

# MEN <sup>IN</sup> <sub>HARD</sub> HATS

**We Can Dance if  
We Want to...**



**...But Don't Leave  
Our Friends  
Behind!**

**THE SAFETY  
DANCE**

# Mandatory Disclosure

- No relevant financial relationships with ineligible companies exist for anyone in a position to control content of this educational activity, including planners, planning committee members, presenters/instructors, authors, and content reviewers.
- To obtain contact hours, complete the evaluation survey for this course.
- The American Association of Occupational Health Nurses, Inc. (AAOHN) is accredited as a provider of nursing continuing professional development by the American Nurses Credentialing Center's Commission on Accreditation.

# Who Are You Listening To?

- 1999 - EMT-Basic (18-year-old Highschool Graduate)
- 2001 - Paramedic (Los Angeles County, CA)
- 2007 - BSN from California State University San Bernardino
- 2008-2013 - ER/Trauma Registered Nurse in Houston, TX
- 2012 - First OccMed job - BP Refinery, Texas City, TX as an RN
- 2013 - MSN/FNP from U. of Texas Health Science Center in Houston
- 2014 - Post-Masters Certification in Emergency/Trauma Medicine UTHSC-H
- 2014-2025 - OccMed NP Contractor and Employee to multiple companies:
  - Dow Chemical, Phillips 66, Tesla Motors, Exxon/Mobil, Chevron Philips Chemical, KBR, Bechtel, Zachry, etc.
- 2025 - Started *C.M.D Occupational Medicine* with fellow OccMed NP partner Derek Timbs (2026 AAOHN Stewardship Award Winner!)
  - So as far as commercial bias goes, I want my new company to grow and do well!
    - I'm not being paid to be here or to share this information. (I paid for a ticket too!)



# Underlying Problem:

- **There are very few schools offering focused training in OccMed for Nurses/NPs.**
  - Several are here in the Partner Pavillion – Would recommend checking them out!
- **Most OccMed training is done On-The-Job (OTJ)**
  - This makes finding opportunities to break into the field difficult.
  - Quality of training depends entirely on location and trainer!
- **OccMed is a very nuanced skillset:**
  - Takes a LONG time to see/learn/understand the patterns (minimum 6 months FTE)
  - Severe/difficult cases are typically rare, not many opportunities to see/experience/learn how to navigate through them.
- **“Soft Skills” are often more important/valuable in OccMed than “hard” science:**
  - **Professionalism** and work ethic
  - Oral and written **communication**
  - Critical thinking and **problem-solving** skills
  - Teamwork and **collaboration** skills<sup>1</sup>
- **Learning and practicing these soft skills allows us to “dance the dance” well.**

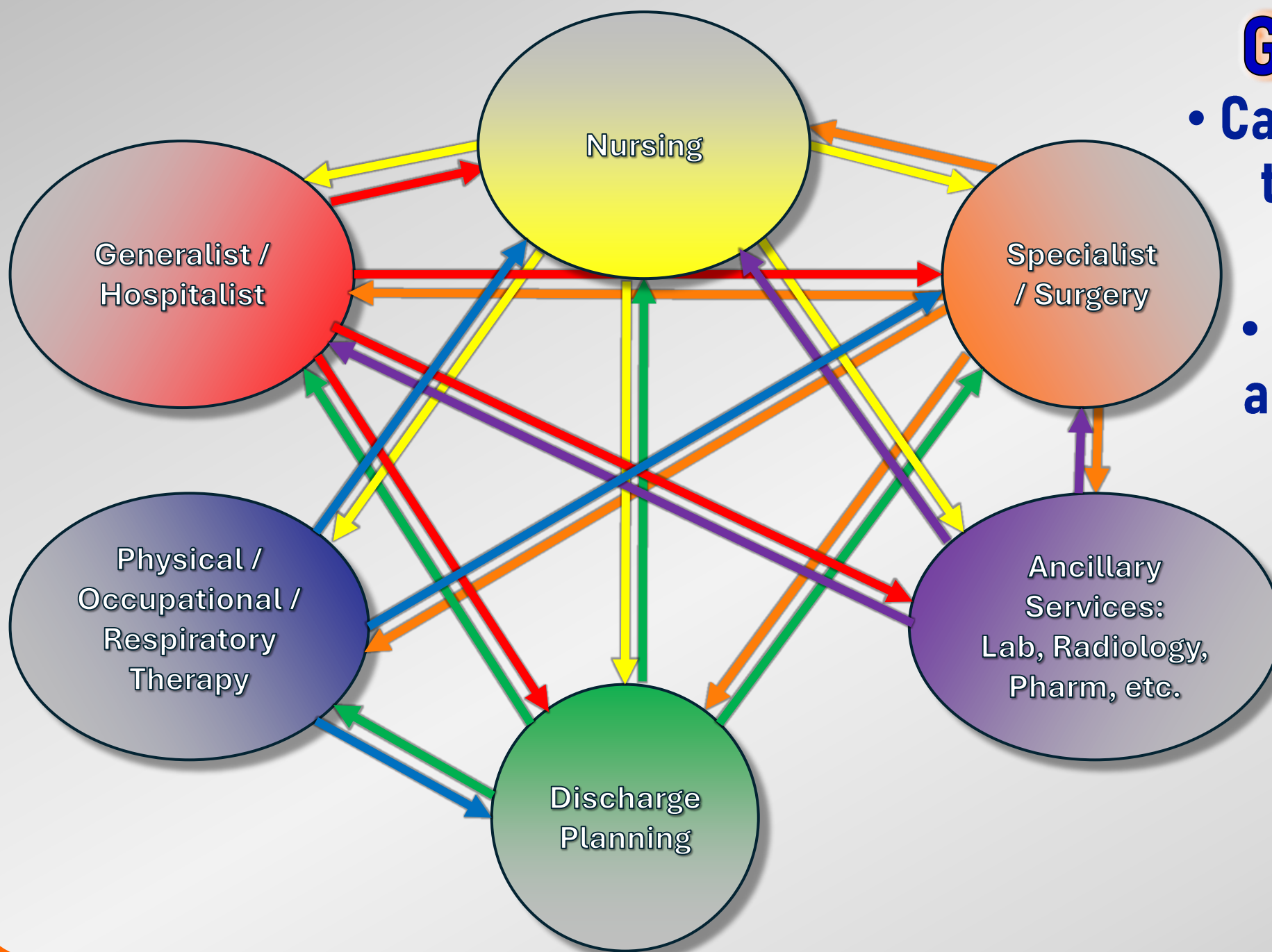
1: <https://www.dol.gov/agencies/odep/publications/fact-sheets/soft-skills-the-competitive-edge>

# Unique Element to OccMed:

- We serve **MULTIPLE** masters, all the time!
- **For Example: The Urgent Care Provider has one priority (master) – the Patient.**
  - Worry less about Insurance Carrier, the patient's employer, etc.
- **In Occupational Medicine:**
  - We have **MULTIPLE** stakeholders, team members and collaborators whose needs and priorities must be addressed.
- **These other stakeholders ARE NOT MEDICAL PROFESSIONALS!**
- **Every professional group has its own language...**
- **To be effective in our role as OccMed Nurses, we need to reach across to other stakeholders and effectively communicate with them in THEIR PROFESSIONAL LANGUAGE! (Not in OUR medical language!)**
- **This is one of the most difficult and nuanced elements to learning how to be effective in Occupational Medicine**

# Grand Rounds

- Can draw an example to inpatient hospital “Grand Rounds”
- Multiple specialties and services need to coordinate with common goal of Patient Recovery and Discharge.
- All Speaking the Same Professional “LANGUAGE”!



