

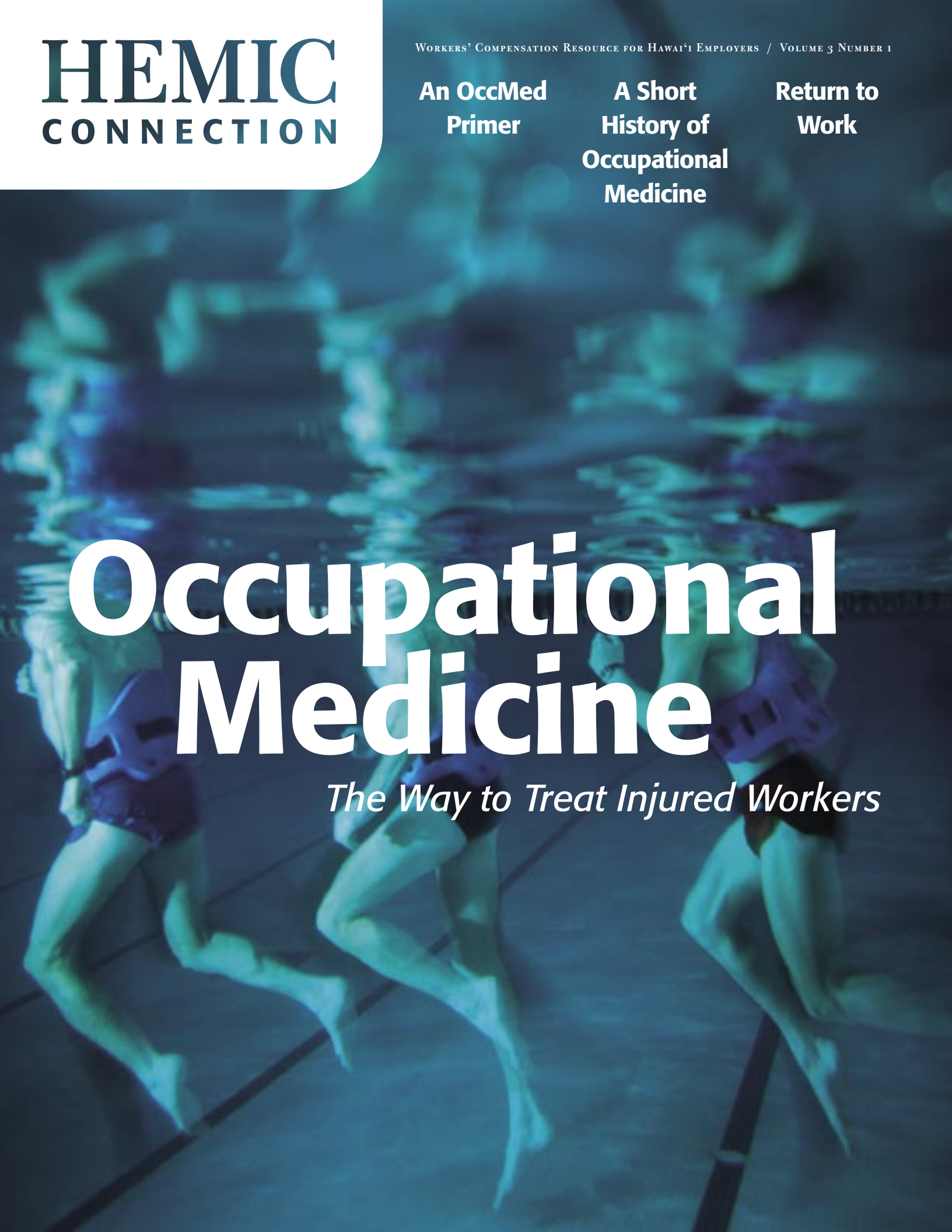
**An OccMed
Primer**

**A Short
History of
Occupational
Medicine**

**Return to
Work**

Occupational Medicine

The Way to Treat Injured Workers



PRESIDENT'S MESSAGE



Dear Members,

In our work with our insureds, we at HEMIC spend a lot of time helping employers to improve workplace safety by helping them to create a safety program and by offering free safety seminars throughout the year. Fewer injuries mean fewer claims. That's good for member-owned HEMIC, good for the employers who benefit from better safety records which may translate to lower premiums, and good for the employees who avoid needless pain and suffering.

But even with the best of safety programs in place, and with the best intentions of managers and employees, accidents do happen. Part of what we do at HEMIC is to help our members prepare for the process of dealing with an accident before a crisis occurs. After all, Loss Prevention is more than making a safe workplace: it involves having a plan for getting the injured employee the best and fastest care possible. It also involves a good return-to-work program to get the injured employee back on the job as soon as possible.

