarking, best practices)
25	Apply legal and regulatory requirements in decision-making regarding job/work accommodations (ADA/ADAAA)
26	Evaluate/monitor the outcomes, quality, and cost-effectiveness of services

Task	Task Statement
27	Report the value of occupation health services (e.g., ROI, cost benefit)
28	Develop education/training evaluation tools to determine program efficacy
29	Incorporate knowledge of cultural beliefs/practices in implementing programs and services
30	Obtain leadership and key stakeholder support for educational programs
31	Communicate risks and control measures to workers, key leadership, stakeholders and the community
32	Determine effectiveness of education/training based on health and safety trends
33	Review education/training evaluations
34	Assess and report on regulatory compliance with applicable standards (e.g., OSHA, The Joint Commission)
35	Conduct a needs assessment of the company's health and safety programs (i.e., work site walk-through surveys/assessments)
36	Conduct and interpret job analyses
37	Participate in the investigation of industrial hygiene and environmental health issues (e.g., noise, lead, fumes, vapors, indoor air quality, mold)
38	Design occupational health and safety programs based on aggregate worker and environmental data (e.g., SDS)
39	Design plans to remediate identified hazards (e.g., ergonomics)
40	Recommend hierarchy of controls for specific hazards
41	Implement the appropriate hierarchy of control for identified hazards
42	Perform hazard evaluation (e.g., ergonomics, noise)
43	Provide current and relevant resources and information to meet the health and safety needs of the company
44	Analyze results of aggregate medical surveillance and other worker data for trends
45	Analyze results of hazard evaluation (e.g., ergonomics, noise)
46	Develop control measures based on results of risk assessment
47	Interpret data obtained from the needs assessment
48	Provide recommendations and guidance based on survey results and needs assessment