# OccMed Case Management:

- Multi-faceted TEAM approach.
- Parable of the Blind Men and the Elephant...

**NONE** of these groups  
speak the same  
“LANGUAGE”!

Safety  
Department /  
Professionals

Occupational  
Medicine

**WORK-  
RELATED  
INJURY**

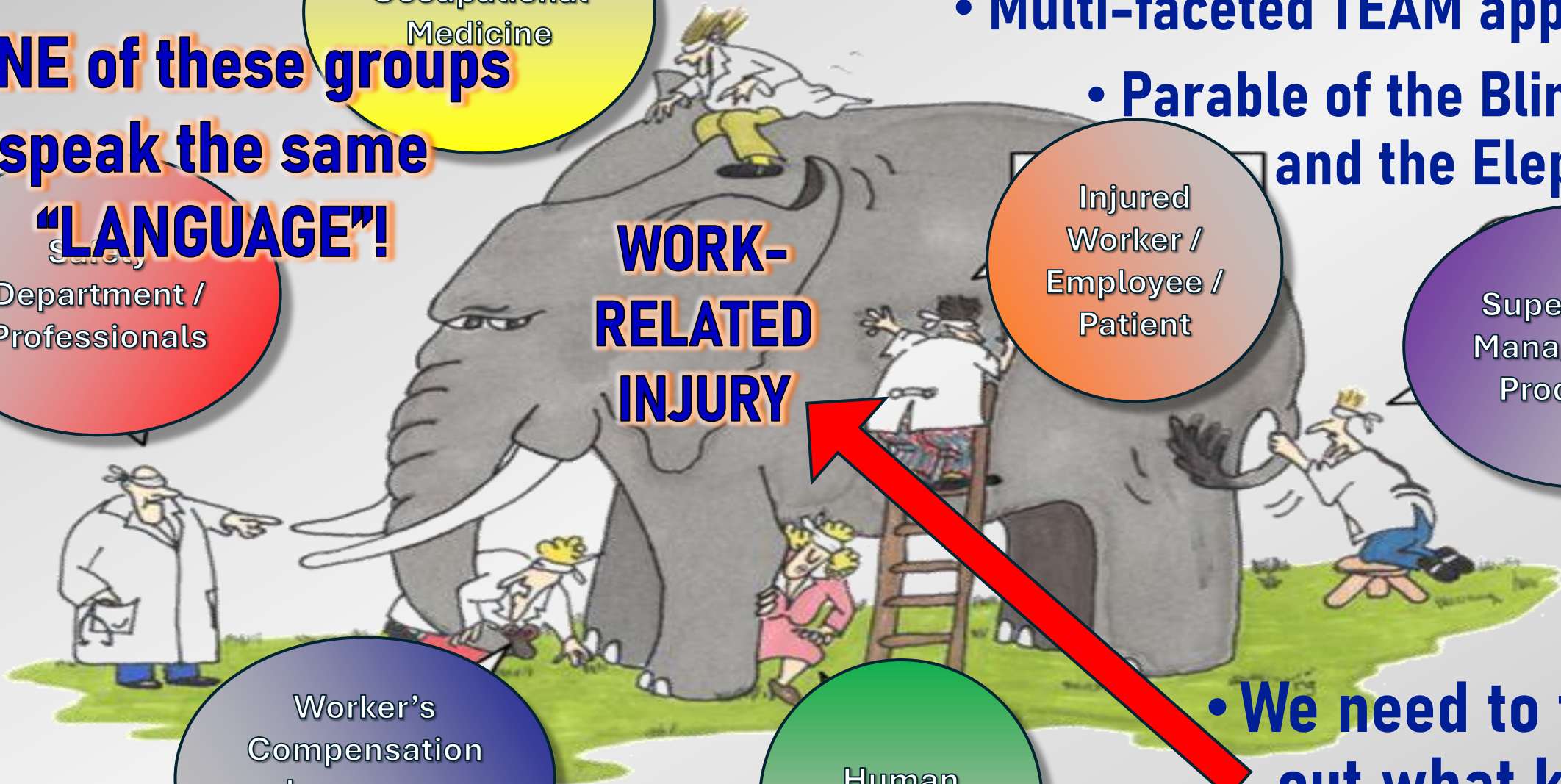
Injured  
Worker /  
Employee /  
Patient

Supervision /  
Management /  
Production

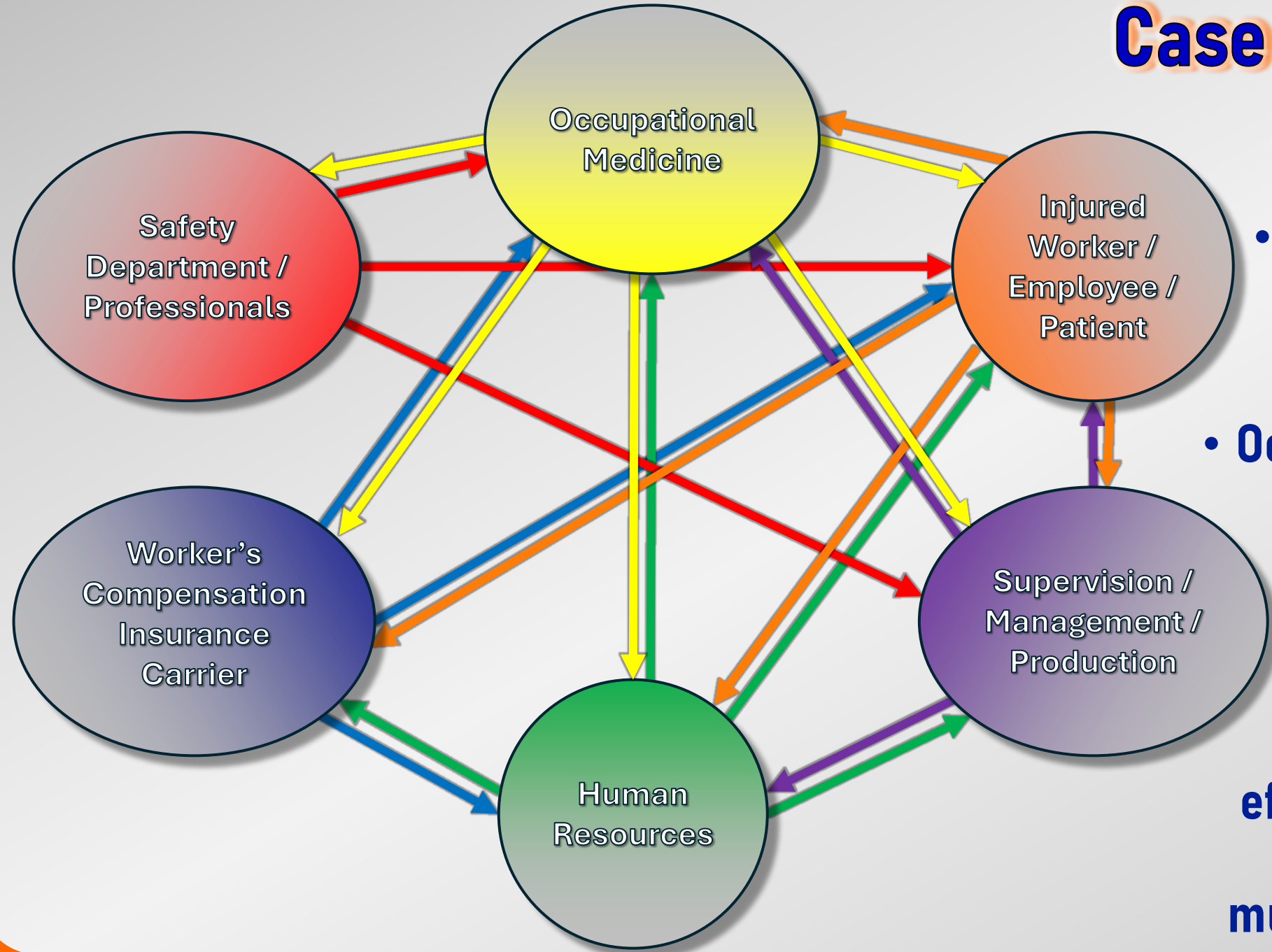
Worker's  
Compensation  
Insurance  
Carrier