In this edition of HEMIC Connections, we take a look at Occupation Medicine: what it is, how it differs than other forms of treatment, and how a good Occupational Medicine program may be right for your workplace. We'll take a look at how timely communication with your employees can help them get the care they need in the event of an accident. Because the worst time to be talking about an employee's treatment options is in the heat of a crisis when time is of the essence.

I encourage our insureds to learn all they can about this exciting trend in treatment for work-related injuries, and to learn how best to communicate these options to your employees. As always, if you have questions about these issues, don't hesitate to contact us. At HEMIC, our policy is taking care of Hawaii.

SINCERELY,

ROBERT L. DOVE
PRESIDENT AND CEO

HEMIC
*Hawai'i Employers' Mutual
Insurance Company, Inc.*
808 524-3642

BOB DOVE
CEO/President
bdove@hemic.com

JASON YOSHIMI
Vice President/Accounting & Budget
jyoshimi@hemic.com

JOE HEE
Vice President/Finance and Compliance
jhee@hemic.com

STACY MILLER
Vice President/Claim/Legal Services
smiller@hemic.com

CARLTON CHUN
General Counsel/AVP
cchun@hemic.com

CONNIE FARIA
Director of Underwriting Services
cfaria@hemic.com

FAYE BUENO
Director of Administration
fbueno@hemic.com

SHAYNE DOBBINS
Director of Information Services
sdobbins@hemic.com

BOB LONG
Director of Network Services
blong@hemic.com

JOE BENEVIDES
Premium Audit Manager
jbenevides@hemic.com

RON TOGUCHI
Agency Relations Manager
rtoguchi@hemic.com

MICHAEL REDMAN
AVP Loss Prevention Services
mredman@hemic.com

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QUESTIONS & COMMENTS

Are there questions and ideas you'd like to share? Please write us at HEMIC Connection P.O. Box 3376, Honolulu, Hawai'i 96801 or email us at info@hemic.com.

An OccMed Primer

When you have a toothache, you see a dentist. Irregular heart beat? Get yourself to a cardiologist. But who do you call if you are injured at work?

In recent years, the answer is becoming increasingly clear: an Occupational Medicine practitioner. Like Sports Medicine doctors and clinics that focus on injuries sustained by athletes, OccMed practitioners specialize in the kinds of injuries that are suffered on the job.

Occupational and Environmental Medicine is the medical specialty devoted to the prevention and management of occupational and environmental injury, illness, and disability; and promotion of health and productivity of workers, their families, and communities.

In practice, OccMed is concerned with the prevention, diagnosis, and treatment of injuries and illnesses that occur at the workplace or as a result of toxic exposures, stress, or accidents at the workplace. It encompasses issues such as industrial hygiene, safety, pollution control, ergonomics, industrial and agricultural toxicology, disability evaluation, and physical rehabilitation.

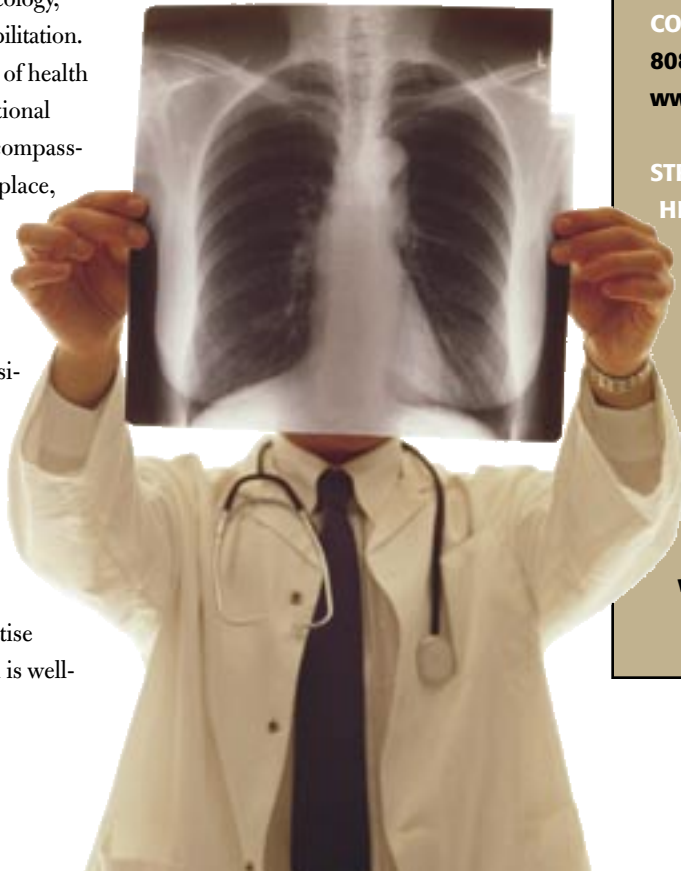
Because of the interconnectedness of health care and workplace safety, the occupational and environmental medicine team encompasses a great many members. In the workplace, it may include the company's safety officer, industrial hygienist, worker representative, management team, or ergonomist. The medical part of the team includes nurses, physicians, physical therapists, epidemiologists, clinics and hospitals.

