

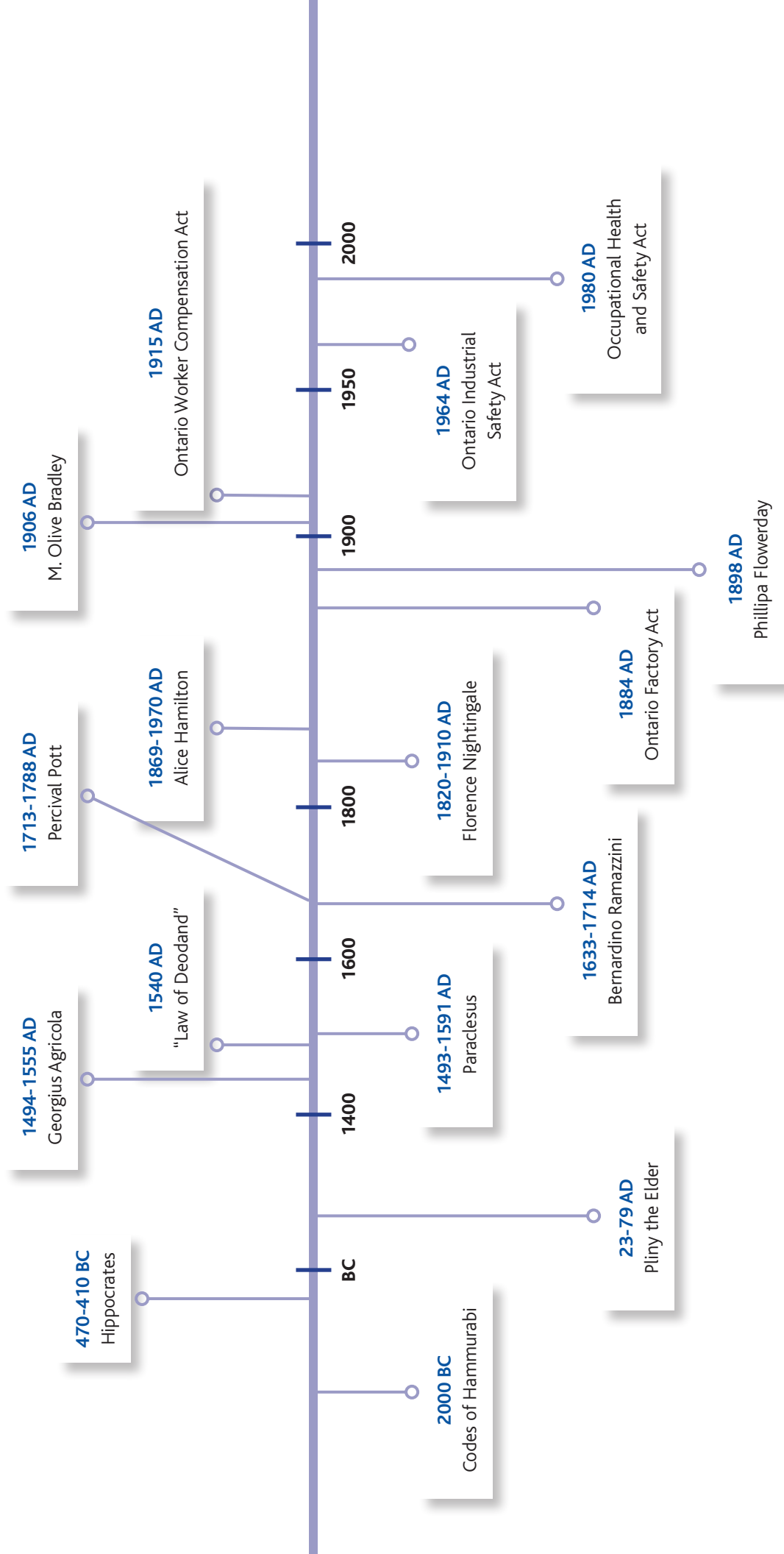
# OCCUPATIONAL HEALTH NURSES CAREER GUIDE



A PUBLICATION OF



# SYNOPSIS OF OCCUPATIONAL HEALTH IN CANADA AND U.K. (2000 BC – 2015AD)



# THE CANADIAN CAREER GUIDE TO OCCUPATIONAL HEALTH NURSING

THE CANADIAN CAREER GUIDE IS A PUBLICATION OF



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# What is Occupational Health?

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As defined by the World Health Organization (WHO), "the World Health Occupational Health organization deals with all aspects of health and safety in the workplace and has a strong focus on primary prevention of hazards. The health of the workers has several determinants, including risk factors at the workplace leading to cancers, accidents, musculoskeletal diseases, respiratory diseases, hearing loss, circulatory diseases, stress related disorders and communicable diseases and others".<sup>1</sup>

The occupational health field has a long history but became increasingly important during the Industrial Revolution. A series of Factory Acts were passed in the UK to regulate working conditions of men, women and children. The Health and Safety Legislation we have today grew out of these Factory Acts.

In Ontario, the Occupational Health and Safety Act (OHSA) came into effect in 1979 giving workers a voice in how Occupational Health and Safety (OH&S) is approached in the workplace. It established a comprehensive set of legislative requirements for workers and workplaces in Ontario. Changes to the Act in 1990 and subsequent years continued the evolution of Occupational Health and Safety Legislation since the original enactment. These changes have strengthened Occupational Health and Safety requirements in Ontario workplaces, reinforced the Internal Responsibility System (IRS) and Joint Health and Safety Committees (JHSC). In November 2014, the Act expanded coverage to

unpaid co-op students and learners on work placements.

In Canada, approximately a thousand workers die annually as a result of their work and more than 300,000 suffer injuries serious enough to warrant time off work. According to Health Canada's most recent analysis, the value of lost production due to premature mortality is estimated at \$33.5 billion; the value of production lost due to long-term disability is estimated at \$32.3 billion, and the value of production lost due to short-term disability is estimated at \$9.8 billion.<sup>2</sup>

Awareness is also increasing that workplace mental health is important to a company's bottom line through lost productivity and absenteeism. The economic burden of mental illness in Canada was estimated at \$51 billion in 2003; it is also the number one cause of disability in Canada, accounting for nearly 30% of disability claims and 70% of the total costs.

Leading employers realize the importance of employee health and wellness. Changes in the average age of workers, legislation and regulations as well as increased health costs all have an impact on a company's bottom line. Occupational health initiatives are found in a variety of industries from hospitals and health care to education, manufacturing and government. Occupational Health Nurses work closely with managers, supervisors, human resources departments and individual employees to maintain, promote and restore employee health, safety and well-being.

## Occupational Health Nursing: A Specialty Practice

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Occupational Health Nurses (OHNs) independently observe and assess workers' health status as it relates to job tasks and hazards. Using their specialized experience and education, they recognize and prevent health effects from hazardous exposures and treat workers' injuries and illnesses.

