This presents a brief history of programs for accrediting occupational health activities with discussion of weaknesses and strengths. The relatively short life of the Occupational Health/Safety Program Accreditation Commission is reviewed with emphasis on its charge, goals and accomplishments. The mechanisms for accrediting Occupational Health and Safety Programs is described and some reasons for seeking accreditation are given.

Occupational health/safety program accreditation commission

JEREMIAH R. LYNCH and JOHN A. PENDERGRASS
Division of Physical Sciences and Engineering, National Institute for Occupational Safety and Health, Center for Disease Control, Public Health Service, Department of Health, Education, and Welfare, Cincinnati, Ohio; *3M Company, St. Paul, Minnesota.

In the next few minutes I want to introduce you to the Occupational Health/Safety Program Accreditation Commission by telling you the what, the how and the why. By what I mean, what it is in terms of where it came from and what it's all about; the how of accreditation as it applies to occupational health and safety programs, and to some degree to answer the questions "Why should we bother?" "Who needs it?" and "Why do we do it?"

To begin with, what is the Occupational Health/Safety Program Accreditation Commission? Some years ago the Occupational Health Institute of the Industrial Medical Association, known today as the American Occupational Medical Association (AOMA), had an accreditation program for occupational health programs. This program included standards for qualifications of people who operated the program and other general standards for its quality, but it lacked the depth of review and surveillance necessary to fully evaluate those being accredited. The program became moribund. Many certificates of accreditation had been issued but no re-evaluations had been made, and it was doubtful whether extant certificates were of value. The Occupational Health Institute then decided to look into the matter of revitalizing the program so that there would be a better benchmark against which occupational health programs could be measured. An ad hoc group of the following seven professional societies was created: the Industrial Medical Association (now American Occupational Medical Association), American Association of Industrial Nurses, Health Physics Society, American Academy of Industrial Hygiene, American Conference of Governmental Industrial Hygienists, American Industrial Hygiene Association and the American Academy of Occupational Medicine. From the beginning you can see that OHSPAC had a broad base encompassing not only occupational medicine, but also industrial hygiene, health physics and industrial nursing. Building on this broad base, the ad hoc committee then proceeded to develop a preliminary document that would contain the standards and audit criteria necessary to be used to evaluate applicants for accreditation and a procedure to start these on a comprehensive review and evaluation process. I'll say more about the content of the standards and audit criteria later.

The very successful program of the Joint Commission on the Accreditation of Hospitals was used as a model. It was recognized very early in the development process that no professional involved in any particular occupational health program need necessarily be the dominant profession. We proceeded as equals recognizing that in any situation one or the other of the several professions represented might have overall responsibility for a program.
while each of the professionals involved would be wholly responsible for his or her area of expertise. The initial draft of the standards and audit criteria for a discipline were prepared by the OHSPAC representative of that individual professional society. It was reviewed by members of each professional society and by the other members of OHSPAC. The goal of this process was to develop these documents into valid survey instruments and to make them consistent and responsive to the needs of employer and employee.

It then became apparent that this overwhelming task was not likely to be accomplished in a reasonable time using the volunteer labor available to this committee. We therefore welcomed the opportunity to submit a proposal on a NIOSH contract to develop an accreditation program similar to the one on which we were working. Our proposal was successful; we were awarded the contract. Operating through the Occupational Health Institute we subcontracted with Dr. Raymond Suskind and his staff at the Kettering Institute, University of Cincinnati, Cincinnati, Ohio. Their task was further development and review of the standards and audit criteria. They also tested the standards and audit criteria in a number of establishments. This effort confirmed that we were on the right track and that these audit instruments would indeed serve the purpose that we had intended.

I should mention that this Occupational Health Institute/Kettering contract is not to be confused with a later contract, also let by NIOSH, with the Joint Commission on the Accreditation of Hospitals. The Joint Commission on the Accreditation of Hospitals contract was to develop an accreditation program that would be broader in scope but less intensive and without the depth of evaluation that we intended in the OHSPAC program. It is possible that the OHSPAC and JCAH programs may be supportive of one another. One final element to this story is the addition of the American Society of Safety Engineers to OHSPAC in late 1975. At that time we changed the name from the Occupational Health Programs Accreditation Commission to the Occupational Health/Safety Program Accreditation Commission. This is in recognition of the necessity to include safety within the overall accreditation mechanism so that we would encompass all that is relevant to the well-being of workers. While we are proceeding with an accreditation program based on the document that was developed through the NIOSH contract, which does not include safety, we are working as rapidly as possible with the ASSE to develop a safety component of the accreditation package.

A brief review of the accreditation mechanism is desirable. We are engaged in an extensive public awareness effort to let everyone who ought to be interested know of the voluntary accreditation program and how they can participate. When an employer applies for accreditation for an individual establishment, plant, factory, etc., we accept their initial fee and send them the OHSPAC “Standards, Interpretation and Audit Criteria.” This text explains what are considered appropriate standards and their interpretation. Following each standard are questions to be answered by the establishment. It is immediately apparent that any set of standards the Commission might develop and any list of questions that we might ask would be more applicable to some employers than others. The whole program is conducted very much on “If the shoe fits, wear it” basis. For example, there is no requirement for health physics competency in an establishment with no radiation hazard. Each attribute (equipment, personnel and facilities) is judged on the basis of the health problems that exist in the establishment being considered for accreditation. When the lengthy standards and criteria document is completed, it is returned to the Commission for critical examination and evaluation by a panel to determine the next step. If there are major deficiencies that need correction before accreditation, these are summarized by the panel for the applicant with the suggestion that further work be done before proceeding. The Commission feels this will avoid unproductive work toward accreditation by both the applicant and OHSPAC. More importantly, the applicant now has a professional or peer review of its own occupational health and safety program by a panel of eminent professionals. The panel of experts has indicated where it believes further work is needed before the program is ready for accreditation. The very highest level of consultation is a part of the accreditation program of OHSPAC.