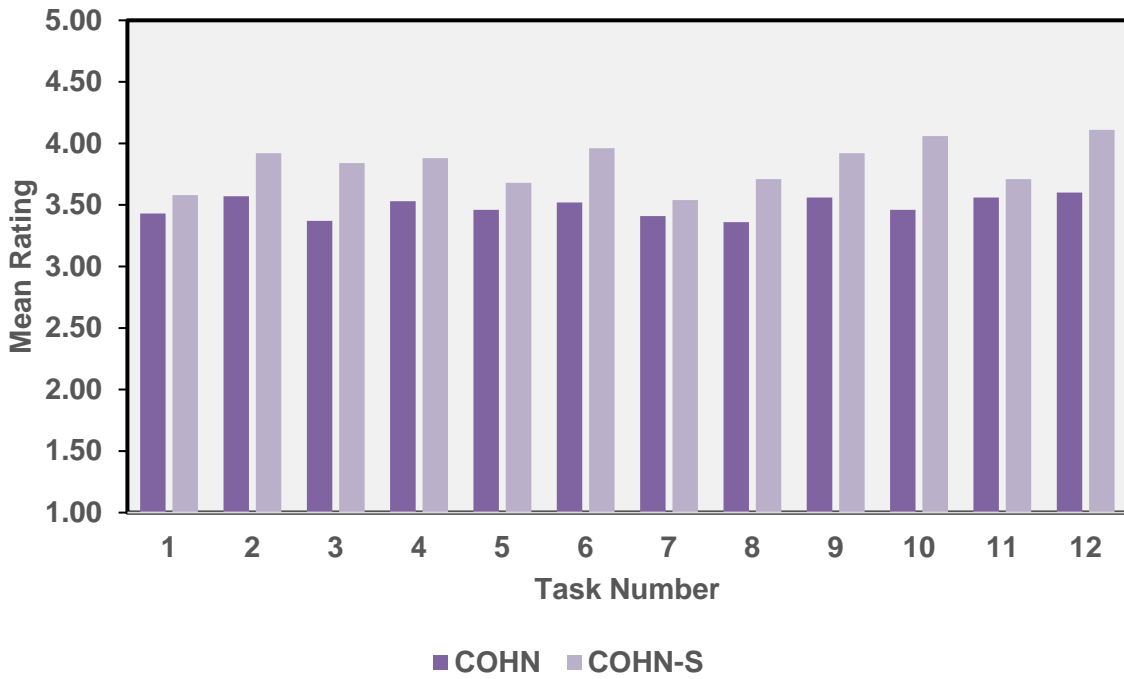


Figure 19. Comparison of Mean Ratings for Tasks 1 through 12

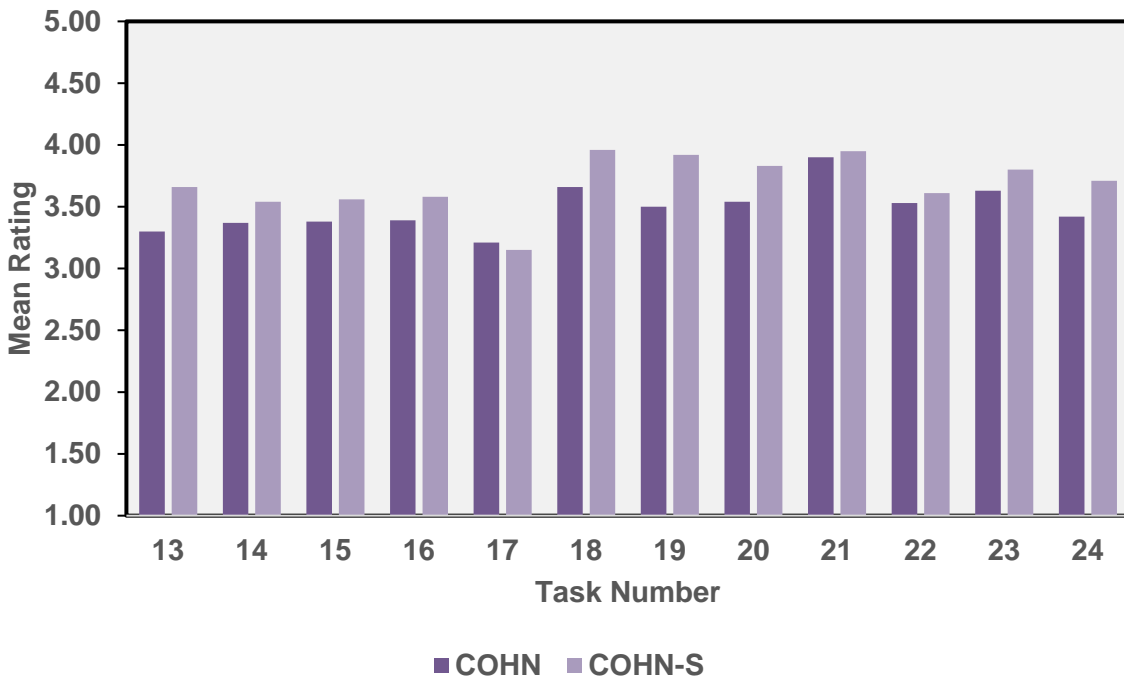


Figure 20. Comparison of Mean Ratings for Tasks 13 through 24

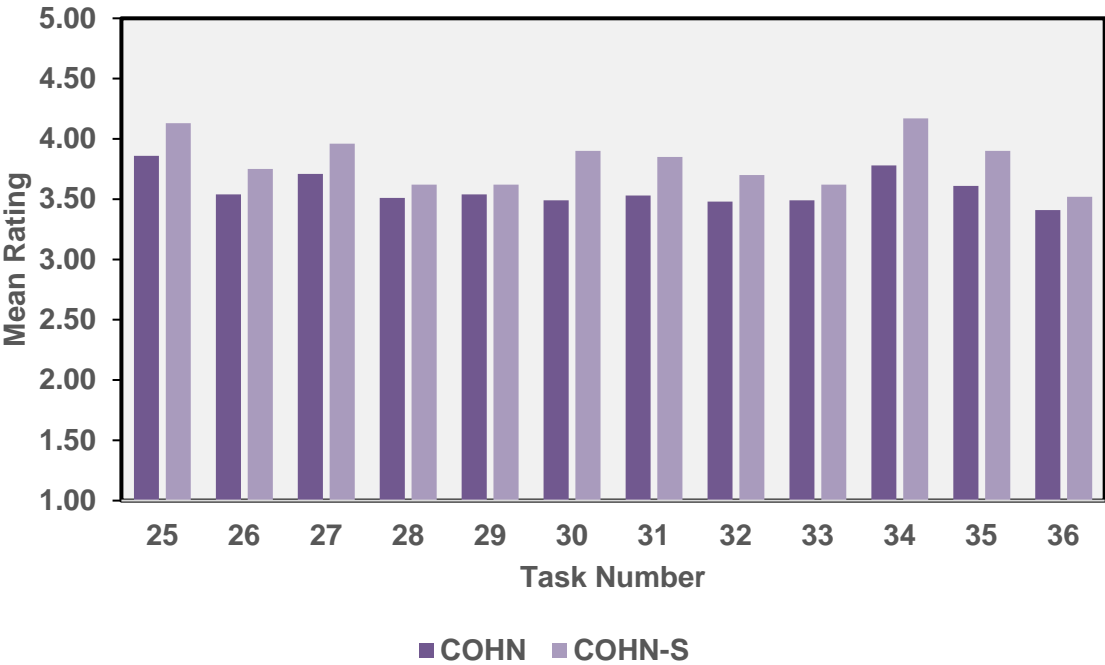


Figure 21. Comparison of Mean Ratings for Tasks 25 through 36

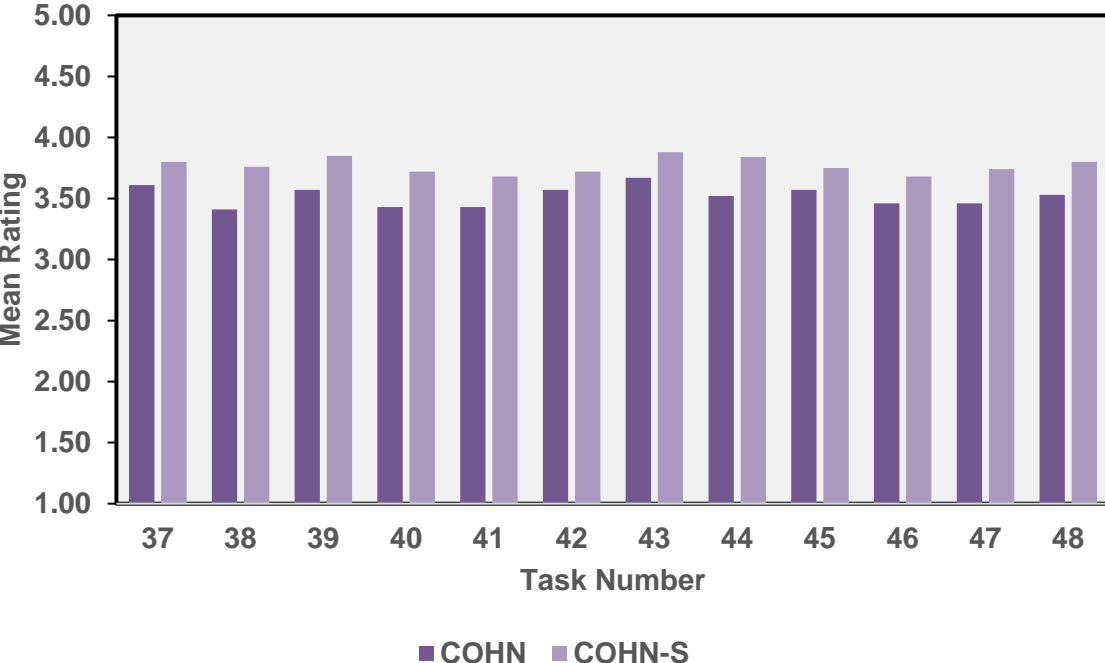


Figure 22. Comparison of Mean Ratings for Tasks 37 through 48