They are Registered Nurses (RNs) with a diploma and/or degree in Nursing. They may also have a college certificate in Occupational Health Nursing or a university diploma in Occupational Health. Nurses with specialized education and/or experience can achieve the designation of COHN(C) awarded by the Canadian Nurses Association. In Ontario, Occupational Health Nurses are regulated under the Nursing Act and the Regulated Health Professions Act.

Occupational Health Nurses (OHNs) work closely with man-

agers, supervisors, human resources professionals and individual employees to maintain, promote and restore employee health, safety and well-being.

They work with employers to develop innovative and business-compatible health and safety programs, in response to each organization's unique type of work, workforce, and work/community environments. OHNs promote an interdisciplinary approach to health care and advocate for the employee's right to prevention-oriented, cost-effective health and safety programs.

The role of the OHN is extremely diverse, covering any and all of the wide-ranging issues related to occupational health and safety. OHNs work, for example, as clinicians, educators, case managers, corporate directors, or consultants. They also have a broad array of responsibilities, including:

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<sup>1</sup> [http://www.who.int/occupational\\_health/en/](http://www.who.int/occupational_health/en/)

<sup>2</sup> Health Canada, Economic Burden of Illness in Canada, 1998, 2002.

# Occupational Health Nursing: A Specialty Practice

- Disease management
- Environmental health
- Emergency preparedness/disaster planning
- Employee treatment, follow-up and referrals
- Emergency care for job-related injuries and illnesses
- Primary contact for healthcare services
- Rehabilitation, return-to-work issues



and handle and coordinate follow-up care.

The scope of professional practice is constantly developing. Lifelong learning is key for OHNs to maintain competence, deliver quality service and meet the needs of employers and employees.

Occupational Health Nurses monitor the health status of workers, worker populations and community groups by conducting research on the effects of workplace exposures, gathering health and hazard data.

OHNs are highly skilled health professionals who can help maximize employee productivity and reduce costs by effectively lowering disability claims, reducing on-the-job injuries and absenteeism, and improving employee health and safety.

OHNs counsel workers about work-related illness and injuries and emotional and/or family problems. They refer clients to employee assistance programs and/or other community resources,

## Occupational Health Nursing—Core Competencies<sup>3</sup>

<p><b>CLINICAL PRACTICE</b></p> <p>Document the nursing process in care management through assessment, diagnosis and treatment consistent with appropriate standards of practice.</p>	<p><b>WORKERS, WORKPLACE AND THE ENVIRONMENT</b></p> <p>Co-ordinate client health screening and surveillance programs and services; monitor work environment to protect the health and safety of workers.</p>	<p><b>HEALTH AND SAFETY EDUCATION AND TRAINING</b></p> <p>Implement occupational and environmental health and safety training and education.</p>
<p><b>CASE MANAGEMENT</b></p> <p>Identify the need for case management intervention and be able to conduct a thorough and objective assessment of the client's current status and case management needs.</p>	<p><b>MANAGEMENT, BUSINESS AND LEADERSHIP</b></p> <p>Responsible for co-ordinating cost-effective occupational health services and programs; continuous monitoring to ensure the best quality, most cost-effective vendor products and services.</p>	<p><b>RESEARCH</b></p> <p>Identify and share resources and applications to help support relevant evidence-based practices.</p>
<p><b>REGULATOR/LEGISLATIVE</b></p> <p>Bring awareness of current legislative activities that may impact nursing practices, workers, workplaces and the environment.</p>	<p><b>HEALTH PROMOTION AND DISEASE PREVENTION</b></p> <p>Assess the health needs of workers.</p>	<p><b>PROFESSIONALISM</b></p> <p>Maintain scientific, regulatory and business knowledge appropriate to the nursing profession</p>

<sup>3</sup> www.aohn.org

# What Occupational Health Nurses Do

Occupational Health and Occupational Health Nursing in Canada got its start in Welland, Ontario. In 1906 a division of Plymouth Cordage moved from the US to Canada. Although the company, Welland Cordage, offered lower wages than other Welland factories, employees were offered disability pensions, life insurance and old age pensions based on years of service. Many of these benefits were new to the Canadian workforce. As well, the company hired Miss M. Olive Bradley, Canada's first industrial nurse. She was a pioneer in the field of nursing, working at Plymouth Cordage for 32 years and laying the foundation for public health nursing in Niagara.

Today, Occupational Health Nursing is a varied and specialized nursing practice in which OHNs use their wide base of knowledge and skills to care for individuals in the workplace.

Occupational Health Nurses collaborate with employers, employees, members of the occupational health and safety team and other professionals to identify health and safety needs. The Occupational Health Nurse is the centre of co-ordinated care for individual employee needs and has the responsibility for delivering comprehensive and qualified services and programs that meet or exceed Occupational Health and Safety requirements and pro-

vide significant savings to employers. The major roles and responsibilities of Occupational Health Nursing include:

## Clinician

- Clinical and Primary care

## Educator/Co-ordinator

- Training
- Disease Prevention

## Manager/Advisor

- Research
- Health Promotion

## Consultant

- Workforce Issues
- Workplace Issues
- Environmental Issues

## Case Manager

Regulator responsibilities  
Legislative responsibilities

The OHN uses each role while performing basic occupational health activities. These workplace activities include health and wellness, case management, ergonomics, workplace safety, infection control, disaster preparedness and others. Within these broad categories, the Ontario Occupational Health Nurses Association (OOHNA) has recognized these top fifteen tasks associated with their practice:

## Top Fifteen Tasks Reported by Currently Practicing Occupational Health Nurses

- 1 | Baseline Health Assessments
- 2 | Communicable Disease and Infection Prevention Control Practices (e.g. Immunization)
- 3 | Customized Training (e.g. Stress Management, First Aid)
- 4 | Data Collection and Analysis
- 5 | Disability Case Management and Return to Work Assessments
- 6 | Disaster Planning
- 7 | Employee Assistance Program (EAP)
- 8 | Environmental Monitoring (e.g. Noise, Air Quality and PPE—Personal Protective Equipment)
- 9 | Ergonomic Policies and Programs (e.g. Assessment, Education, Repetitive Strain Injury Prevention and Back Injury Prevention)
- 10 | Health and Safety Policy and Program Development
- 11 | Interdisciplinary Consultation and Support (e.g. Human Resources, Joint Health and Safety Committee)
- 12 | Legislation Awareness and Interpretation (e.g. Occupational Exposure Level, Workplace Hazardous Materials Information System [WHMIS])
- 13 | Lifestyle Promotion
- 14 | Medical Surveillance (e.g. Lung Function, Audiometry and Vision Screening)
- 15 | Risk Management

Regulations to protect both the employer and employee are regularly being updated. These regulations have increased the scope of occupational health and safety practices in every industry. In the 21st century, occupational health care continues to change rapidly. Economic pressures, globalization, new products and services all affect business and their employees. As the workplace evolves, so does the practice of occupational health.

The field of occupational health is exciting and varied. It challenges the OHN to design programs to maintain healthy, happy and productive employees and reduce medical and benefit costs for the employer.