Human  
Resources

• We need to figure  
out what kind of  
“Elephant” our case is!

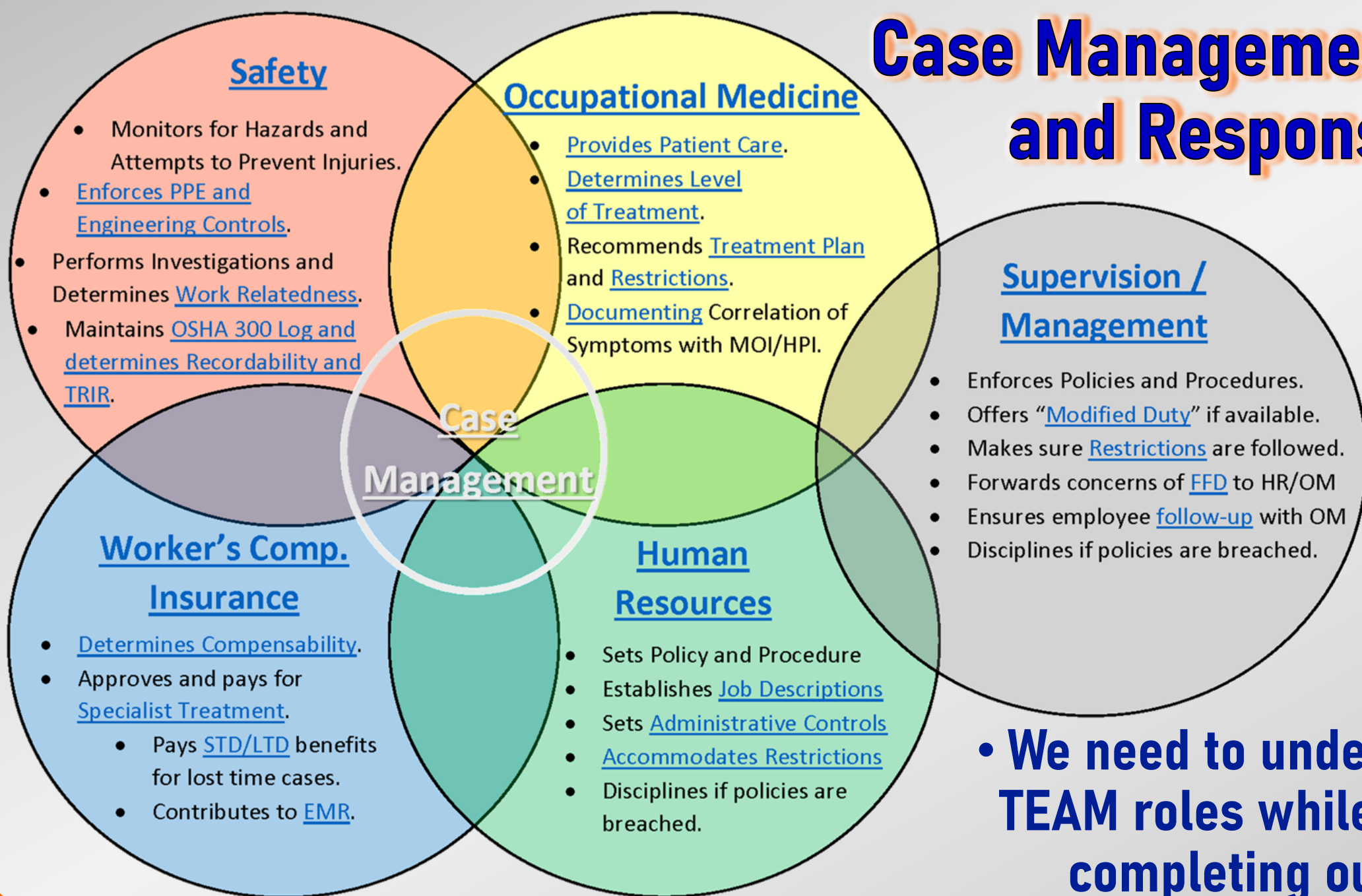


# Case Management Stakeholders



- **Communication is KEY**
  - We can't resolve cases unilaterally.
- **Occupational Medicine is unique in that we must communicate with ALL other stakeholders**
  - And it is part of OUR skillset and training to effectively communicate and collaborate with multi-disciplinary teams.

# Case Management Roles and Responsibilities



- **We need to understand other TEAM roles while focusing on completing our roles well.**

# A Match Made in Heaven:

- In Nursing we have a big preference and priority to PREVENTION.
- We believe that “an ounce of prevention is better than a pound of cure”.
- However, our medical system is skewed towards being reactive, and is often limited in its ability to be proactive.
- This is where **Safety Professionals** become the yin to our **Occupational Medicine** yang.
- Different perspectives with the same goal.
- Similar to multi-disciplinary teams in hospital settings.
- Best outcomes when we “dance” well together.