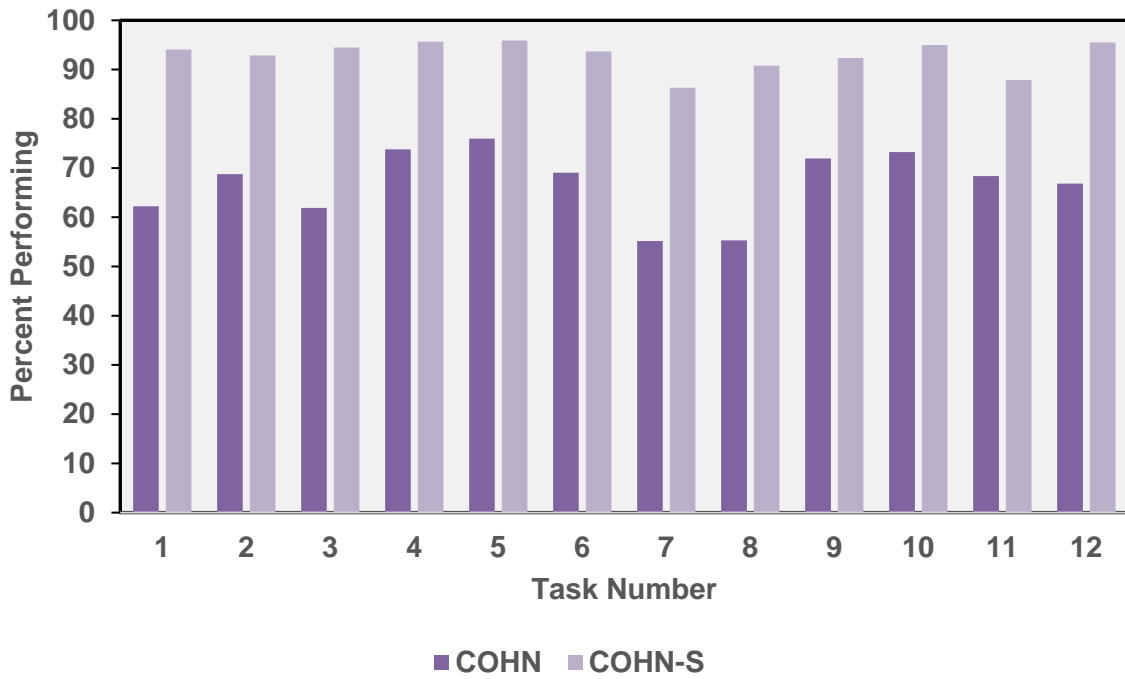


Figure 23. Comparison of Percent Performing for Tasks 1 through 12

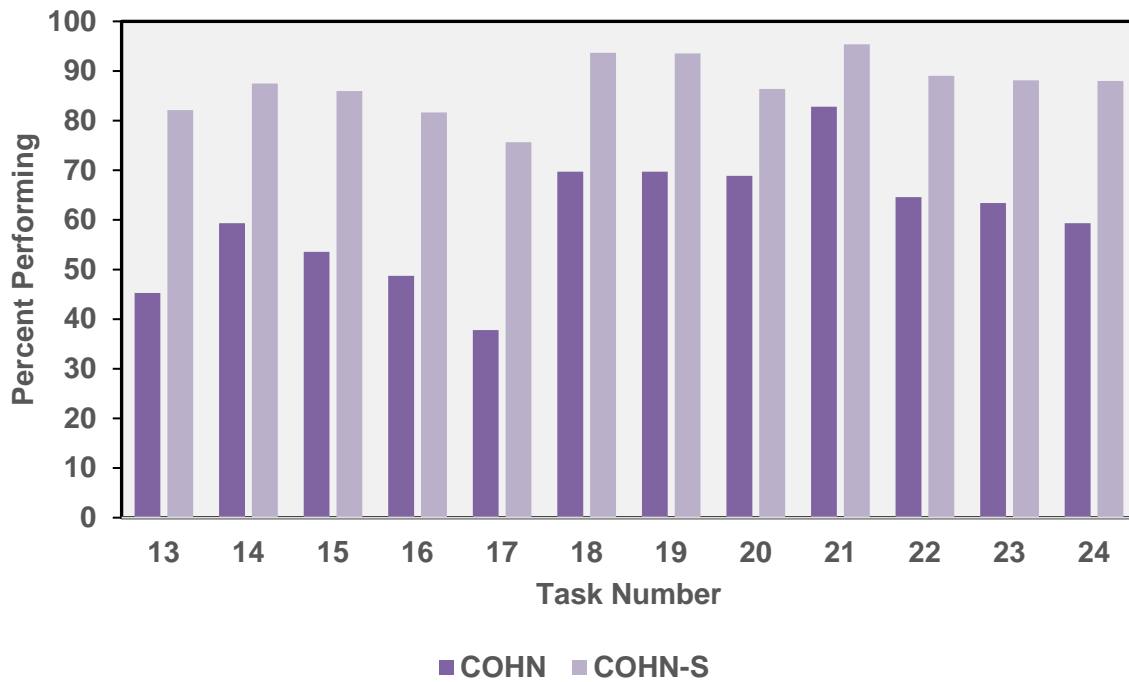


Figure 24. Comparison of Percent Performing for Tasks 13 through 24

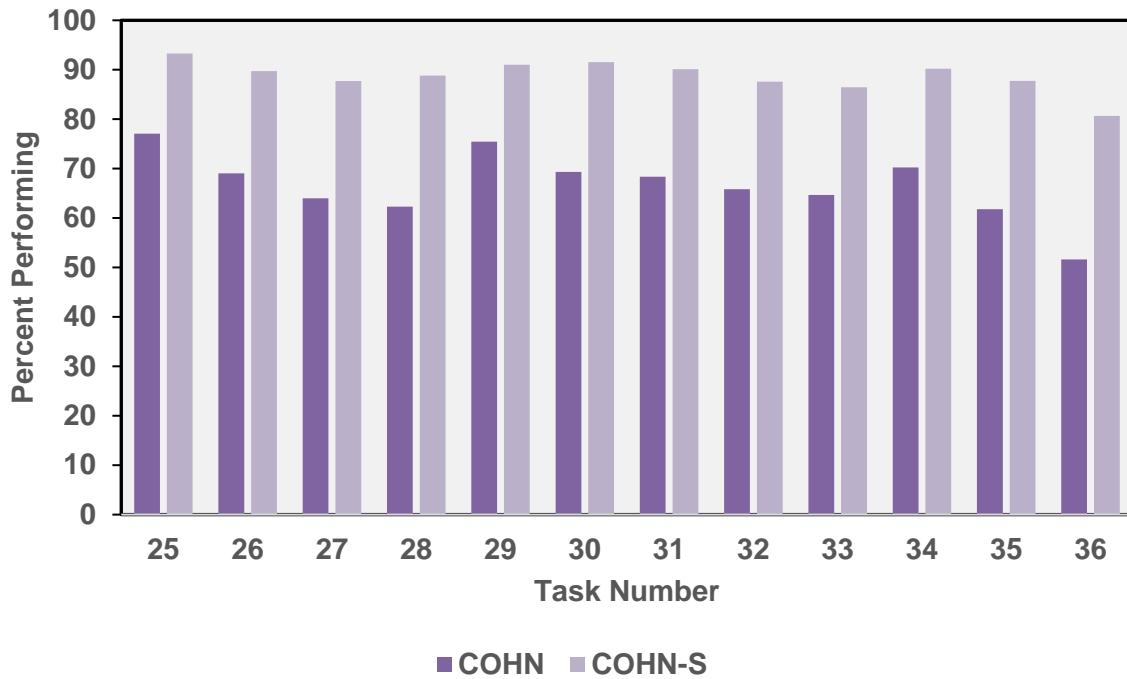


Figure 25. Comparison of Percent Performing for Tasks 25 through 36

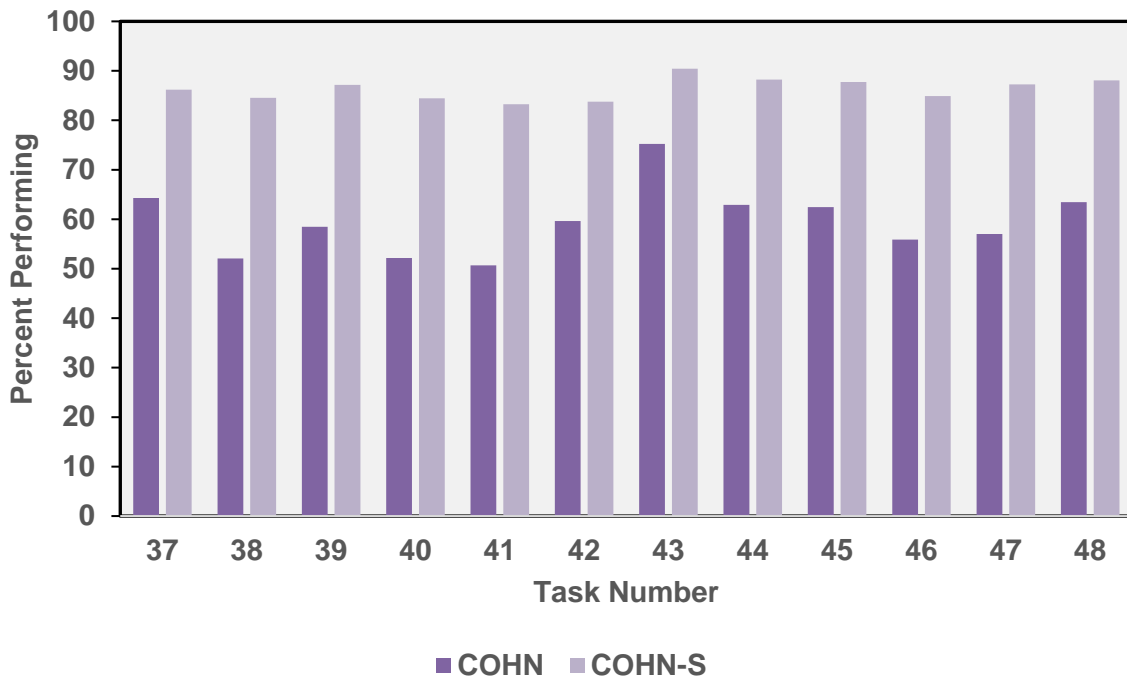


Figure 26. Comparison of Percent Performing for Tasks 37 through 48

Examination Specifications

Application of Decision Rules and Criteria to Tasks

In developing the Detailed Content Outline (DCO) and Examination Specifications, the judgment of AC members must be used to interpret the data gathered through the practice analysis study. For purposes of this report, the Examination Specifications are defined as the confidential documents that are used to guide the examination development process, and include sufficient detail to ensure the development of comparable examination forms. The DCO is defined as a subset of the Examination Specifications; it is a document that includes a detailed listing of content available in outline form for candidates and item writers. When developing the examination, every item must be linked to the DCO as a first step in meeting the Examination Specifications.

