



PRACTICE STANDARDS FOR OCCUPATIONAL HEALTH NURSES

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INTRODUCTION

Nursing Practice Standards have been developed by provincial or territorial regulators to ensure that all Registered Nurses provide nursing care that meets professional standards. The standards of practice for Registered Nurses are variable across Canada with no national framework identified (CNA, 2021).

The Canadian Occupational Health Nurses Association (COHNA), the professional association for Occupational Health Nurses (OHNs) in Canada, establishes and promotes standards for this nursing speciality based on scope of practice. COHNA has developed standards that apply to the Occupational Health Nursing practice and align with Canadian Nurses Association Occupational Health Nursing list of competencies.

Standards of Practice are developed by the profession to define and advance practice in Occupational Health Nursing. A standard is an authoritative statement that describes the required behaviour of every nurse and is used to evaluate individual performance. Documented standards delineate professional practice expectations, enable sound decision making, support effective communication and always apply.

COHNA-ACIIST is a non-for-profit association committed to promoting excellence in the practice of occupational health nursing and advancing health, wellness, and safety practices in the workplace. Our mission is:

- Developing national standards and guidelines.
- Fostering working relationships between Provincial/Territorial Associations.
- Providing a forum for members to network, exchange knowledge and share expertise.
- Influencing legislation and regulations to improve the health and safety of workers.
- Promoting the diverse role of the occupational health nurse to business, community, government, and professional affiliates at every opportunity.

These Practice Standards were originally created by the Alberta Occupational Health Nurses Association (AOHNA) and have been endorsed and adopted by the Canadian Occupational Health Nurses Association/Association Canadienne des Infirmières et Infirmiers En Sante Du Travail (COHNA-ACIIST) in 2023.

This document does not address competencies or program standards.

PURPOSE

The purpose of this document is to:

- define the scope of Occupational Health Nursing practice.
- establish criteria and expectations for acceptable Occupational Health Nursing practice.
- provide criteria for measuring Occupational Health Nursing.
- support the evolution and development of the field of Occupational Health Nursing.
- promote Occupational Health Nursing as a nursing specialty.

- inspire excellence in Occupational Health Nursing.
- establish guidance and a benchmark for new OHNs.

SCOPE OF OCCUPATIONAL HEALTH NURSING PRACTICE

Scope of Practice for Registered Nurses (RNs) refers to the interventions that RNs are authorized, educated, and competent to perform. The primary role of the OHN is to coordinate the delivery of comprehensive, equitable, quality occupational health services for workers, and workgroups. The context for practice is dynamic and influenced by health policy, cultural, social, economic, political, technological, and environmental issues.

OHNs use the nursing process to provide ethical, confidential nursing care to workers and worker groups within legal and professional parameters. Working in collaboration with the worker/workgroup, employer, union, health professionals, insurers, and others, the OHN assists clients to achieve their health goals through informed, decision-making about health issues.



The Nursing Process (Ferozali, 2009)

As professionals, OHNs are accountable and responsible for their practice. Working independently as well as in collaboration with others, OHNs advocate for workers and workgroups to promote health within a safe and healthy work environment.

The scope of Occupational Health Nursing practice includes:

- Managing and administering an occupational health service within legal and professional parameters.
- Conducting health examinations.
- Assessing the work environment for health hazards.
- Providing primary, secondary, and tertiary prevention strategies.
- Providing health education programs.
- Providing health promotion programs.
- Providing counselling interventions and programs.
- Coordinating and managing the care of ill/injured workers.
- Managing the Occupational Health information system.

- Conducting health surveillance programs
- Monitoring injury/illness trends.
- Program planning, administration, and evaluation.
- Policy development.
- Implementing cost-containment strategies.
- Managing the disability management services.
- Risk management and risk communication.
- Corporate OH stewardship and governance.

DEFINITIONS

Accountability:	The obligation to answer for the professional, ethical, and legal responsibilities of one's activities and duties.
Advocate:	Involves engaging others, exercising voice, and mobilizing evidence to influence policy and practice. It means speaking out against inequity and inequality. It involves participating directly and indirectly in political processes and acknowledges the important roles of evidence, power, and politics in advancing policy options.
Capable:	Being able to understand and appreciate the consequences of various options and make informed decisions about one's own life, care, and treatment.
Certification:	CNA certification is a nationally recognized credential for registered nurses. Certified RNs have an advanced standard of professional competence and a comprehensive understanding in a nursing specialty or area of nursing practice which they are able to demonstrate to patients, colleagues and employers.
Client:	Client refers to individual workers, families, workgroups, the employer, communities, and populations.
Clinical Decision-Making:	A contextual, continuous, and evolving process where data are gathered, analyzed, and interpreted to select an evidence-based course of action.
Community:	A specific group of people usually living in a defined geographical area who share a common culture, values, and norms, are arranged in a social structure, and exhibit some awareness of their identity as a group.
Competent:	The collection and application of measurable knowledge, skills, abilities, judgement, and attitudes to practice safely and ethically.
Conceptual Framework:	Nursing conceptual frameworks represent ideas and interrelationships. How the interrelationships are described forms the distinctive features of a specific nursing framework. The main