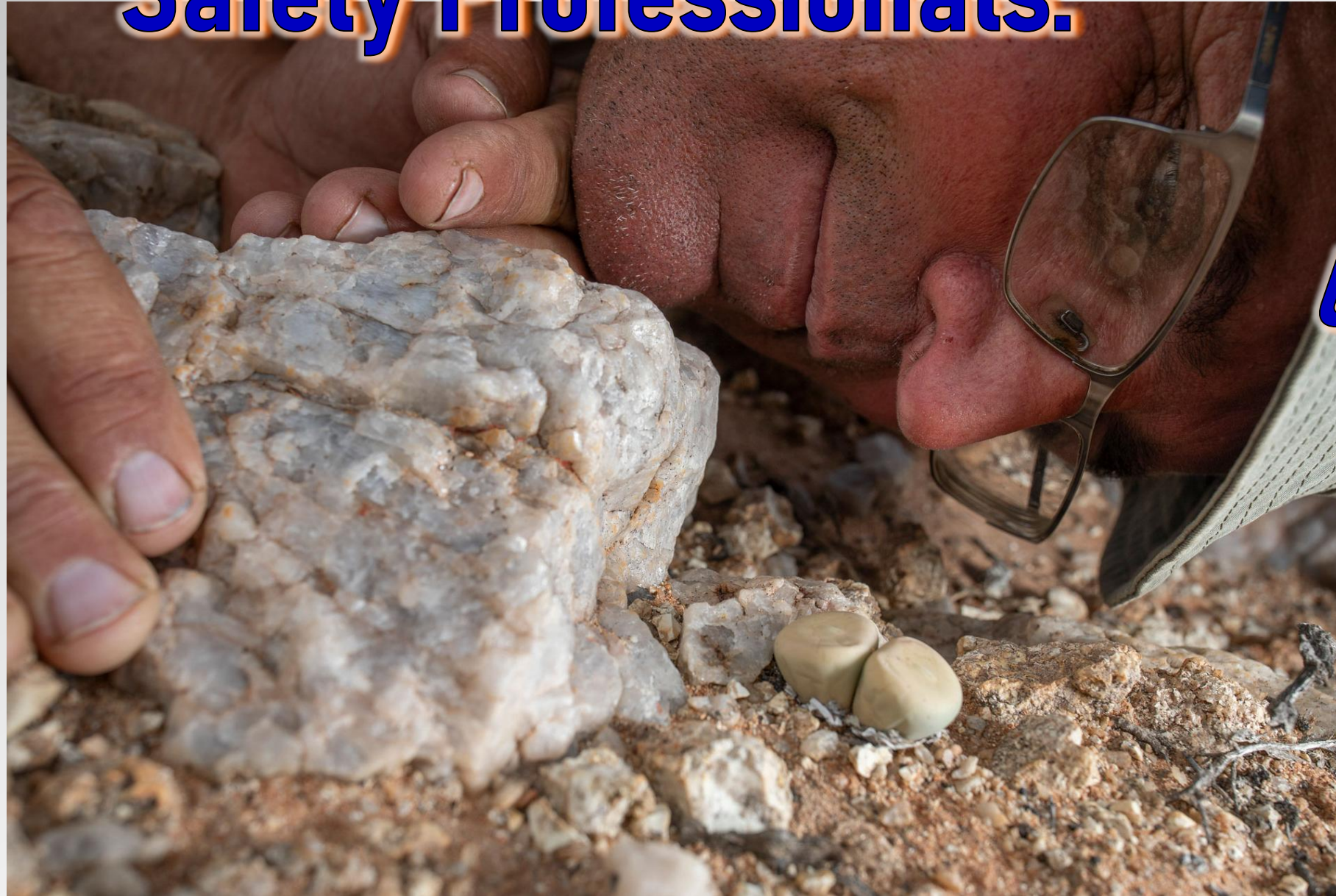
# Bridge the Gap, Learn the Dance!

- **There are two options to span the divide between the two specialties:**
  - Option 1: GET OUT IN THE FIELD!
    - *Bring OccMed into Safety's world:*
    - *OccMed providers/nurses can learn more about Safety's language, priorities, goals, functions, processes, etc.*
    - *Helps us become better teammates and collaborators with them in what they need from us.*
  - Option 2: BRING THEM IN THE CLINIC!
    - *Bring Safety into OUR world and teach them about our language, priorities, goals, functions, process, etc.*
    - *Helps them to become better teammates and case management collaborators.*

- **The goal of this discussion is to do Option 1**
  - Bring you into the Safety World
- **But also show how we are doing Option 2**
  - Ways you can bring Safety into YOUR world
- **This is how to learn the "Safety Dance"**



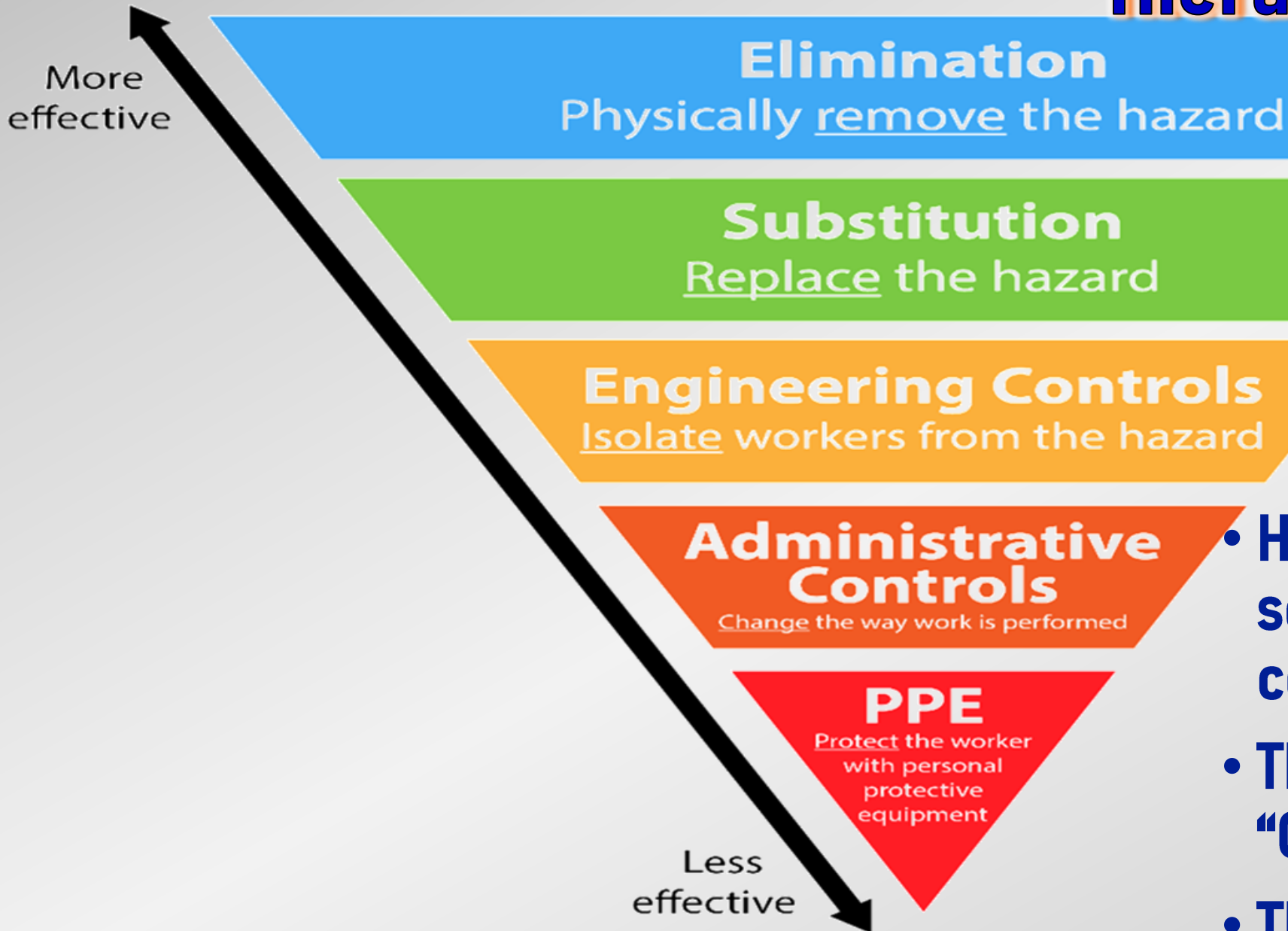
# Safety Professionals:



***Finding a  
Hazard  
Under Every  
Rock!***

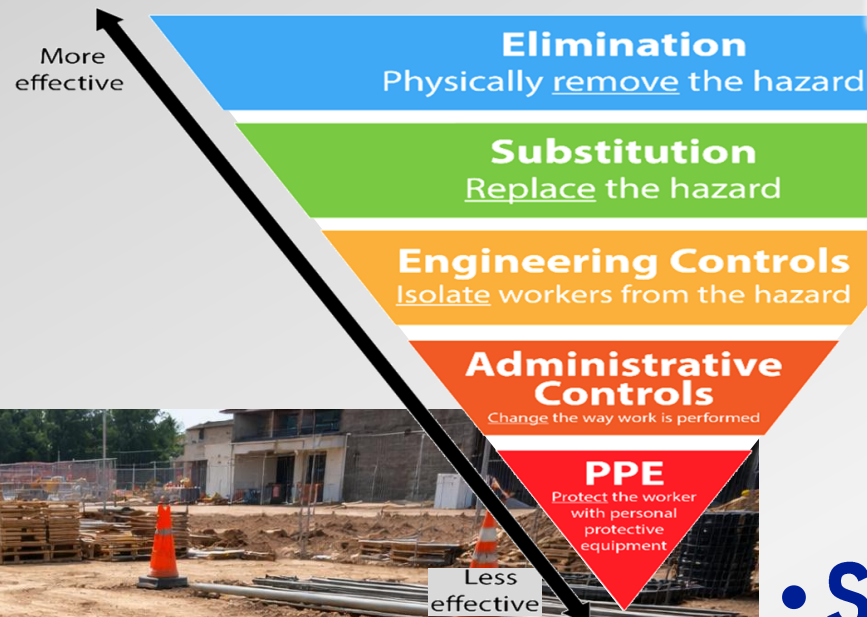
- **And then preventing someone from being harmed by it!**

# Hierarchy of Controls



- How many of you have seen this diagram / concept before?
- This is not normal “OccMed” language.
- This is Safety language.

# Hierarchy of Controls

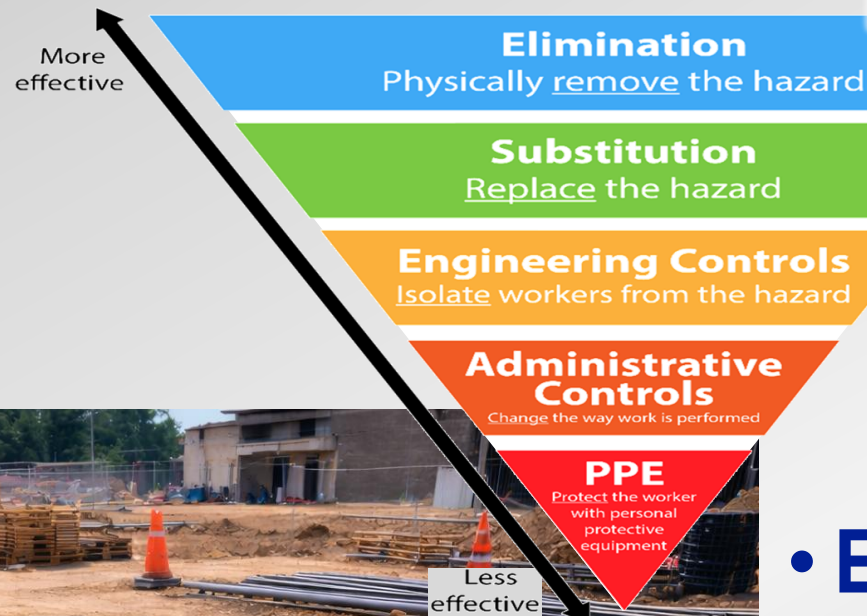


- **Safety identifies a workplace hazard**

- ANYTHING that is capable of causing injury or damage.

**BIG HAZARD!**

# Hierarchy of Controls

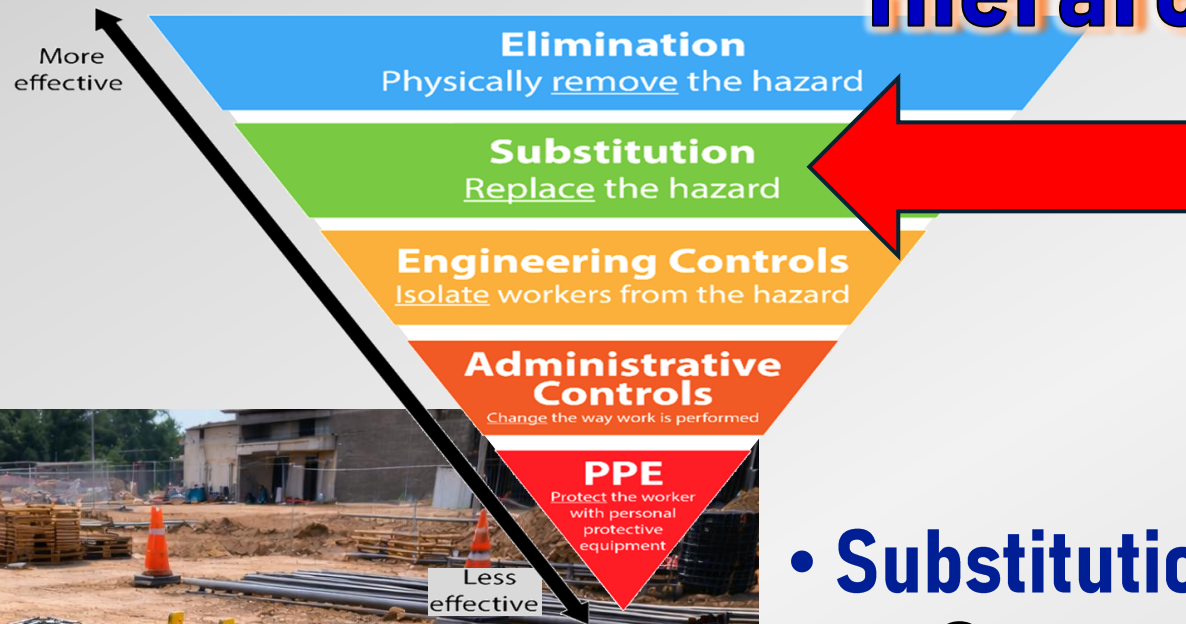


## • Elimination:

- Can you completely remove or eliminate the hazard?
- If “Yes”:
  - *No more hazard!*  
*Mission Accomplished!*
- Not usually possible to eliminate completely.