Of particular significance to a national certification examination program are that the Examination Specifications must appropriately reflect the task responsibilities of all groups who will participate in the certification program. Therefore, it is important to ensure that the Examination Specifications and its resulting exam forms include tasks that are considered to be important for the target practitioners for whom the examination is intended.

The AC was encouraged to consider how best to limit the examination content to only the broadly performed critical tasks. The AC adopted several decision rules to identify tasks eligible for examination content (Table 4). Tasks would be judged as *eligible* if they were performed by the majority of the practitioners and found important enough by the entire sample of respondents and resulting subgroups. Tasks, considered *ineligible* for examination based on these rules or did not pass unanimous voting for inclusion by the AC members, should therefore be excluded from the Examination Specifications and DCO.

The decision rules adopted by the AC, the order in which they were applied are summarized in Table 4. Applying the decision rules ensures that the resulting examination content reflects the tasks of occupational health nurses, as judged by a demographically representative group of occupational health nurses.

Table 4. Decision Rules

1. Keep only tasks performed by at least 66% of the practitioners.
2. Keep only tasks rated with a mean significance rating of at least 3.25.
3. Keep only tasks rated with a mean significance rating of at least 3.00 by 4 of the 5 geographic-region subgroups.
4. Keep only tasks rated with a mean significance rating of at least 3.00 by 4 of the 5 years-working-as-an-occupational-health-nurse subgroups.
5. Keep only tasks rated with a mean significance rating of at least 3.00 by both of the currently-certified-in-occupational-health-nursing subgroups.
6. Keep only tasks rated with a mean significance rating of at least 3.00 by 3 of the 4 best-describes-where-you-report subgroups.
7. Keep only tasks rated with a mean significance rating of at least 3.00 by 3 of the 4 job-title subgroups.

Final Detailed Content Outline and Examination Specifications


The final 132 tasks were organized into the DCO, which may be used by candidates for preparation for the examination. For the examination, a DCO can be defined as a detailed listing of content available in outline form for candidates and item writers. The Examination Specifications remain confidential and are only used for examination development purposes. The Examination Specifications incorporate the details of the DCO, and also include other information needed to ensure the development of comparable examination forms, as discussed in this section.


Survey respondents suggested the percent of exam that should be allocated to the five areas of practice, and this information was used by the AC to determine the number of items for each of the five major areas. The goal was to distribute items in accordance with observed working patterns across the major content areas. Respondent data were used to suggest a starting point for the content experts. The AC discussed the respondents' recommendations and considered their own judgments as to how the items should be distributed. Using the respondent's recommendations for the major categories, and in consideration of the breadth, depth, and significance of the tasks in each major content areas, the AC members independently expressed a judgment about the percentage of the examination that should be allocated to each content area.


The mean of their judgments, which were quite close to the survey respondents, was used as a starting point for a discussion about allocation of content. The AC subsequently unanimously agreed on number of items to be allocated to the content domains on the examination content outline as shown in Table 5.


Table 5. Overview of Examination Specifications


	% of Exam
1. Clinician Role	20
2. Manager Role	34
3. Educator Role	15
4. Consultant Role	14
5. Case Manager Role	17
Total	100