# Where Occupational Health Nurses Work

Occupational Health Nurses can practice wherever there are employees. Employment opportunities may involve working in the field assisting workers directly or in a board room collaborating with other health and safety professionals and decision makers. No two Occupational Health Nursing positions are the same.

To be a successful occupational health nurse, an RN needs to build on his/her clinical practice knowledge. Depending on the company and industry, this knowledge might combine chemical hazards, ergonomics, biological hazards, mental health, safety and industrial issues, standards and regulations, disease management, infection control, health and wellness education, records management and business management.

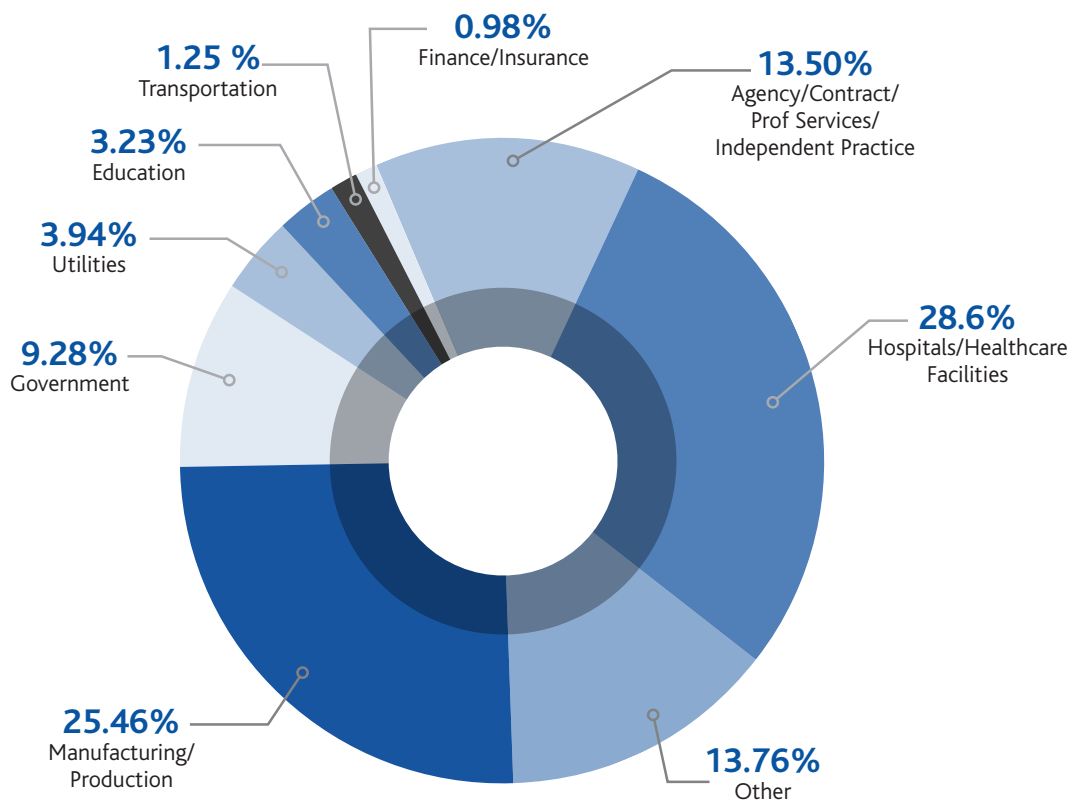
The 2012 Ontario Occupational Health Nurses Association Salary Survey found that most full-time OHNs worked in Hospitals and Health Care (31%), followed by Manufacturing (21%) and Government and Government Agencies (17%). Part-time

OHN's are split evenly between Hospitals/Health Care (34%) and Manufacturing (35%).

OHNs working in manufacturing may be working with Health and Safety Committees to prevent injuries/accidents on the shop floor, conducting return to work assessments or developing health and wellness programs for shift workers. Other workplaces that employ OHNs include the food and beverage industry, education, mining, and construction. OHNs can also work as consultants providing corporate health and claims management programs to a variety of companies.

According to a 2008 Schulich School of Business study conducted for the Ontario Occupational Health Nurses Association (OOHNA), OHNs can effectively and significantly reduce the injury rates and severity of injuries among employees. The study found the benefits of hiring an OHN far outweigh the costs. The annual cost of using external medical services ranges between \$100,000 and \$300,000/year while the average annual cost of employing one OHN is approximately \$75,000.

## EMPLOYER TYPE REPRESENTED BY OCCUPATIONAL HEALTH NURSES



Source: 2015 OOHNA Statistics



# Occupational Health Nursing Salaries

While the majority of Occupational Health Nurses work full time (72%), some 28% work part time. Median full-time salaries range from \$76,000.00 for RNs with up to 5 years Occupational Health experience to \$89,996.00 for RNs with a minimum of 7- 10 years' experience. Median part-time salaries range from \$14,024.00 to \$55,000.00.

Salaries vary depending on industry with the highest full-time salaries reported in Utilities (\$102,000.00) and the lowest in Insurance (\$70,000.00). Part-time salaries are highest in Construction (\$92,500.00) and lowest in transportation (\$11,523.00).

## SALARY BY SIZE OF ORGANIZATION

1 to 250 employees	\$74,685.00
251 to 500 employees	\$82,819.00
501 to 1000 employees	\$79,000.00
1001 to 2000 employees	\$81,000.00
2001 to 5000 employees	\$81,112.50
5000+ employees	\$84,000.00

Not surprisingly, median full-time salaries vary by size of organization from \$74,685.00 for companies with 1-250 employees to \$84,000.00 for companies with over 5,000 employees. The range is not as extreme for part-time salaries--\$43,840.00 for companies with 1-250 employees and \$46,800.00 for companies with over 5,000 employees.<sup>3</sup>

In 2015 the Alberta Occupational Health Nurses Association undertook a National OHN Salary Survey with the participation of most of the provinces and territories. See Appendix 5 for the 2015 national salary and hourly wages for Occupational Health Nurses.

## SALARY BY INDUSTRY

## FULL-TIME

2012

Communications	\$84,998.00
Construction	\$81,000.00
Education	\$79,500.00
Financial	\$69,200.00
Food/Beverage	\$80,000.00
Government and Government Agencies	\$80,000.00
Hospitals/Health Care Facility	\$84,000.00
Insurance	\$70,000.00
Manufacturing	\$76,000.00
Mining/Smelting	\$89,636.00
Printing/Publishing	\$89,996.00
Pulp & Paper	\$84,500.00
Registry/Agency	\$74,000.00
Retail/Wholesale	\$72,000.00
Self-Employed	\$82,000.00
Transportation	\$81,000.00
Utilities	\$102,617.00

<sup>3</sup> OOHNA Salary Survey 2012

# The Future of Occupational Health Nursing

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**H**ealth and wellness in the workplace is a hot topic which makes Occupational Health Nursing careers attractive for growth.