# Hierarchy of Controls

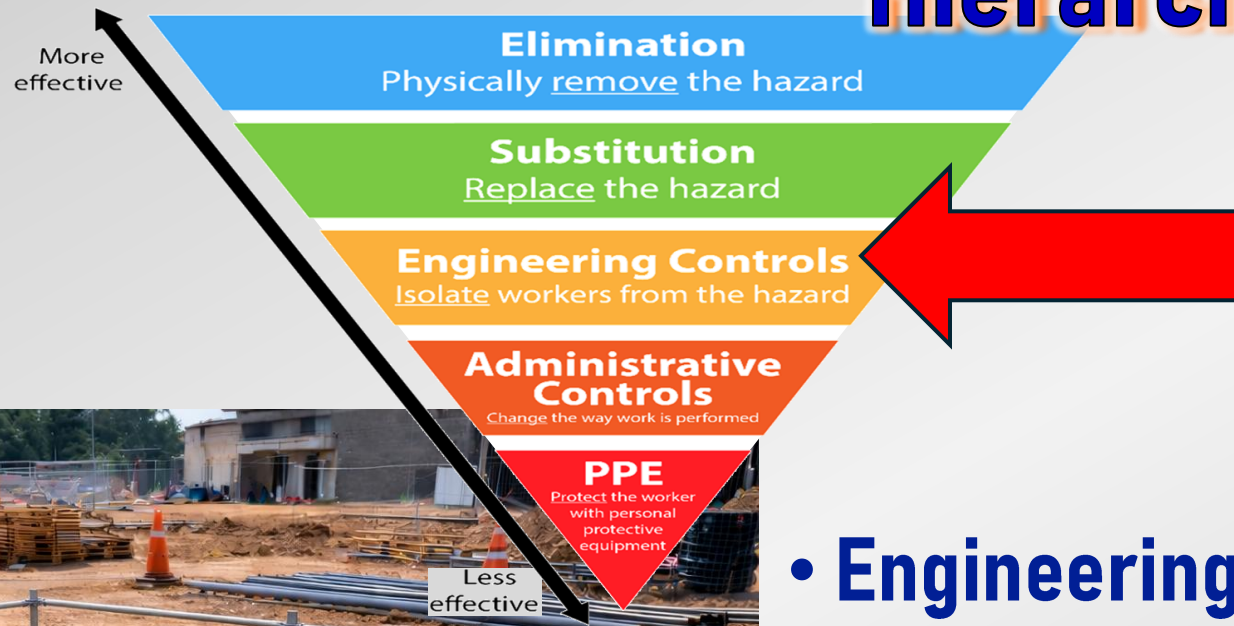


## • Substitution:

- Can you exchange the hazard for something less hazardous?
- Example: Using inert gas (nitrogen) to purge hydrocarbons pipes before doing hot work (cutting/grinding/welding).



# Hierarchy of Controls

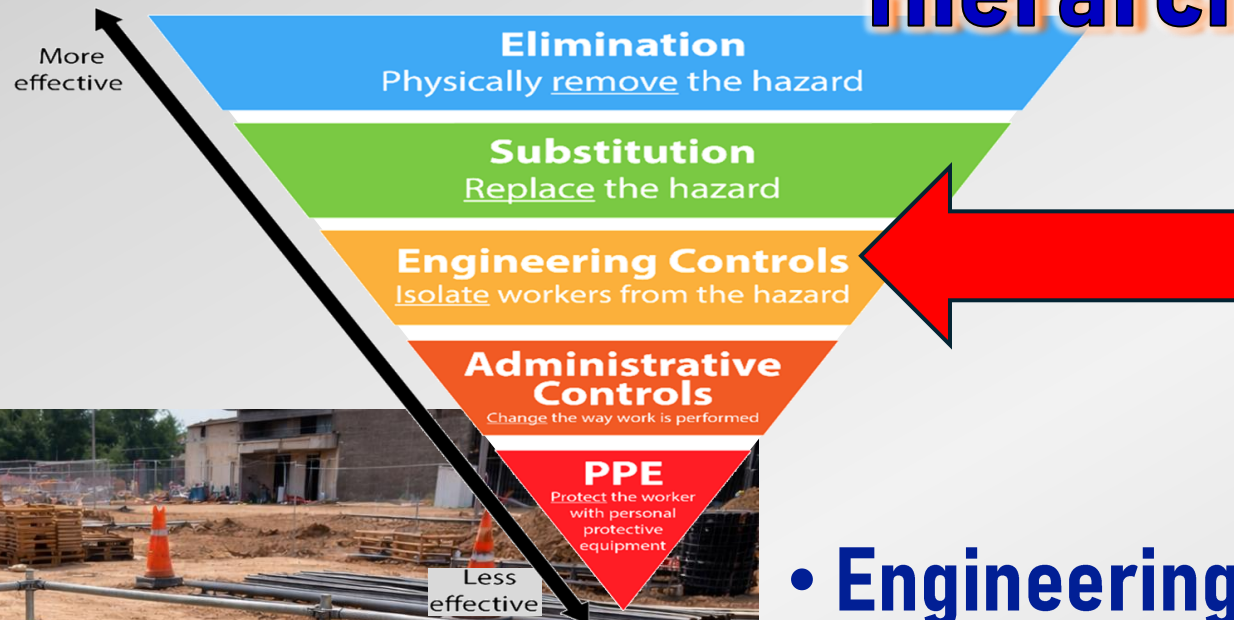


## • Engineering Controls:

- Can we build something that will reduce the hazard?
- Barricades for trenches
- Valves / blinds to isolate process pipelines.
- Tool tethers to prevent dropped objects.



