

LABOR SAFETY AND HEALTH INSTITUTE

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*"To assure safe and
healthful working conditions
for working men and women..."*

Guide #2

FRANK GOLDSMITH, Director

Occupational Health Services in the Hospital Clinics and Emergency Room

Hospital clinics and emergency rooms are missing important opportunities to prevent many illnesses and the spread of disease by not screening their patients for health problems created at work.

Clinics and emergency rooms on a daily basis see countless thousands of patients who are there because of job-related illnesses. A recent, federally funded study of over 1,000 workers in 5 different plants conducted by the University of Washington found that 30% of diseases of the workers were caused by workplace conditions. Other estimates of job-related illnesses are higher.

Very few hospital personnel have been trained to find out if the diseases seen by them are caused on the job and very few hospitals build this into their standard registration and admitting forms. This applies to all types of hospital personnel assigned to clinics and emergency rooms, i.e., nurses, technicians, administrators, para-medics, and doctors. In addition, most workers do not know to tell their doctors that the problem may have been caused by working conditions.

Accidents on the job may also lead to and be the result of occupational illness. For example, a worker overcome by carbon monoxide is more at risk to have an accident. Therefore, careful monitoring of accidents must take place.

The incorporation of occupational health services into regular hospital and medical practice will also add qualitatively to existing programs aimed at correcting workplace hazards which are initiated by trade unions, governmental agencies and management.

This situation can be significantly changed with just a few minor reforms in current hospital procedures.

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The Medical History: At the Intake Station

There is a difference between the quick identification of the industrial health problem in an emergency room and the less quick and more comprehensive follow-up and identification in the outpatient medical clinic. The pressures in the emergency room hinder the more effective diagnosis and care which can take place in the clinic.

The in-take clerk or nurse presently takes a brief description of the patient entering the clinic or emergency room. That description usually identifies the patient and the methods of payment for treatment. A brief additional question could be:

Do you think that your illness is related to your place of work? Please describe how.

If applicable the patient would be directed to an occupational health clinic in the hospital (if there is one) or to a nurse or doctor familiar with occupational safety and health problems. At the very least it would alert medical personnel to possible sources of health problems.

The Medical History: By the Doctor or Nurse

When the patient sees a doctor or nurse the standard hospital questionnaire could be amended to include the following questions:

Do you think the illness you have is caused by the conditions at your work?

If so, what chemicals or other substances do you now have or have had contact with: carbon monoxide, lead, mercury, asbestos, solvents, others?

This question could be asked more specifically if the hospital kept a record of the major industries in the immediate area and the potential hazards associated with that industry.

Also, the doctor or nurse should ask the work history of the patient:

Describe your present and past jobs you've had.
Have you work with or near asbestos, fiberglass, plastics or other chemicals products and substances in the past 25 years?

The patient could be asked to furnish the doctor with a job classification description used by the employer.

These questions will assist the doctor or nurse determine the general area of the problem. When job-related problems are found, more precise questionnaires can be used to better identify the problem.

Several questionnaire and medical history forms are needed to cover all possible problems presented by job-related illnesses.

Information on the Problem

Ideally, a distinct occupational safety and health department in the hospital would contain information on job-related problems. This department is essential in areas where there are heavy concentrations of industry.

This department would immediately answer questions concerning workers' problems or be able to seek answers to these problems. An inquiry from the outpatient clinic or emergency room to the occupational safety and health department can greatly improve the diagnosis and treatment of patients. The availability of this resource, by proper epidemiological collection and study of data, anticipates future problems.

For example, exposure to carbon monoxide can cause immediate health problems, but long range effects can also be anticipated. The doctor or nurse can alert the patient to recognize symptoms of illnesses that may arise.

Clinics and emergency rooms at hospitals without occupational safety and health departments should have a list of phone numbers, i.e., poison control, etc. available to get information on these problems.

See page 5 for additional phone numbers and addresses of government agencies, science and medical laboratories and other places that can furnish the hospital with accurate information.