Economic issues in the workplace including rising insurance costs and worker compensation cases, create a need in the boardroom for qualified Occupational Health Nurses who understand the health care market. Since 2004 in Ontario, the amount invested by the occupational health and safety system per worker has increased at an average annual rate of 2.65 per cent, from \$38.52 per worker to \$48.39 per worker. However, once adjusted for inflation, the amount invested per worker has decreased from \$38.52 per worker in 2004 to \$34.65 per worker in 2013. During this time, the number of workers under the provincial jurisdiction rose from 5.77 million to 6.29 million. This means that companies are prudent to invest in the health and wellness of their employees.

The Province of Ontario is committed to making health and safety the centre of every workplace. In 2013, the Ministry of Labour developed the province's first integrated strategy to prevent injuries and improve the delivery of workplace health and safety. Developed in consultation with business, labour groups, health and safety associations and everyday Ontarians, this strategy is part of the government's plan to invest in people and safer workplaces to ensure a strong economy, strong communities and a stronger Ontario.

While preventing injury and accidents will always be the cornerstone of Occupational Health, awareness is increasing of other factors that can impact a company's bottom line through lost

productivity and absenteeism. A 2010 study conducted by the Mental Health Commission of Canada found that about 21.4% of the working population in Canada currently experiences mental health problems which can affect their productivity. Mental health problems and illness account for approximately 30% of all short and long term disability claims. Improved management of mental health in the workplace including prevention, early action to combat stress and identify problems could decrease losses to productivity significantly.

Businesses are looking to Occupational Health Nurses to develop programs that help employees manage health conditions such as allergies, asthma and diabetes. In 2013, the American Medical Association voted to recognize obesity as a disease. Defined as a BMI of 30 or higher, obesity is associated with health risks such as diabetes, high blood pressure and cancer and associated with an annual cost in Canada between \$4.6 and \$7.1 billion. Developing programs aimed at encouraging healthier lifestyles and weight management will increasingly be a part of the OHNs mandate. So too, will programs aimed at older workers, such as workplace accommodation and management of chronic diseases.

As companies become more socially aware and understand the role of OHNs, they will ensure that their most important stakeholders—their employees—are able to be their most productive and efficient. This will lead to the company being seen as a responsible employer with lower employee turnover and increased profits.

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## Opportunities in Occupational Health Nursing

### Job Titles of Occupational Health Nurses

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**T**he roles of RNs specializing in Occupational Health Nursing are extremely varied, covering any and all of the wide ranging issues related to occupational health and safety. Job titles are just as varied, depending on the company and industry. They can include but are not limited to: clinicians, educators, case managers, corporate directors or consultants. While the titles may vary, the responsibilities remain the same.

#### Clinician

An RN qualified in the specialty practice of medicine in an occupational setting rather than in a laboratory or research facility.

#### Manager

An OHN responsible for planning, organizing, directing, operating and evaluating an occupational health program for a workplace.

#### Case Manager

An OHN responsible for planning treatment and monitoring a patient from the beginning of the illness/injury through recovery and/or back to work.

#### Co-ordinator

An OHN responsible for employee treatment and vendor relationships to ensure the business integrity of employee wellness programs.

#### Corporate Director

An OHN who develops and implements occupational health, safety and environmental standards, systems, policies, and procedures to ensure that all activities for the company comply with regulations and standards.

# Opportunities in Occupational Health Nursing

## Job Titles of Occupational Health Nurses

### Consultant

An OHN who provides professional or expert advice in a particular area, such as occupational health, safety and/or case management.

### Educator

An OHN who specializes in the theory and practice of teaching others in personal and/or workplace health.

### Health Promotion Specialist

An OHN who investigates communities and/or workplaces, develops and implements health-related programs, and measures the success of these programs.

### Nurse Practitioner (NP)

An OHN who treats both physical and mental conditions by taking comprehensive medical histories, conducting physical exams and ordering tests as needed. NPs can provide a diagnosis and recommendations for a wide range of acute and chronic diseases (within their scope of practice) and provide appropriate treatments for patients. In Ontario, NPs can prescribe all medications except those listed under the federal Controlled Drugs and Substances Act. NPs do not work under the supervision of a physician but collaborate with physicians and other team members based on patient care needs. In addition to providing health care services, NPs may conduct research and are often active as patient advocates.

## How to become an Occupational Health Nurse

Occupational Health Nurses must first and foremost be RNs. Many practicing Occupational Health and Safety (OH&S) began as hospital RNs in emergency or intensive care units where they gained clinical experience and then moved into Occupational Health Nursing. If you are an RN, you can work in Occupational Health and Safety. However, it is beneficial to take Occupational Health Nursing courses and consider obtaining an OHN certificate or diploma.

Rather than take a variety of individual courses, an RN considering an OHN certificate or diploma should enroll at an institution that offers the complete certificate or diploma, so that credit transfers do not become a concern in the future.

The following is a list of subject areas that generally make up an OHN certificate or diploma or would contribute toward competency as an OHN:

CLINICAL/PLACEMENT COMPONENT	PHYSICAL ASSESSMENT
Epidemiology & Statistics	Physical Hazards
Ergonomics	Principles of Management
First Aid/CPR	Pulmonary Function Testing
Health and Safety Legislation	Rehabilitation/Case Management
Health Education/Health Promotion	Report Writing
Health Risk Appraisal	Toxicology/Health Surveillance
Industrial Psychology	Vision Screening
Interviewing and Counselling	
Nursing Process	
Occupational Health Principles/Concepts	
Occupational Health Problems	
Occupational Hygiene/Environmental Health	

# Profiles of Currently Practicing Occupational Health Nurses

*The following profiles of selected individual are provided to give examples of some of the areas where Occupational Health Nurses are employed. These profiles represent three career levels: Early Career—OHNs in their first decade of practice; Mid-Career—OHNs in their second decade of practice and Senior Career—OHNs who have three or more decades of experience.*

## EARLY CAREER | 1-10 Years

### Crystal, RN, BSCN, COHN(C)

Crystal began her nursing career in an Oral and Maxillo-facial Surgeon's office. Although she enjoyed it, she was looking for a position with a chance to use different nursing skills and grow her career. She saw an online job posting for an Occupational Health Nurse at an international manufacturing company. Occupational Health intrigued her and she was hired even though she had no Occupational Health experience. She found Occupational Health incredibly interesting and decided to pursue formal education to build on her practical experience. She completed her Occupational Health Nursing Certificate program through online/distance education at a community college as well as taking private Occupational Health training. She then wrote her Canadian Nurses Association (CNA) certification exam to become a Certified Occupational Health Nurse.

What interests her most about Occupational Health is dealing with workplace injuries and illnesses, as well as designated substance surveillance. Occupational Health gives her opportunities to use a variety of nursing skills from researching to dressing changes and as such, every day is different, exciting and interesting.