# Hierarchy of Controls

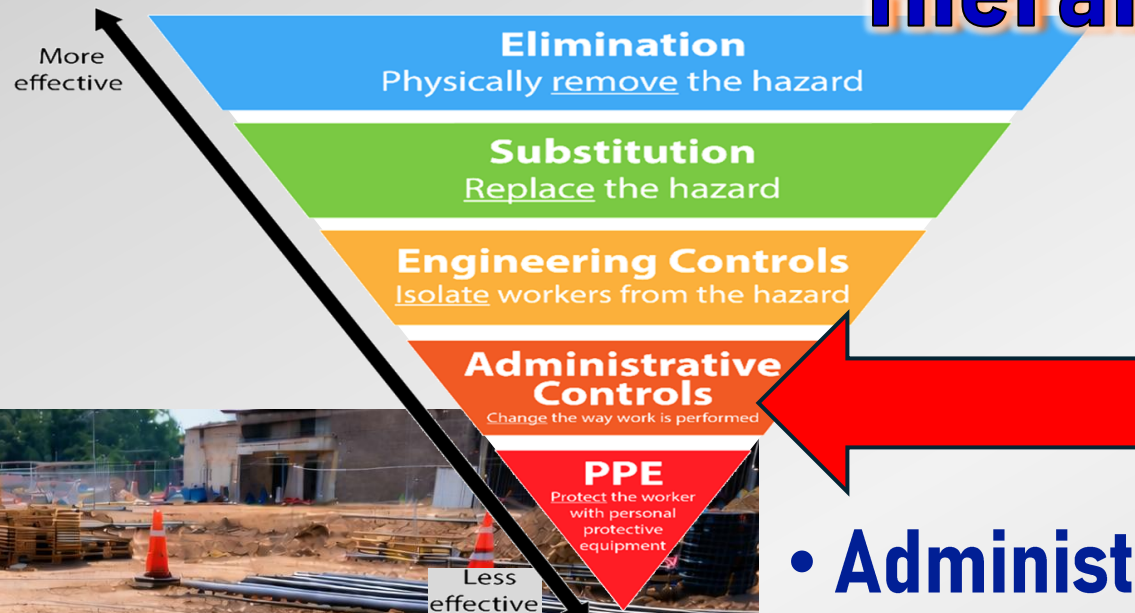


## • Engineering Controls:

- Can we build something that will reduce the hazard?
- You can have more than one engineering control per hazard
- “Mo contro is mo betta.”



# Hierarchy of Controls

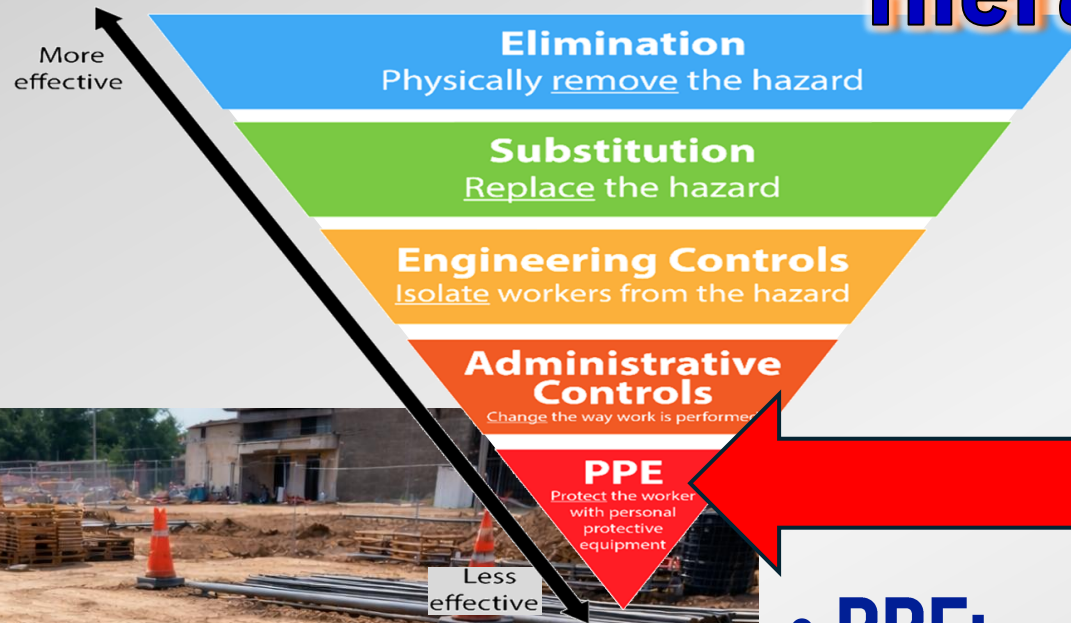


## • Administrative Controls:

- Rules, Regulations, Policy, Procedures to guide behaviors that reduce hazards.
- Potentially difficult to promote / enforce.
- If violated, may require corrective action.



# Hierarchy of Controls



## • PPE:

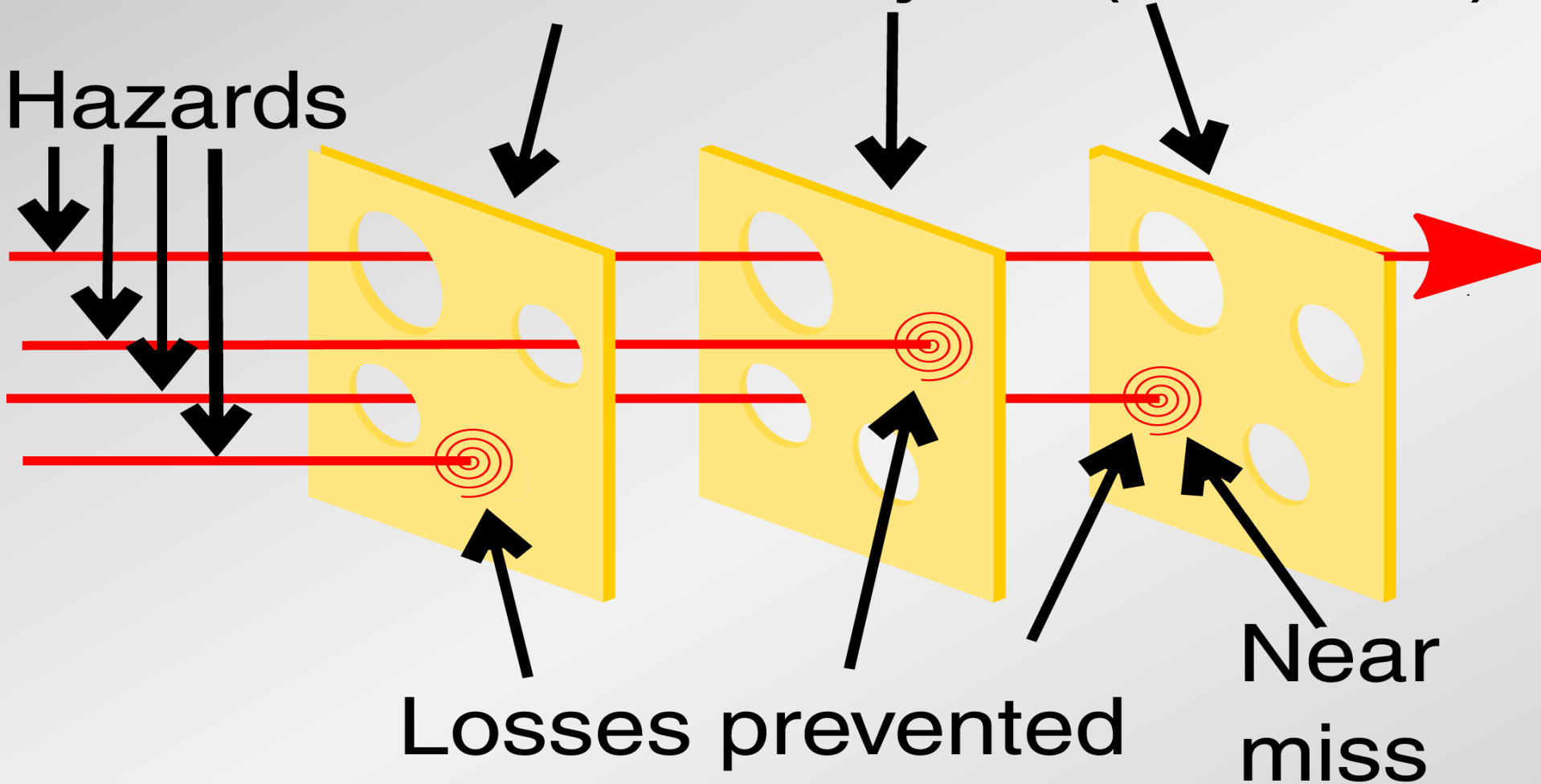
- Last line of defense.
- Potentially difficult to promote / enforce.
- If violated, may require corrective action.
- May be “least effective” but can still save lives!



