

THE OCCUPATIONAL SAFETY AND HEALTH ACT AND
THE OCCUPATIONAL HEALTH NURSE

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S U M M A R Y

The Occupational Safety and Health Act of 1970 has great potential for changing the practice of occupational health nursing in the United States. The occupational health nurse will have new or increased responsibilities in evaluating in-plant environmental problems, in counselling employees, and in record keeping and reporting. There will be increased educational opportunities for nurses now in this profession and for nurses who want to go into occupational health nursing.

CATHERINE R. DEMPSEY LECTURE:

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Few activities or concepts burst forth fully developed as did Athena who sprang fully grown from Zeus' forehead. The same has been true of the new PL 91-596--the Occupational Safety and Health Act of 1970. The need for such a law was conceived independently in a number of sectors, and the various versions of the bill were evidence of the many different interests that were involved. A number of the health professional associations testified for one version or another of the bill, but except for a small group of student and faculty nurses in Arizona, the health professionals did not exert pressure on Congress as did the AFL-CIO, United Auto Workers, National Association of Manufacturers and the United States Chamber of Commerce.

At the time of the Signing Ceremony in the Department of Labor on December 29, 1970, Secretary Hodgson called it a "landmark piece of legislation" and President Nixon described it as "probably one of the most important pieces of legislation..ever passed by the Congress of the United States...." President Nixon also commented on responsibility or credit for the legislation and I quote "Usually on an occasion like this the President stands up and says, 'I did it,' or the Congress says, 'I did it,' or the Democrats say they did it, the Republicans say they did it, or labor takes the credit, or management takes the credit.

I would like to have the record very clear here that this bill could not be signed by the President of the United States today unless everybody had worked together to get it through."

President Nixon's reference to everybody working together to get the Act passed is even more applicable to the implementation of the Act, and here the professional associations are going to be very busy. The two Federal departments involved in implementing the legislation will be calling on management and labor and on the health and safety professional organizations to make the legislation work. The professional organizations will have the opportunity to contribute their expertise and counsel in many ways--as individuals, as members of occupational health and safety programs in industry, the labor movement, the universities, government organizations, and as members of the professional associations. American Association of Industrial Nurses is already participating and contributing. I was pleased to see a representative of your association at both meetings of the Joint Health/Safety Council sponsored by the NAM in Washington earlier this year.

The old Occupational Health Advisory Committee to the Surgeon General, which has been meeting periodically since 1948, has usually had occupational health nursing representation, and I would hope that there will be an occupational nurse representative on the National Occupational Health and Safety Advisory Committee which advises both Secretaries and

also on the advisory council of the new National Institute for Occupational Safety and Health.

In preparing this talk, I have consulted with a good many nurses, including those in the Public Health Service--Jane Lee, Ruth Reifschneider, Mary Louise Brown, and Dr. Faye Abdellah, the new Chief Nurse Officer of the Public Health Service. The ideas expressed, however, are my own and I take full responsibility for their impact. Our nurses in BOSH are to be complimented for the head start which the new Institute will have in implementing the Act. I refer to the work represented by the recent publications on Occupational Health Content in Baccalaureate Nursing Education and to Community Health Nursing for Working People. These are new publications and I expect wide distribution and use of each.

Initially, the implementation of the Occupational Safety and Health Act will be difficult--there is a severe shortage of occupational safety and health manpower and there will be a tooling-up period in both Departments. I say this despite the fact that DOL has been working out the details of its implementation since December, and DHEW has been planning the activities of its new Institute since January. The Department of Labor is expecting a large number of requests for inspections, and this Department is expecting many thousands of requests for hazard evaluations and toxicity determinations. The occupational health nurse

in industry will be involved in many of these requests--not that she will initiate the requests, but many employees will be consulting with her, asking what the nurse thinks of a supposed hazard in the workplace. I would hope that the nurse would be sufficiently acquainted with the workplace so as to give sound advice to the workers. I would also hope that the occupational health nurse will want to accompany DOL and DHEW representatives when they make their inspections and investigations.

Many industrial nurses already have responsibilities for eye protection and hearing conservation programs in the medical department, and in some cases, the nurse will probably be called upon to make eye hazard surveys and sound level surveys within the plant. In other words, I see the industrial nurse becoming more involved in keeping tabs on environmental conditions within the plant, not that she is going to become an industrial hygienist (although in some cases this may happen because of pay differential), but because she is going to have more motivation to know and understand the in-plant environment. She would thus be knowledgeable of both the environmental as well as the biological factors involved in producing occupational injuries and diseases.