As a clinic nurse, her responsibilities include triage (new injuries, non-occupational concerns); emergency response (Crystal has her F licence allowing her to drive the company emergency vehicle); employee education, mental health awareness; health screening; follow up on both occupational and non-occupational injuries and illnesses; return to work plans; medical screening/testing for surveillance, mobile equipment and new hires; immunization programs (tetanus, flu); medication administration, venipuncture; and referrals to outside sources as needed.

In addition, she is the lead for the company rehabilitation program (mainly off work and return to work management), and has also been assigned as the lead contact for the Employee and Family Assistance Program (EAP) and mental health cases.

She feels that OHNs are in an ideal position to keep workers

well by educating, treating and following up. Every encounter with a worker is an opportunity to educate as well as to listen to their concerns. The focus on prevention is crucial as proactive measures ultimately improve outcomes.

Crystal recommends anyone interested in Occupational Health pursue Occupational Health courses as formal education helps solidify knowledge gained from practical experience. She also encourages networking with other OHNs as they provide a fantastic resource. Joining an Occupational Health Association such as OOHNA has a number of benefits including access to job postings, educational opportunities and liability insurance. She believes that Occupational Health is an exciting and rewarding career that is full of variety and opportunity.



## EARLY CAREER | 1-10 Years

### Daryl, RN

After graduating from Nursing, Daryl took a post graduate certificate course in Perioperative Nursing and worked in hospitals in Toronto and the US for over 10 years. A change in management at the hospital, coupled with the economic downturn saw him return to Toronto, thinking it was time for a change. A family friend suggested he look at teaching as a way to share his work experience. He teaches Personal Support Workers (PSW) at a private college. As well, Daryl administers flu shots to various clients, school children, and the community.

After giving flu shots one year, Daryl was offered a position as a Health Nurse at a community college. His duties include providers assessments and monitoring for students studying in the School of Health and Community Sciences programs. This involves checking medical information, immunization, and police checks to ensure compliance of the students entering Clinical Placement.

In addition, Daryl works part time for a Health and Wellness company involves various projects from giving flu shots, biometric screenings, and training pharmacists to give injections.

Daryl was always interested in Occupational Health and took

# Profiles of Currently Practicing Occupational Health Nurses

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a course on the essentials of Occupational Health Safety, and Disability Management. This gave him the fundamentals to start working in Occupational Health. Now, Daryl's duties range from pre-employment assessments, Health and Safety programs to Return to Work (RTW). He says it's a great way to learn about Occupational Health and he loves the variety.

Daryl always wondered about his patients after they left the hospital and how they transitioned back to their lives and work after illness or injury. Occupational Health answers the questions "what can we do to make this person better?" How can we help this person be safe and enjoy life at work and outside of work?" Which is what attracted him to Occupational Health Nursing.

Daryl believes that while Occupational Health keeps workers safe and healthy, it's about making sure they know that someone other than their employer is looking out for them. Occupational Health provides workers with education and the tools to make their jobs and lives better. And, he believes it's the little things that make a job and life better, such as ensuring the proper fit of masks so workers are not distracted thus making them less likely to make mistakes.

Daryl's advice for anyone considering a career in Occupational Health is to jump right in—the water's warm. If you want a challenge, the chance to try something different and see it through, then Occupational Health is the place to be. It allows you to use your nursing training and experience to make a difference in people's lives and still have time for your own family.

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## MID-CAREER | 10-20 Years

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### Ken, RN, COHN(C)

With a degree in Civil Engineering, Ken started his working life as a construction contract manager. After 10 years of living out of a suitcase and travelling to remote parts of Canada, he decided it was time for a career change. His engineering degree gave him a good foundation in applied sciences and he had always been interested in health sciences so Ken decided nursing would be a good path and took a Bachelor of Science degree in Nursing.

In the final year of his nursing degree, Ken majored in community health. He felt this would allow him to use his management skills more than he would when working in a hospital setting. His first nursing job as a clinic nurse at a community health care centre gave him a chance to have his clinical, communication, and

planning skills. While working in community health, he saw a job posting for an OHN. The job description was so interesting he applied even though he had no idea what an Occupational Health Nurse did. He soon realized that his construction management experience, as well as his awareness of the importance of health and safety on job sites made Occupational Health Nursing a natural fit.

As Health Services Manager for a defence electronics company, Ken is responsible for managing the health and safety of employees working at three sites across Canada. While a lot of time is spent on administration, he is also responsible for disability management for occupational and non-occupational illnesses and injuries, particularly dealing with mental health. His company is very pro-active with mental health issues, focusing on early intervention and training for managers, the early warning signs and when to seek help for an employee. Work/life balance is also a key issue, particularly for employees dealing with aging parents and children at the same time. The company offers flexible work hours, lunch and learns and access to an Employee Assistance Program (EAP) for counselling as needed.

Ken believes becoming an OHN requires patience. You have to be prepared to take part time work and take related courses on your own time. However, he feels there is currently a major shortage of experienced OHNs providing good opportunities for any RN who has the required experience and relevant education.

Ken feels the OHN's role in keeping workers well is quite simple. It is important to remember that an organization's best asset or most important reason for success is their employees. An organization must have a safe and healthy workforce if they are to be relevant. Occupational Health protects these assets (employees) and is a crucial part in maintaining a successful present and a bright future.

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## MID-CAREER | 10-20 Years

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### Tom, RN BScN

Tom discovered Occupational Health Nursing by chance. Working a shift at the hospital, he overheard a colleague saying that the government was looking for nurses to help develop health emergency response teams. Once he began working for the government and learned more about Occupational Health, his interest grew. Twelve years later, he is still with the government working in Occupational Health and also working on

# Profiles of Currently Practicing Occupational Health Nurses

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call in the emergency room of a local hospital.

Tom finds the knowledge and skills he developed and uses in the Emergency Department such as interpreting diagnostic test results, physical assessments and critical thinking are easily transferable to the occupational health setting. Working in a clinical environment also allows him to keep up to date with current research and best practices, enabling him to better help employees. Working in the Emergency Department also helps Tom feel more comfortable dealing with unanticipated events and multitasking. Similarly, the knowledge and skills he has acquired in the occupational health setting have made him more aware of patients who arrive at the ER with work-related injuries. He is able to advise them how to report the injury and follow up with their employers. This gives him the opportunity to teach and advocate for patients.

For the next year, Tom is working on a project to help modernize the medical screening process for his department. As well, he supports the recruiting processing centres across Canada, helping to answer medical questions and mitigating medical issues that may arise during recruiting.

In this substantive position, Tom is part of a multidisciplinary national health team comprised of a medical doctor and psychologist who support a team of health professionals (nurses, doctors and psychologists) in 11 different offices across Canada.

The delivery of the Occupational Health Program focuses primarily on prevention and early intervention. However, it also includes other activities such as but not limited to; policy development and implementation, fitness for duty evaluation, disability management, health emergency planning, health emergency response such as the H1N1 pandemic, advice on occupational health, etc. There is no routine to the work and every day brings new and exciting challenges.