If the panel of experts decide from reading the completed questionnaire that there is a possibility or likelihood that accreditation will succeed, the next stage is initiated.
A site visit team is chosen from a large group of professionals who have been recruited and selected by the Commission. Selection for the site visit pool is based on professional competence, willingness to serve and geographical location. The site visitors are all trained in the procedures to be used in evaluations. The professionals chosen for a particular site visit team will depend on the kinds of hazards expected in that establishment. The time necessary for the team to complete the site visit will depend on the size and complexity of the establishment.

The intention of the site visit team is not to perform an industrial hygiene or occupational health survey. The establishment is requested to list its hazards in a questionnaire. The site visit team must determine whether the establishment has recognized their major potential hazards; they must evaluate the establishment’s knowledge of hazards and the appropriateness of their professional staff. One test site visited was a large clothing manufacturing plant that believed there were no hazards. But the site visitors found, in addition to a number of safety hazards, conditions where noise, heat, cleaning solvents and other chemicals were potentially hazardous.

The site visit is not intended to evaluate the physical conditions of the establishment relative to the potential hazards. Rather it is aimed at evaluating the quantity and competence of the professional staff and the policies, procedures, facilities, etc., that the professional staff can rely on for support. Accreditation is based on the hypothesis that if competent professionals proceed in an active way to control health and safety hazards in an environment that is sympathetic and responsive to that cause, the job will get done.

In the next stage of the process, an accreditation panel reviews the results of the site visit. If satisfactory, accreditation will be conferred, and if not, there will be feedback to the applicant pointing out the necessary improvements. The purpose of the program is to accredit employers, not reject them; however, accreditation may be delayed until improvements are made and re-evaluation completed. Thus, there may be back-and-forth consultation with the panel of experts on the Commission, the site visitors, and the professional staff of the applicant institution to agree that high standards set by the accreditation program have been met.

What are these standards? To begin with, the document is divided into five sections: hygiene, and health physics. Safety will be added as soon as that section is completed. The individual sections, while tailored to the particular issues and disciplines they address, have many elements in parallel. The administrative section deals with policy, organization, program review, regulatory compliance and facilities. The other sections—medical, nursing, industrial hygiene and health physics—deal with policy, staff, facilities, equipment, some elements of specific practice, education, records, emergency or disaster preparedness and internal evaluation.

Using the industrial hygiene section of the document as an example, the first “policy” standard with the industrial hygiene section states that the philosophies and goals of the industrial hygiene program shall be expressed in a written policy. This policy shall be recognized, accepted and incorporated into the overall policies of the Occupational Health Program of the establishment and that the policy shall be reviewed at regular intervals.

Following this statement of policy is a section on interpretation that explains the need for the policy and the relationship of the Industrial Hygiene Program to other units within the overall Occupational Health Program. It states, in part, that although an Industrial Hygiene Program may function effectively in a number of different organizational arrangements, strong management support for essential activities should be clearly identifiable and be included in annual budgets. Recommendations related to industrial hygiene should not be rejected without adequate review by several levels of management.

Following the policy statement and its interpretation, there are nine questions which, when answered, will enable the accreditation panel to make a preliminary determination on whether the policy is adequate. These are: does the policy exist, is it accepted, does it incorporate industrial hygiene as a part of the overall Occupational Health Program, is the policy reviewed, is industrial hygiene integrated into other management functions such as personnel and labor relations, engineering practices, marketing and sales procedures? Throughout the document, in each of the five sections, every standard has an interpretation section and proposes questions that will permit evaluation of the policy for content and implementation.
Another important aspect that I want to discuss is the answer to the question, "Why should I become accredited?" This is not an easy question to answer. Every accreditation program must go through a period of testing until it becomes established and accepted by all interested parties. The Commissioners believe that voluntary accreditation of occupational health and safety programs will compare in significance with the status and prestige of accreditation of hospitals and educational institutions. Just as physicians and educators shun association with institutions that are not accredited, soon industrial hygienists, safety professionals, health physicists, occupational physicians and industrial nurses will expect their programs to be recognized for quality assurance. Accreditation confirms that standards of professionalism and competence have been met. The employer, the staff, the public, the governmental agencies all have a reference for comparison. An outside group using published standards and criteria has investigated, evaluated and graded the entire occupational health and safety program and found it satisfactory. Accreditation will improve the image of the employer to its employees and to the community. Maintenance of accreditation with its periodic peer review is a powerful incentive for all staff members.

There are some things accreditation cannot accomplish. Accreditation by OHSPAC cannot dramatically change industrial relations. It should, however, be a positive factor in demonstrating to employees and union leadership that the employer has the desire and capability for excellence in health and safety. OHSPAC accreditation will not prevent OSHA compliance inspections. It cannot guarantee that there will be no OSHA citations. However, the manager with an OHSPAC accredited program can be confident that seriously hazardous conditions should not exist. Accreditation should be recognized by OSHA, by courts and by compensation commissions as evidence of good faith. Accreditation will not prevent legal action, but it should mitigate judgments. Accreditation by OHSPAC is not cheap. It costs time for the staff seeking accreditation. OHSPAC must be self-supporting, therefore, fees must be charged to applicants. OHSPAC accreditation is not expensive. If an employer were to purchase the professional service that is a part of the accreditation process, the cost would be far greater than the fees charged by OHSPAC.

In conclusion, if we as professionals accept the necessity and desire for repeated critical evaluation, we should embrace the Occupational Health/Safety Program Accreditation Commission. It is the only mechanism for critical evaluation of the professionals who protect the health and safety of workers.