	ideas in any nursing framework are person, health, environment and nursing.
Confidentiality:	The ethical obligation to keep someone's personal and private information secret or private.
Consent:	The voluntary agreement to some act or purpose made by a capable individual. Criteria for consent include the person or substitute decision-maker being adequately informed and being capable of giving (or refusing) consent without coercion, fraud, or misrepresentation.
Counselling:	A professional relationship that empowers diverse individuals, families, workgroups, employers, and others to accomplish mental health, wellness, education, and career goals.
Employee Health Records:	An occupation-related, chronological, cumulative record, regardless of the form or process by which it is maintained (i.e., paper document, microfiche, microfilm, or automatic data processing media). The occupational medical record includes information about health status documented on an employee, including personal and occupational health histories as well as the opinions and written evaluations generated during diagnosis, employment-related treatment, and examination by healthcare professionals and technicians. The definition includes employee exposure records, occupational and non-occupational illness/injury records, and accident or injury records.
Epidemiology:	The scientific discipline concerned with the understanding of interactions among humans and other elements of a system, and the profession that applies theory, principles, data, and methods to design in order to optimize human well-being and overall system performance.
Ergonomics:	An applied science concerned with designing and arranging things people use so that the people and things interact most efficiently and safely – also termed biotechnology, human engineering, human fact.
Health Promotion:	The process of enabling people to increase control over, and to improve, their health. It moves beyond a focus on individual behavior towards a wide range of social and environmental interventions.
Health Surveillance:	Activities conducted to determine whether groups of workers may be suffering an occupational illness because of exposure to a particular hazard or group of hazards. Health surveillance is always based on environmental assessments with exposures evaluated and documented.
Nursing Process:	A systematic approach to the delivery of nursing care that consists of the following steps: collection of data, analysis of data, planning

of the intervention, implementation of the intervention, and evaluation.

Occupational Health Hazard: Any source of potential damage, harm or adverse health effects on something or someone under certain conditions at work. Basically, a hazard can cause harm or adverse effects (to individuals as health effects or to organizations as property or equipment losses). Sometimes a hazard is referred to as being the actual harm or the health effect it caused rather than the hazard. For example, the disease tuberculosis (TB) might be called a hazard by some but in general the TB-causing bacteria would be considered the "hazard" or "hazardous biological agent".

Occupational Health Nurse: An Occupational Health Nurse is defined as a Registered Nurse who has graduated with a Certificate or Diploma from a recognized Occupational Health Nursing program and/or who has achieved the level of COHN(C) with the Canadian Nurses Association. Definition endorsed and adopted by COHNA in 2023.

Toxicology: The science that deals with poisons (toxicants) and their adverse effects on living organisms.

STANDARD 1: CLINICAL DECISION MAKING

The OHN utilizes a systematic, problem-solving approach to clinical decision making based on a conceptual framework for Occupational Health Nursing practice.

Operationalized:

1. The OHN systematically assesses the health and status of the client(s) using the foundations of nursing processes.
2. The OHN analyzes assessment data to develop a relevant nursing diagnosis.
3. The OHN performs comprehensive health and status assessments of the individual worker/workgroups to include such variables as health history, physical assessment, and awareness and attitudes to health and safety at work.
4. The OHN identifies outcomes specific to the worker/workgroups.
5. The OHN assesses the work environment to include such variables as the plant/process/product and demographics of worker population and organizational culture; the potential or actual health hazards; the control measures instituted for such hazards; and the identification of worker populations at risk for hazard or exposure.
6. The OHN uses appropriate resources, such as written nursing protocols to analyze the collected data during client assessment, and to formulate appropriate nursing diagnoses.
7. The OHN identifies potential and actual risk to the worker, workgroup, work environment, organization, and community and implements primary, secondary, and tertiary prevention programs to mitigate such risks.
8. The OHN documents relevant data in a retrievable form that maintains confidentiality and provides a baseline for future comparative purposes.

STANDARD 2: PLANNING AND IMPLEMENTATION

The OHN documents to ensure continuity of care and that the confidentiality of health information is maintained in accordance with professional codes, standards, and regulations.