Tom believes Occupational Health keeps workers well by protecting them from hazards in the workplace, promoting worker health, preventing illness/injury and helping to place workers in jobs suited to their occupational fitness levels.

Tom loves the challenges of Occupational Health and the interaction with employees. He enjoys working with healthy em-

ployees as much as assisting those who need help and support from the Occupational Health Department. He enjoys the autonomy he has as an employee as well as the professional development opportunities provided by his employer.

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## SENIOR CAREER | 20+ Years

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### Karen, BHSc(N), COHN(C), CRSP

Like so many OHNs, Karen started her nursing career in a hospital where she worked as a staff/charge nurse in the orthopaedic unit for 12 years. While working there, she joined the unit base council, as it was then known, to look at health and safety concerns on the floor. Her knowledge of health and safety was limited so she began taking courses at a community college.

Karen saw a job posting for a casino, applied and was the successful candidate. Not only was this her first Occupational Health Nursing role, this was the first and only facility of its kind in Ontario, presenting Karen with some unique health and safety concerns. With departmental assistance, a defibrillator program was initiated. She dealt with workplace hazards such as smoking, noise levels, needle stick injuries as well as common issues such as shift work and disability management. As a rookie OHN, she went to her first OHN conference. While the conference sessions added to her occupational health knowledge, she found experienced OHNs very supportive, giving her advice on programs, reviewing specific workplace situations, and sharing best practices. Karen was able to arrange some face-to-face workplace visits to gain further insight into Occupational Health Nursing. She also received support and direction from her OHN Association. Many of these contacts have become friends outside of the workplace.

Karen has now returned to health care, working as Employee Health Co-ordinator for a regional hospital. While hospital settings are unique, she feels her experience at a casino helped prepare her for her return to the hospital setting. She is responsible

# Profiles of Currently Practicing Occupational Health Nurses

for overseeing daily activities of the health office, disability management, medical surveillance as well as some health and safety duties. She also sits on the Joint Health and Safety Committee (JHSC), serving as a management representative and as a resource to address injuries and policies related to employee health.

Karen sees the OHN's role as an advocate for workers to Return to Work (RTW) safely in Disability Management (DM) circumstances. OHNs offer immunization, facilitate medical surveillance, offer Employee Assistance Program (EAP) services and first aid when needed, thereby ensuring the overall health and wellbeing of employees.

Karen believes the scope of practice of Occupational Health Nursing such as risk assessment and control measures, medical surveillance, health and safety education, health promotion, policy development and case management is invaluable and provides transferrable skills for numerous job opportunities outside of traditional hospital nursing. For her, witnessing the successful rehabilitation of injured/ill workers who did not believe they would recover, is always rewarding.

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## SENIOR CAREER | 20+ Years

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### Patricia, DOHS, CRSP COHN(C), COHN-S

Patricia worked at a medical clinic after leaving her hospital job. A co-worker brought in information from a college curriculum about Occupational Health Nursing. She found it very interesting and, as the saying goes, the rest is history.

After graduating from Occupational Health, she started working with a group of occupational health nurses. Which at the time was a new field of nursing. She reports that, in retrospect, it was an amazing time to be part of the promotion of Occupational Health.

Patricia continued her Occupational Health studies, earning getting her Canadian Occupational Health Nursing Certification /

COHN(C) and American Occupational Health Nursing Certification COHN-S; followed by Health and Safety credentials—Canadian Registered Safety Professional (CRSP). A few years later she completed her Diploma of OH&S (DOHS).

Patricia is passionate about programs that support safety at work. Her experience includes conducting workplace assessments, medicals, counseling, first-aid, developing and implementing health promotion, disability management and return to work (RTW) programs; developing health and safety policy and procedures; advising management and Joint Health and Safety Committees on Health and Safety and Workers Safety Insurance Board legislation.

Patricia recently opened her own company to offer health and safety consulting and education. She offers health and safety services to small companies including workplace assessments, medicals, counseling and first aid, developing and implementing disability management and return to work (RTW) programs, developing and implementing health and safety, health promotion programs, and advising management on health and safety control strategies. She is also a college occupational health and safety instructor. This gives her a chance to share her knowledge and provide valuable tools of the trade to her students.

Patricia's advice for becoming an OHN? Love what you're doing. Trust your instincts. Be flexible and able to multitask. Be a lifelong learner. Be totally honest. If you don't have the answer, say you'll find out. Ask another OHN for advice. They're always willing to help, give direction and share best practices.

Patricia also believes you need certain qualities to be an OHN such as great communication and listening skills, the ability to educate, negotiate with management, advocate for employers and employees and provide health and safety advice. An OHN must be compassionate, level headed, ethical and above all have a good sense of humour.

Whether developing health and safety programs, conducting medical assessments, advising management or ensuring a safe return to work after an accident, she maintains the Occupational Health Nurse's primary role is to advocate for workers and employers to provide a safe and healthy working environment.

# Occupational Health Nursing: A Proud History

Taking care of workers and their workplace can be traced back to the ancient Babylonians. In 2000 B.C. the Code of Hammurabi contained clauses for dealing with injuries and set monetary damages for those who injured others.

**Hippocrates** (470 – 410 B.C.) is considered by many to be the father of medicine. He observed lead poisoning among miners and taught his students to consider all environmental factors when making a diagnosis.

**Pliny the Elder** (23 – 79 A.D.) was a Roman senator, writer and scientist who noted the dangers related to sulphur and zinc. He was the first to recommend respiratory protection by having miners cover their mouths with an animal bladder.

**Georgius Agricola** (1494 – 1555 wrote *De Re Metallica*. His writings showcased the need for ventilation and fresh air in mines, environmental contamination, management techniques (shift work) and ergonomics related to mechanical lift processes, among other topics.

**Paracelsus** (1493 – 1591) known as the father of toxicology. He established concepts of acute and chronic toxicity.

The “**Law of Deodand**” passed in England in 1540 is the earliest legal writing about Occupational Health. It was a forerunner of the current Industrial Industries Acts in the United Kingdom and probably for the rest of the world.

**Bernardino Ramazzini** (1633 – 1714) is thought of as the father of occupational medicine. He wrote *Diseases of Workers* and related occupational diseases to the handling of harmful materials or unnatural movements of the body.

**Percival Pott** (1713 – 1788) identified relationships between an occupation (chimney sweep), a toxin (polyaromatic hydrocarbons) and malignancy (testicular cancer).

**Alice Hamilton** (1869 – 1970) was the first woman appointed to the faculty of Harvard University and was a leading expert in the field of Occupational Health. She was a pioneer in the field of toxicology, studying occupational illnesses and the dangerous effects of industrial metals and chemical compounds on the human body.

Occupational Health Nursing started with Florence Nightingale (1820 – 1910), known as “the lady with the lamp”. Best known for her work during the Crimean War, she stated “Nursing is not only a service to the sick, it is a service also to the well. We have to teach people how to live”.