	<p>American Board for Occupational Health Nurses, Inc. (ABOHN) Certified Occupational Health Nurse-Specialist (COHN-S) Detailed Content Outline *</p>
1. Clinician Role (20%)	
A. Assessment (4%)	
<ol style="list-style-type: none"> 1. Obtain an occupational and environmental health history 2. Conduct post-offer/pre-placement health assessments 3. Assess health needs of workers and worker populations (i.e., health risk assessment, job hazard analysis, changing demographics, injury evaluation and triage) 4. Identify health surveillance of individuals/groups for specific hazards (e.g., hearing conservation, respiratory protection, laser safety, hazardous materials) 5. Identify laws and regulations affecting nursing practice (e.g., licensure, practice acts, Nurse Licensure Compact) 6. Identify physical requirements to fulfill essential job functions 7. Identify ethical issues in practice 8. Assess workers with work restrictions or limitations and make appropriate job placement recommendations (i.e., fitness for duty) 9. Monitor new developments related to emerging health care issues 	
B. Planning (7%)	
<ol style="list-style-type: none"> 1. Interpret results of screening tests and health history; refer per policy protocol 2. Recommend changes in job/work to accommodate workers' health status and history 3. Recommend programs and testing based on worker health needs 4. Formulate a response to emerging healthcare issues 	
C. Implementation (7%)	
<ol style="list-style-type: none"> 1. Manage a worker health recordkeeping system 2. Recognize and respond to ethical issues in practice 3. Assure confidentiality of personal health information and comply with established codes of ethics and legal or regulatory requirements 4. Provide treatment of work-related injuries or illnesses 5. Provide direct care for non-work related illnesses and injuries for workers 6. Provide health promotion, disease prevention screening tests (e.g., cancer screening, blood pressure monitoring, cholesterol, health risk appraisals) 7. Refer workers to an employee assistance program 8. Provide individual counseling services for workers 9. Perform medical surveillance and regulatory compliance testing/screening 10. Comply with OSHA occupational injury and illness recording and reporting requirements 	
D. Evaluation (2%)	
<ol style="list-style-type: none"> 1. Evaluate the quality of care provided by internal and external health services 2. Evaluate injuries, illnesses or incidents using root cause analysis 3. Demonstrate the value of clinical services by internal occupational health services 4. Interpret medical surveillance and regulatory testing and screening 	

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2. Manager Role (34%)
A. Assessment (6%)
<ol style="list-style-type: none"> 1. Monitor developments related to emerging health care issues 2. Assess the organizational culture 3. Analyze injury, illness, and incident data 4. Identify staffing requirements and competencies 5. Assess worker health needs 6. Establish metrics and key performance indicators (e.g., vaccination compliance, services per encounter, patient encounters, program adherence) 7. Identify quality care and cost containment strategies 8. Identify scope of services
B. Planning (10%)
<ol style="list-style-type: none"> 1. Collaborate with other disciplines to protect and promote worker health and safety 2. Apply regulatory standards and guidelines 3. Coordinate medical testing for DOT compliance 4. Interpret worker population needs assessment results 5. Design and coordinate health and safety programs (e.g., international travel, immunization, health risk counseling) 6. Apply knowledge of workplace processes/hazards into program design 7. Apply knowledge of the organization's fiscal status to plan/implement programs and interventions 8. Develop occupational health and safety policies and procedures 9. Design/develop the budget for occupational health and/or safety programs 10. Establish goals and objectives for an occupational health and safety program 11. Develop nursing protocols consistent with Nurse Practice Act and Core Competencies 12. Use epidemiological principles to design occupational health and/or safety programs 13. Establish workplace infection control programs and monitor compliance 14. Align occupational health management program with organizational strategic initiatives 15. Apply a health and safety management system for program development (e.g., ANSI, behavioral based safety) 16. Collaborate with organizational stakeholders in the development of key programs (e.g., emergency preparedness, workplace violence) 17. Develop alliances with key leadership and stakeholders 18. Develop staff performance metrics 19. Develop the components of a drug and alcohol screening program
C. Implementation (12%)
<ol style="list-style-type: none"> 1. Coordinate health promotion and disease prevention strategies and programs 2. Implement health surveillance programs 3. Incorporate technology into management practices


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<ol style="list-style-type: none"> 4. Implement plan to remediate identified hazards 5. Prepare and provide testimony or documentation for legal proceedings (e.g., workers' compensation, dismissal, EEOC) 6. Participate in administrative proceedings related to occupational health (e.g., retaliation, company level discrimination complaint) 7. Educate leadership and stakeholders about occupational health and safety programs 8. Apply legal and regulatory requirements in decision-making regarding job/work accommodations (ADA/ADAAA) 9. Develop job descriptions for occupational health and safety staff 10. Examine data to identify trends 11. Incorporate evidence-based practice 12. Prepare business reports for leadership and stakeholders 13. Select, hire, and train staff 14. Implement workplace substance abuse programs 15. Coordinate/serve on interdisciplinary committees/teams 16. Manage the first responder program 17. Participate in audits (e.g., health, safety, environmental, organizational) 18. Participate in benchmarking 19. Use software applications for worker health information management (i.e., informatics) 	
<p>D. Evaluation (6%)</p>	
<ol style="list-style-type: none"> 1. Analyze aggregate case information (e.g., trends, lost and restricted work days, research) 2. Evaluate staff performance 3. Report the value of occupation health services (e.g., ROI, cost benefit) 4. Analyze the results of the quality management/improvement programs (e.g., benchmarking, best practices) 5. Evaluate community health related services/providers for referral services 6. Evaluate/monitor the outcomes, quality, and cost-effectiveness of services 	
<p>3. Educator Role (15%)</p>	
<p>A. Assessment (2%)</p>	
<ol style="list-style-type: none"> 1. Conduct educational and training needs assessments 2. Assess for opportunities for workplace, professional, and community education 3. Determine management support for health, wellness, and safety programs 	