Increased knowledge of the in-plant environment is also important because of the role the industrial nurse will play in employer-employee education. The Department of Labor and DHEW will be conducting courses in recognition and prevention of hazardous and unhealthy conditions. The industrial nurse will be participating in these courses as both instructor

and as trainee. Back in the plant, the industrial nurse will be in an ideal position to continue the employer-employee education program, especially when this is done in smaller groups or on a person-to-person basis as in everyday counselling. In the implementation of the Act, both Departments have emphasized that education is as important as inspections and citations in obtaining compliance.

The new Act will impose additional responsibilities on the industrial nurse because of record keeping required by Department of Labor and, in some cases, by the Department of HEW. Wherever possible, the HEW record keeping requests will be made through the Department of Labor so as not to confuse or overwhelm industry. All establishments covered by the Act will be required to keep records, but not all will be required to report to the Department of Labor. Required record keeping will be of two types: (1) a log of injury and illness, and (2) a more detailed record of each case containing facts about the employee, the accident or exposure, the injury or illness, and the reporting system or company official. Reporting will be on a selected basis with about 250,000 establishments being selected for initial reporting. There will be three categories of severity in the reports--(1) fatalities, (2) loss time cases, and (3) others. Included in the "other" category are cases which require medical treatment other than first aid or involve loss of consciousness, restriction of work, or motion, or transfer to another job. Also included in this category are any diagnosed occupational illnesses not otherwise

reported. Fatalities must be reported promptly, but the other categories will be reported semi-annually or annually. Occupational illnesses will be reported for the first time and will be broken down into several major categories.

The involvement of the nurse which I have mentioned thus far is with day-to-day requirements under the Act. Now, I would like to look forward to concepts which are more distant and which you in this Association can influence. One is the problem of training--developing an adequate supply of manpower. There will, of course, be a continuation and expansion of the short courses in occupational health nursing which Miss Brown and the other nurses have developed and conducted. I am thinking, however, of a different type of training program which will put into practice the excellent concepts developed in the Occupational Health Content in Baccalaureate Nursing Education. Initially there would have to be training of the trainees; that is workshops for nurse educators. Eventually, I would expect financial support for nursing schools that would modify their curriculum to give the student nurse a final year option under adult health-human ecology which could be spent learning occupational health nursing. Fellowships or long-term loans for student nurses in their final year is also under consideration.

I am also thinking of Masters programs in occupational health nursing. The shortage of industrial nurses is estimated to be 16,000, higher than the shortage of any other occupational health professional category, and there is no school which offers graduate work in occupational health

nursing. With the industrial nurse being called on to take on more and more responsibility, she is going to need help. I anticipate there will be a large training program to produce aides, technicians, para-professionals; and a number of these will be working under the direction of the industrial nurse. I hope to see a very close relationship between the new Institute, the American Association of Industrial Nurses and the Occupational Health Section of the ANA in developing a workable program in the training area.

Another idea which is even farther in the future is that health care standards might be prescribed for industry, perhaps according to the size of the industry or degree of hazard encountered. If and when this comes about, I think it will be tied in with the total delivery of health care services. Certification programs have already been established for occupational health physicians, industrial hygienists, safety engineers, safety professionals, and I am glad to see that the AAIN has appointed membership on the Organizing Board for Occupational Health Nurses Certification. Certification of the health professionals and accreditation of industrial hygiene laboratories are almost faits accomplis, and the accreditation of the overall program in occupational and environmental health is well underway. A progress report on accreditation will be presented tomorrow by Dr. Lee B. Grant, Chairman of the Accreditations Committee of the Occupational Health Institute.

The role of the in-plant health unit in the delivery of health care services has received much attention lately in connection with the development of a variety of systems for financing and delivering comprehensive medical care. One version of the concept would use the in-plant health unit to provide both preventive and curative health care services for employees. Another version would extend these health services to the families of employees. Where part-time occupational health services are provided by group clinics or community hospitals, these plans also might be opened up to families of workers. Obviously, some of these concepts are beyond the current scope, objectives, and functions of occupational health programs as recommended by the A.M.A. Council on Occupational Health. However, these concepts are being tested both here and abroad, and I think we will soon be in a better position to evaluate them. We are in a period of change and the occupational health programs in industry and the professionals in the programs are going to be affected. It will be our responsibility in the Institute to keep you informed of developments as soon as we anticipate them, and I hope that we can count on this Association in continuing cooperative endeavors in the field of occupational health and occupational health nursing.

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