Although industry had its forms of ‘first aid’ personnel for many years, Phillipa Flowerday was the first Industrial Nurse on record in the United Kingdom. She worked at the J.J. Coleman Company of Norwich, England in 1878, spending her days assisting the physician with the sick and injured in the workplace. She also made up to 45 home visits a week delivering food from the factory kitchens, blankets, books and disability cheques.

The Coleman ethic spread to North America through the Society of Friends and made inroads into the US in areas such as New Hampshire where mill workers—many of them children and many French Canadians looking for a better life—lost limbs and lives working with dangerous equipment. The role of the industrial nurse extended beyond the workplace to crowded tenements where many families lived in one unit and diseases spread rapidly.

Occupational Health and Occupational Health Nursing in Canada got its start in Welland, Ontario. A division of Plymouth Cordage moved from the US to Canada in 1906. Although the company offered lower wages than other Welland factories, Welland Cordage offered employees disability pensions, life insurance and old age pension plans based on years of service. The company hired M. Olive Bradley as Canada’s first industrial nurse.

The Industrial Accident Prevention Association (IAPA), now Workplace Safety and Prevention Services (WSPS), a leader in the prevention of workplace injuries and illnesses was founded in 1917. Today, it represents more than 50,000 member companies and in excess of 1.5 million Ontario workers.

In 1919, the International Labour Organization was formed. They were charged with improving working conditions through international agreements and to assure the protection of workers against sickness and injury. This commitment was further solidified by the World Health Organization (WHO) who set up a special section devoted to Occupational Health. By the mid 1950’s, they had also defined the role of the Occupational Health Nurse.

In the fall of 1970, a group of industrial nurses in the Niagara region met to discuss and agree to investigate the feasibility of a professional and provincial association for nurses practicing in the workplace. There were four other active groups of industrial nurses in Ontario at that time—Hamilton, London, Toronto and Waterloo/Wellington regions. These nurses identified a need to share mutual concerns and experiences as well as the need to have educational seminars and opportunities geared to their specialized scope of practice. In October 1971, 140 nurses met in Niagara Falls and voted overwhelmingly to form the Ontario Occupational Health Nurses Association (OOHNA). Since then, OOHNA has provided educational and networking support to OHNs. It is run entirely by and for the people it serves.



## APPENDIX 2

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**Case Management**—the process of co-ordinating an individual client's total healthcare services.

**Client**—the recipient of health and safety services. For the OHN, this may include individual workers, workers' families/significant others, worker populations, community groups and employers.

**Confidentiality**—legal responsibilities and professional obligations to ensure the public trust and prevent unauthorized and inappropriate disclosure of personal health information.

**Credentialing**—complex process designed to define levels of practice and associated knowledge, skills, abilities and competencies.

**Criteria**—relevant, measurable indicators of the standards of practice and professional performance.

**Disaster Preparedness**—prepare for, respond to and recover from large-scale disasters, including hurricanes, pandemic flu, earthquakes, nuclear disasters and terrorist attacks.

**Ergonomics**—an applied science concerned with the designing and arranging of items that people use in order that the items and people interact most efficiently and safely.

**Infection Control**—the discipline concerned with preventing health care-associated infection and addressing factors related to the spread of infections within the health care setting (patient to patient, patients to staff, staff to patients or among staff) including prevention, monitoring and investigating demonstrated or suspected spread of infection within a particular setting, and management of outbreaks.

**Occupational Health and Safety**—an area concerned with protecting the safety, health and welfare of people engaged in work or employment.

**Regulations**—the process of promulgation, monitoring and enforcement of rules, established by primary and/or delegated legislation.

**Travel Health**—the prevention and management of health problems encountered by international travellers.

**Workplace Hazards**—anything physical or psychological that presents a potential threat to employees in the workplace.

## APPENDIX 3

# Educational Resources<sup>1</sup>

This resource provides information on Occupational Health Nursing and Health and Safety courses in Ontario unless otherwise stated. Additional courses may be available in other provinces or through other health and safety organizations. Please check with the individual institutions for other types of courses. The information listed below was correct at time of printing.

COLLEGE/UNIVERSITY	WEBSITE
Algonquin College, Ottawa	<a href="http://www.algonquincollege.com">www.algonquincollege.com</a> OR LINK <a href="http://xweb.algonquincollege.com/woodroffe/program.aspx?query=6203X02PWO">http://xweb.algonquincollege.com/woodroffe/program.aspx?query=6203X02PWO</a>
British Columbia Institute of Technology	<a href="http://www.bcit.ca/health/oh">www.bcit.ca/health/oh</a>
Cambrian College, Sudbury	<a href="http://www.cambrianc.on.ca/continuing">www.cambrianc.on.ca/continuing</a>
Canadore College, North Bay	<a href="http://www.canadorecollege.ca">www.canadorecollege.ca</a>
Centennial College, Toronto	<a href="http://www.centennialcollege.ca">www.centennialcollege.ca</a>
Charles Sturt University, Australia	<a href="http://www.csu.edu.au">www.csu.edu.au</a>
Durham College, Oshawa	<a href="http://www.durhamcollege.ca/coned">www.durhamcollege.ca/coned</a>
Grant MacEwan College Edmonton, Alberta	<a href="http://www.gmcc.ab.ca">www.gmcc.ab.ca</a>
Lakehead University, Thunder Bay	<a href="http://www.lakeheadu.ca">www.lakeheadu.ca</a>
Lambton College, Sarnia	<a href="http://www.lambton.on.ca">www.lambton.on.ca</a>
Laurentian University, Sudbury	<a href="http://www.laurentian.ca">www.laurentian.ca</a> Note: Laurentian U has CROSH (Centre for Research in OH&S)
Loyalist College, Belleville	<a href="http://www.loyalistc.on.ca">www.loyalistc.on.ca</a>

<sup>1</sup> While every precaution has been taken in the preparation of this material, the author assumes no responsibility for errors or omissions. Information is correct at time of printing.

## APPENDIX 3

# Educational Resources<sup>1</sup>

McGill University, Montreal, Quebec	<a href="http://www.mcgill.ca/occh/distance/">http://www.mcgill.ca/occh/distance/</a>
McMaster University, Hamilton	<a href="http://www.mcmaster.ca">www.mcmaster.ca</a>
Mohawk College, Hamilton	<a href="http://www.mohawkcollege.ca/health-sciences-programs/nursing-bscn-degree.html">http://www.mohawkcollege.ca/health-sciences-programs/nursing-bscn-degree.html</a>
Niagara College, Niagara Falls, Welland	<a href="http://www.niagarac.on.ca">www.niagarac.on.ca</a>
National Institute of Disability Management & Research	<a href="http://www.nidmar.ca">www.nidmar.ca</a>
Nipissing University, North Bay	<a href="http://www.nipissingu.ca">www.nipissingu.ca</a>
University of Ottawa	<a href="http://www.uottawa.ca">www.uottawa.ca</a>
Pacific Coast University for Workplace Health Sciences	<a href="http://www.pcu-whs.ca/programs/">http://www.pcu-whs.ca/programs/</a>
Ryerson University, Toronto	<a href="http://www.ryerson.ca">www.ryerson.ca</a>
St. Lawrence College, Brockville	<a href="http://www.stlawrencecollege.ca">www.stlawrencecollege.ca</a>
Seneca College, Toronto	<a href="http://www.senecac.on.ca">www.senecac.on.ca</a>
Sir Sandford Fleming Colleg , Lindsay/ Peterborough	<a href="http://www.flemingc.on.ca">www.flemingc.on.ca</a>
University of Waterloo	<a href="http://www.dce.uwaterloo.ca">www.dce.uwaterloo.ca</a>
University of Western Ontario, London	<a href="http://www.uwo.ca">www.uwo.ca</a>

<sup>1</sup> While every precaution has been taken in the preparation of this material, the author assumes no responsibility for errors or omissions. Information is correct at time of printing.