Operationalized:

1. The OHN develops goal-directed nursing care plans that consider all aspects of worker health and wellness and uses these plans to direct appropriate care. The occupational health plans and programs are updated and revised as necessary based on evaluation and outcome identification.
2. The OHN implements nursing interventions to achieve the desired outcomes of the plan.
3. The OHN considers the need for medical direction/directives based on their scope of nursing practice within their specific work environment.
4. The OHN accesses resources which support evidence-based practice; current research, and applicable legislation when developing the nursing care plan. Development of the care plan should include:
 - 4.1 measurable, realistic goals and objectives which reflect the worker's present and potential capabilities, job requirements, and legislative requirements.
 - 4.2 priorities for action, including promotion, prevention, and education; and time frames for results.
 - 4.3 roles and responsibilities of each stakeholder, including the OHN; worker and other team members' strategies and criteria for evaluation and revision.
5. The OHN develops and maintains a system for collecting, recording, analyzing, and retrieving data which complies with relevant legislation regarding storing and retention of records.

STANDARD 3: EVALUATION AND OUTCOME IDENTIFICATION

The OHN systematically and continuously evaluates responses to interventions and progress toward the achievement of the desired outcomes.

Operationalized:

1. The OHN systematically and continuously identifies outcomes specific to the client(s) and or/ worker population based on the data collected.
2. The OHN systematically and continuously evaluates worker responses to interventions through the continuum of care with the goal achievement of achieving identified and preferred outcomes.
3. The OHN obtains and utilizes baseline data for future comparison and cumulative results. Health surveillance data is stored in a retrievable format.
4. The OHN reassesses the client's progress and responses to any nursing interventions to systematically evaluate outcomes identified for that client.
5. The OHN participates in regular performance appraisal activities.
6. The OHN maintains documentation to support quality assurance and improvement initiatives, as well as maintenance and calibration records; staff roles, responsibilities, and qualifications; and audit results. Occupational health plans and programs are updated and revised as necessary based on systematic and continuous evaluation and outcome identification.
7. The OHN validates and interprets data using appropriate resources and using aggregate data, makes appropriate recommendations to management regarding potential and actual risk management.

STANDARD 4: COLLABORATIVE COMMUNICATIONS

The OHN collaborates with workers and the workplace for the promotion, prevention, and restoration of health within the context of a safe and healthy workplace environment.

Operationalized:

1. The OHN collaborates with workers and the workplace with the goal to achieve healthy workers through promotion, prevention, and restoration of health.
2. The OHN secures and manages the resources that support occupational health and safety programs and services.
3. The OHN collaborates with clients and other stakeholders to promote health and prevent occupational illness and injury.
4. The OHN accesses and maintains appropriate resources to support Occupational Health and Safety services.
5. The OHN makes appropriate recommendations to management regarding potential and actual workplace risks to health and safety of the employees.

STANDARD 5: PROFESSIONAL DEVELOPMENT, RESEARCH, AND MENTORING

The OHN assumes accountability for professional growth, continued competency, and contributions to the field of occupational health nursing.

Operationalized:

1. The OHN assumes accountability for professional development to enhance professional growth and maintain competency.
2. The OHN uses research findings in practice and contributes to the scientific base in occupational and environmental health nursing to improve practice and advance the profession.
3. The OHN assumes responsibility for maintaining professional licensing which includes accountability for continuing competence requirements and professional development.
4. The OHN participates in research to advance the profession of occupational health nursing and incorporates evidence-based research in clinical decision making.
5. The OHN participates in regular performance evaluations and/or peer review evaluation.
6. The OHN facilitates learning opportunities for students and colleagues through preceptorship and mentor roles.
7. The OHN supports best practice standards by ensuring that resources (such as relevant research and literature) are accessible, and that nursing practice standards and scope of practice are available in the occupational health setting.

STANDARD 6: ETHICS AND PRIVACY

The OHN ensures that written policies are in place to ensure confidentiality of worker health information.

Operationalized:

1. The OHN uses an ethical framework as a guide for decision making in practice based on the Canadian Nurses Association (CNA-AIIC) code of ethics (2017) for registered nurses.
2. The OHN recognizes and respects the intrinsic worth of each worker.
3. The OHN recognizes, respects, and promotes a worker's right to be informed and make decisions.
4. The OHN promotes health and well-being and ensures that client rights are protected, by advocating for the worker/ worker population to:
 - 4.1 access and understand relevant health information.
 - 4.2 informed and voluntary consent to care, treatment, and participation in research.
 - 4.3 privacy and confidentiality.
 - 4.4 control the release of confidential information.
 - 4.5 treatment with respect and dignity.
 - 4.6 participate in decisions affecting care; and/or
 - 4.7 equal access to health care.
5. The OHN recognizes the importance of privacy and confidentiality and safeguards health information obtained in accordance with professional codes, standards, and federal/provincial regulations.
6. The OHN develops and maintains policies to ensure worker record are developed, stored, and retained in compliance with federal/provincial privacy regulations.
7. The OHN promotes justice by safeguarding human rights, equity, fairness, and the relevant legislation.
8. The OHN is accountable for their actions and answerable for their practice.

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