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B. Planning (5%)	
<ol style="list-style-type: none"> 1. Select teaching methods and content based on the characteristics of learners (e.g., apply adult learning principles, cultural differences) 2. Develop education/training evaluation tools to determine program efficacy 3. Obtain leadership and key stakeholder support for educational programs 4. Plan new worker occupational health and safety orientation programs 5. Develop education and training programs (i.e., health and safety) 6. Incorporate knowledge of cultural beliefs/practices in implementing programs and services 	
C. Implementation (5%)	
<ol style="list-style-type: none"> 1. Educate and train workers about health and wellness (e.g., self-care, complementary/alternative medicine, stress management) 2. Educate and train occupational health and safety staff 3. Serve as a preceptor or mentor for students/health care professionals 4. Train workers on proper use and care of personal protective equipment 5. Communicate risks and control measures to workers, key leadership, stakeholders and the community 	
D. Evaluation (3%)	
<ol style="list-style-type: none"> 1. Communicate the results and outcomes of educational and training programs 2. Determine effectiveness of education/training based on health and safety trends 3. Review education/training evaluations 	
4. Consultant Role (14%)	
A. Assessment (4%)	
<ol style="list-style-type: none"> 1. Conduct job analyses 2. Participate in the investigation of industrial hygiene and environmental health issues (e.g., noise, lead, fumes, vapors, indoor air quality, mold) 3. Conduct a needs assessment of the company's health and safety programs (i.e., work site walk-through surveys/assessments) 4. Assess and report on regulatory compliance with applicable standards (e.g., OSHA, The Joint Commission) 	
B. Planning (4%)	
<ol style="list-style-type: none"> 1. Recommend hierarchy of controls for specific hazards 2. Design plans to remediate identified hazards (e.g., ergonomics) 3. Apply principles of ergonomics to worksite design 4. Design occupational health and safety programs based on aggregate worker and environmental data (e.g., SDS) 	

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C. Implementation (2%)	
<ol style="list-style-type: none">1. Implement the appropriate hierarchy of control for identified hazards2. Serve on professional and community boards and committees3. Provide current and relevant resources and information to meet the health and safety needs of the company4. Perform hazard evaluation (e.g., ergonomics, noise)	
D. Evaluation (4%)	
<ol style="list-style-type: none">1. Interpret data obtained from the needs assessment2. Analyze results of aggregate medical surveillance and other worker data for trends3. Analyze results of hazard evaluation (e.g., ergonomics, noise)4. Develop control measures based on results of risk assessment5. Interpret job analyses6. Provide recommendations and guidance based on survey results and needs assessment	
5. Case Manager Role (17%)	
A. Assessment (4%)	
<ol style="list-style-type: none">1. Identify work-related cases that are appropriate for case management2. Identify non work-related cases that are appropriate for case management3. Identify legal, labor, and regulatory implications related to case management	
B. Planning (4%)	
<ol style="list-style-type: none">1. Develop case management plans for individuals2. Develop and/or coordinate a network of resources for case management3. Develop a multidisciplinary plan of care in collaboration with the worker and their support systems	
C. Implementation (6%)	
<ol style="list-style-type: none">1. Recommend modified duty based on work restriction and fitness for duty2. Manage short-term or long-term disability cases3. Administer or manage integrated disability management strategies (i.e., STD, LTD, FMLA, workers' compensation, ADA/ADAAA)4. Manage workers' compensation cases5. Refer workers for rehabilitation as indicated6. Coordinate administration of case management with vendors and community resources7. Communicate essential job functions information to providers	

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D. Evaluation (3%)	
<ol style="list-style-type: none">1. Analyze workers' compensation data2. Monitor treatment plan and outcomes (e.g., early return to work, work conditioning, work capacity exam, adherence to treatment plan, opioid minimization)3. Evaluate health care delivery to workers provided by external providers4. Analyze non-work related claims data for high frequency/high cost and use to identify future health promotion/prevention programs and strategies	

* Percentages may be approximate due to rounding.



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