## APPENDIX 4

# Associations

The following is a selected list of Associations that are helpful for anyone interested in an Occupational Health career. A complete list can be found on the website of the Ontario Occupational Health Nurses Association at: <http://www.oohna.on.ca/ohs-links/>

ASSOCIATION	WEBSITE	TELEPHONE
American Association of Occupational Health Nurses (AAOHN)	<a href="http://www.aaohn.org">www.aaohn.org</a>	800-241-8014
American Board of Occupational Health Nurses (ABOHN)	<a href="http://www.abohn.org">www.abohn.org</a>	888-842-2646
Canadian Centre for Occupational Health and Safety (CCOHS)	<a href="http://www.ccohs.ca">www.ccohs.ca</a>	Phone: (905) 572-2981
Canadian Nurses Association (CNA)	<a href="http://www.cna-aiic.ca">www.cna-aiic.ca</a>	613-237-2133
Canadian Occupational Health Nurses Association (COHNA)	<a href="http://www.cohna-aciist.ca">www.cohna-aciist.ca</a>	
College of Nurses of Ontario (CNO)	<a href="http://www.cno.org">www.cno.org</a>	416-928-0900 or toll free: 800-387-5526
Occupational Health Nurses Association of Nova Scotia (OHNANS)	Web: <a href="http://www.ohnans.com">www.ohnans.com</a>	
Occupational Health Nurse Interest Group (OHNIG)	Web: <a href="http://www.ohnig.ca">www.ohnig.ca</a>	416-599-1925 or toll free: 800-268-7199
Ontario Nurses Association (ONA)	Web: <a href="http://www.ona.org">www.ona.org</a>	416-964-8833 or Toll free: 800-387-5580
Ontario Occupational Health Nurses Association (OOHNA)	Web: <a href="http://www.oohna.on.ca">www.oohna.on.ca</a>	416-239-6462 or toll free: 866-664-6276
Registered Nurses' Association of Ontario (RNAO)	Web: <a href="http://www.rnao.org">www.rnao.org</a>	416-599-1925 or toll free: 800-268-7199
Workplace Safety and Prevention Services (WSPS)	Web: <a href="http://www.wspss.ca">www.wspss.ca</a>	905-614-1400 or toll free: 877-494-WSPS (9777)

## APPENDIX 5

# 2015 Canadian Occupational Health Nursing Salary Survey

The following statistics are reprinted from the May 28, 2015 Canadian Occupational Health Nursing Salary Survey and are reprinted with permission.

**Table 32: OHN base salaries by region**

Ohn Base Salary in 1,000's	Western	Central	Atlantic	National
< \$49	9.3%	15.2%	8.0%	12.8%
\$50-\$59	1.3%	7.2%	8.0%	5.3%
\$60-\$69	6.0%	4.9%	12.0%	5.7%
\$70-\$79	8.0%	16.0%	32.0%	14.2%
\$80-\$89	12.7%	26.6%	20.0%	21.5%
\$90-\$99	17.3%	16.7%	12.0%	16.7%
\$100-\$109	14.7%	4.9%	8.0%	8.4%
\$110-\$119	8.7%	4.6%	0.0%	5.7%
\$120-\$129	8.7%	3.0%	0.0%	4.8%
\$130-\$139	4.0%	0.0%	0.0%	1.4%
\$140-\$149	2.0%	0.0%	0.0%	0.7%
\$150-\$159	2.0%	0.0%	0.0%	0.7%
\$160-\$169	1.3%	0.4%	0.0%	0.7%
\$170-\$179	1.3%	0.0%	0.0%	0.5%
\$180-\$189	1.3%	0.0%	0.0%	0.5%
\$200 or >	1.3%	0.4%	0.0%	0.7%
<b>Total</b>	<b>150</b>	<b>263</b>	<b>25</b>	<b>438</b>

Nationally, the highest earning bracket reported by 21.5% of respondents is within the \$80,000 to \$89,999 range. The Atlantic region reported the highest salary bracket between \$70,000 to \$79,999, the Central region between \$80,000 to \$89,999, whereas the Western region reported \$90,000 to \$99,999 as the highest bracket.

**Table 35: Current hourly wage**

Salary/ hour	Western	Central	Atlantic	National
< \$20/hr	0.0%	1.1%	0.0%	0.7%
\$25-\$29/hr	0.0%	3.8%	4.0%	2.5%
\$30-\$39/hr	9.3%	19.8%	44.0%	17.6%
\$40-\$49/hr	37.3%	52.9%	48.0%	47.3%
\$50-\$59/hr	24.7%	14.1%	4.0%	17.1%
\$60-\$69/hr	13.3%	6.8%	0.0%	8.7%
\$70-\$79/hr	8.7%	0.0%	0.0%	3.0%
\$80-\$89/hr	2.7%	0.4%	0.0%	1.1%
\$90-\$99/hr	1.3%	0.0%	0.0%	0.5%
\$100-\$110/hr	0.0%	0.8%	0.0%	0.5%
\$110 or >	2.7%	0.4%	0.0%	1.1%
<b>Total</b>	<b>150</b>	<b>263</b>	<b>25</b>	<b>438</b>

Nationally, 47.3% of respondents reported a salary from \$40-\$49 per hour as the highest salary range. This range was consistent in all regions. The Western region reported the highest percentage of salaries that were \$110 or more at 2.7%.

**DO SOMETHING  
DIFFERENT.**

**Specialize in Occupational  
Health Nursing.**

**Challenge and diversity**

**Prevent workplace illness and injury**

**Promote workplace health and wellness**

**Be part of the Management Team**

**Work Regular Hours**

**QUESTIONS?  
NEED A PLACEMENT?  
WANT A MENTOR?**

Contact:

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The Ontario Occupational Health Nurses Association  
302 The East Mall, Suite 605  
Toronto, ON M9B 6C7

Tel: 416.239.6462 (1.866.664.6276)  
E-mail: [administration@oohna.on.ca](mailto:administration@oohna.on.ca)  
[www.oohna.on.ca](http://www.oohna.on.ca)

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**OCCUPATIONAL HEALTH NURSES REALLY MAKE A DIFFERENCE.**