Preventing Further Job-Related Illnesses

Prevention of job-related illnesses, although a concern to health workers, needs to be moved up the priority list. The treatment of these illnesses is not enough, active prevention programs are needed. This is especially true since the passage of the Occupational Safety and Health Act of 1970 which provides for the legal apparatus to prevent accidents and illnesses.

Once patients have had their illnesses diagnosed and a relationship between the health problems and the job established, the proper law enforcement agency would be contacted to follow-up on the source of work related illnesses. See page 5 for the phone numbers and addresses of these government agencies.

Many hospitals have alert systems to identify and handle poisonings. These alert systems can be broadened to include job-related hazards, i.e., carbon monoxide, lead, mercury, asbestos, etc.

Remember, the Labor Department is in charge of the enforcement of the law, while, the National Institute for Occupational Safety and Health (NIOSH) is responsible for the identification and research of occupational health problems.

Confidentiality

Confidentiality of patient information must be assured when contacting local enforcement agencies.

Permission of the patient must be obtained prior to informing the employer and union representative. When permission is given, the employer and union should be informed immediately.

An effective program to correct workplace hazards requires the participation and cooperation of union, management, and scientific-medical health and safety professionals.

Patient Follow-Up

When the clinic and emergency room have identified a patient's problem as job-related or suspect it as possibly job-related, the patient's file should be tagged for periodic follow-up. This follow-up includes the check to see if the workplace of the affected worker has been corrected and/or if other workers have been affected by the same problem.

This file would be cross-referenced by occupational hazard or disease so that patterns of the disease and hazards can be identified.

Hospitals' Safety and Health Departments*

The passage of the Occupational Safety and Health Act of 1970 has encouraged some hospitals to establish departments of hospital employee health services. A recent NIOSH study has indicated that these departments are very difficient and need a great deal of upgrading where they exist.

Pressure from doctors, nurses and other hospital workers would force hospitals to establish these departments. At the same time the services and resources of these departments would also include information on patient's job-related problems.

Both employee and patient job-related information would be contained in the same department.

This department would also provide for the monitering of hospital medical records of patients in the in-patient facility.

Occupational Health Services Clinic*

The hospital could offer occupational health services to local trade unions and factory by establishing a occupational health clinic in its outpatient department. This outpatient clinic would coordinate its activities with the hospital's safety and health department described above.

A recent article in the Wall Street Journal highlighted a Salem, Mass. hospital's preventive medicine unit occupational health services to local trade unions and employers. This hospital clinic replaced the company doctor and industrial nurse or added an employee service which didn't take place before.

"The hospital is much better than the shop doctor we used to have," declared a leather workers union official." The article continued that the leather factory contains many safety and health hazards including excessive noise levels and various toxic chemicals. The hospital's occupational health services clinic is thus used as a referral unit for keeping track of health effects on workers associated by these hazards.

Both the hospital clinic and department on occupational health would cooperate in organizing briefings and educational staff meetings, and print materials on safety and health problems. This advanced training program would be an invaluable tool in preparing hospital personnel to recognize and treat job-related problems.

The agencies below have professionals who can help in these programs.

Occupational Safety and Health Agencies (in New York City)

Region II, U.S. Department of Labor
Occupational Safety and Health Administration
1515 Broadway
New York, New York 10036; 212-264-9840

Region II, Dept. of Health, Education and Welfare
National Institute for Occupational Safety and Health
26 Federal Plaza
New York, New York 10013; 212-264-2485

Environmental Science Laboratory, Basic Science Building
Mt. Sinai School of Medicine, City University of New York
10 East 102nd Street
New York, New York 10029; 212-650-6174

Poison Control Center
New York City Health Department
125 Worth Street
New York, New York 10013; 212-340-4490

Resource Materials

"Occupational Safety and Health and the Health Care System,"
Consumer Commission on the Accreditation of Health Services,
Quarterly, Fall, 1974; Winter, 1975 (2 Parts).

"Jobs and Cancer," Consumer Commission on the Accreditation of
Health Services, Quarterly, Spring, 1975.

"An Occupational Safety and Health Library for a Local Union,"
Guide #1, Labor Safety and Health Institute.

* These hospital departments and outpatient clinics could be regionalized into multi-hospital programs.