# Swiss Cheese Model<sup>2</sup>

Defensive Layers (Controls)

Hazards



- What happens if the Hierarchy of Controls fails to prevent a hazard?
- An Event Occurs and **SOMEONE GETS HURT!**

# Safety's Perspective

- **“Everything is a Hazard” – Paranoid? Maybe. But PAID TO BE SO!**
- **Priority is PREVENTION of these hazards causing harm/injury.**
- **If prevention fails, then focus shifts to investigation/analysis:**
  - How did it happen and how do we prevent it from happening again?
- **There is a common assumption that ALL injuries SHOULD be preventable!**
  - This gives us the “Target Zero”, “Goal Zero”, “No Injury” goals and culture.
  - Even though these goals are theoretically possible over a short timespan, it is nearly impossible over long stretches of time (the law of large numbers)<sup>2</sup>
  - Also due to this belief, there is a presupposition that IF an event occurs, then SOMEONE failed or is at fault.
- **This risk of fault/failure also spills over to the medical treatment:**
  - If we need to treat beyond first aid and therefore trigger a recordable injury – this may be perceived as an even greater fault/failure.

# Quick Review of Recordability



- We all know that “**RECORDABLE** injuries” are “bad” for multiple reasons.
- Recordability depends greatly on the **MEDICAL TREATMENT LEVEL** provided.
- This is where **SAFETY** Professionals can become very skittish and leery of **MEDICAL**:
  - Since Safety is not usually medically trained, they don’t understand why we do what we do!
  - If the medical provider is not Safety/OSHA sensitive, usually results in treatment beyond first aid. (i.e.: Emergency Medicine)

# Training Imbalance

- **There are MANY more Safety Professionals than Occupational Medicine providers!**
  - According to Bureau of Labor Statistics, there were 163,700 SP's in 2024 and is growing by 12%!<sup>3</sup> Estimated to grow by nearly 20,000 in the next 10 years!<sup>3</sup>
  - AAOHN has 3,200 members in 2024<sup>4</sup>. Estimates are that there are 12,300 RNs in OccMed<sup>5</sup>
  - ACOEM has up to 6,000 members, but only 3,000 practicing OccMed specialized providers<sup>6</sup>, with only 1,440 board-certified OEM physicians in the US.<sup>7</sup>
- **This is roughly a 10:1 ratio of Safety Pros to Occupational Medicine providers.**
- **How do we tap into the large pool of Safety Professionals and teach them how to dance?**
  - It's about sharing our information and language.

4: <https://www.dol.gov/agencies/odep/publications/factsheets/soft-skills-the-competitive-edge>

6: <https://www.zippia.com/occupational-health-nurse-jobs/demographics/>

5: <https://www.aaohn.org/About/>

7: <https://www.mordorintelligence.com/industry-reports/united-states-occupational-health-market>

8: <https://www.statnews.com/2024/10/14/oem-occupational-environmental-medicine-physician-shortage/>



# Teaching OccMed's Dance to Safety!

- *C.M.D Occupational Medicine* is bridging the gap by focusing on bringing **SAFETY Pros** into our world of **OCCUPATIONAL MEDICINE**
- We have built a training program for **SAFETY Pros** to become certified as *Occupational Emergency Medical Responders (OEMR)*
  - This gives them more knowledge about medicine and understanding medical decision making. Also promotes emergency medical treatment skills.
  - Allows **SAFETY** to be an even larger asset to **OCCUPATIONAL MEDICINE** by providing correct and advanced emergency care immediately on-scene
  - Improves Case Management collaboration with improved communication, data gathering, etc.
  - **THIS IS DANCING THE SAFETY DANCE!**



# Teaching Safety's Dance to OccMed!

- We've also built a program *Advanced Training in Occupational Medicine (ATOM)*! to assist medical providers to expand and grow in Occupational Medicine knowledge and skills.
- **Great for providers who are interested in entering the specialty for the first time**
  - Provide minimal competency and understanding of OccMed nuance
    - including Case Management and understanding how to work with Safety
- **Can be utilized for or for routine competency or Quality Improvement of an already existing Occupational Medicine department.**



- **Could also provide the means for a business/industry to develop their own internal Occupational Medicine Program and establish competency and process standards.**



# Safety Dance Like a Pro

- If you've ever watched an experienced dancer, it doesn't matter who their dance partner is...
- An experienced dancer knows all the moves so well, that even if their partner moves in an unexpected way, they can respond accordingly.
- We can make our Case Management look just as smooth with practice, better communication and understanding of what our dance partner is doing and why.
- If we can anticipate our partner's moves, we can make a very difficult process look smooth and easy!



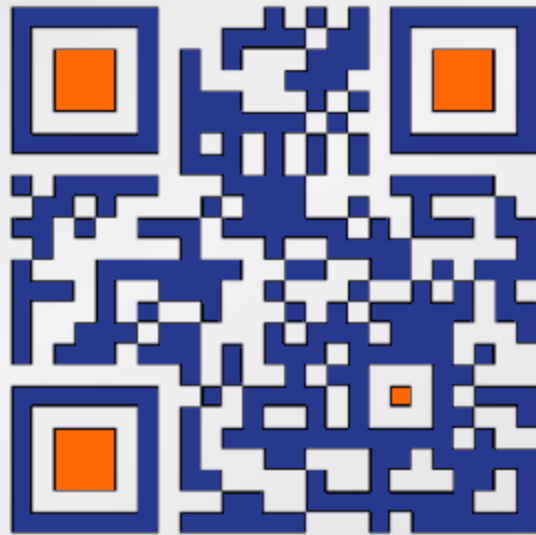
# References

1. <https://www.dol.gov/agencies/odep/publications/fact-sheets/soft-skills-the-competitive-edge>
2. [https://en.wikipedia.org/wiki/Swiss\\_cheese\\_model](https://en.wikipedia.org/wiki/Swiss_cheese_model)
3. [https://en.wikipedia.org/wiki/Law\\_of\\_large\\_numbers](https://en.wikipedia.org/wiki/Law_of_large_numbers)
4. <https://www.dol.gov/agencies/odep/publications/fact-sheets/soft-skills-the-competitive-edge>
5. <https://www.aaohn.org/About/>
6. <https://www.zippia.com/occupational-health-nurse-jobs/demographics/>
7. <https://www.mordorintelligence.com/industry-reports/united-states-occupational-health-market>
8. <https://www.statnews.com/2024/10/14/oem-occupational-environmental-medicine-physician-shortage/>

***Thank you for attending and participating!***

***For more information, follow us at:***

***CMDocc-med.com***



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