Of course, the OccMed physician is a major player. Working with management and other occupational and environmental health professionals, the OccMed physician supplies expertise in occupational risks and injuries, and is well-

versed in the physical requirements of particular jobs. Because of his or her experience, the OccMed physician can apply the right kinds of treatment at the right time for specific injuries, helping to ensure a rapid recovery and return to work. The OccMed physician can also help employers to minimize occupational and environmental risks in order to promote the health and safety of the individual and the workplace.

In recent years, a number of healthcare providers have put together programs that combine the experience and knowledge of OccMed practitioners, safety and prevention techniques, and streamlined administration and benefits to get the fastest and most appropriate treatment possible to injured workers. In most cases, an OccMed program is available to all employees, regardless of their personal health care provider.

HEMIC encourages its members to find out about the many new options for treating injured workers.



OccMed in Hawaii

Several health care providers in Hawaii now offer Occupational Medicine programs. Each provider offers a good all around program to help prevent injuries and promote safety, to provide appropriate and expeditious treatment, and to make sure all the proper paperwork and administration is taken care of. Here's how to contact these providers:

KAISER PERMANENTE

808-597-5452

www.kaiserpermanente.org/hawaii

CONCENTRA MEDICAL CENTERS

808-831-3000

www.concentra.com

STRAUB OCCUPATIONAL HEALTH SERVICES

808-522-3815

www.straubhealth.com/meddept/occupationalhealth

In addition, HEMIC maintains a list of independent OccMed practitioners. For a current list of Occupational Medicine providers on all islands, visit www.hemic.com/occmcd.



Dr. Alice Hamilton, 1869-1970

A Short History of Occupational Medicine

The protection of workers from disease or an accident is a recent development in the history of labor.

The history of Occupational and Environmental Medicine (OEM) can be traced back into antiquity. Some of the earliest references to the modern discipline were made in classical times when increased rates of illness and mortality among miners were noted by Greek and Roman observers.

In 1556, the German scientist Georg Bauer, interested in the pharmacological uses of minerals, published *De re Metallica*, a discussion of the dangers and diseases of miners. His study was one of the first empirical links between job and disease.

In 1713, Italian physician Bernardino Ramazzini published *De Morbis Artificum*. Ramazzini had devoted his practice to aiding workers and tradesmen. As a published author, he spent much time in the print shop correcting proofs where he observed, "...the pressmen, have to stand incessantly at work that is very fatiguing, for almost the whole body must be exerted in such a task; hence these workmen inevitably suffer from lassitude and intense fatigue, and then stricken in years are compelled to say farewell to that sort of work."

In 1910, a new concept emerged: workers are entitled to compensation for health impairment and injuries sustained on the job.

But the practitioner who more than any other laid the foundation for the modern practice of occupational and environmental medicine and for the protection of worker health was the American physician Alice Hamilton.

Born into a prominent family in Indiana, Alice graduated from medical school at the University of Michigan in 1893. After accepting a teaching position at Northwestern University in 1897, she opened a well-baby clinic for poor families in a Chicago neighborhood. As she acquainted herself with the families in the neighborhood, she learned of their pains, strange deaths, lead palsy, and “wrist drop,” and of the high numbers of widows.

In the typhoid fever epidemic in Chicago in 1902, Dr. Hamilton made a connection between improper sewage disposal and the role of flies in transmitting disease, leading to the reorganization of the Chicago Health Department. She also noted that the health problems of many of the immigrant poor were due to unsafe conditions and noxious chemicals, especially lead dust, to which they were being exposed at work. At the time, employers routinely fired sick workers and replaced them with new ones looking for jobs.

With little understood about occupational illnesses in the United States, Dr. Hamilton published her first article about occupational diseases in 1908. She was soon a recognized expert on the topic.

Dr. Hamilton became director of the Occupational Disease Commission when it was created by the governor of Illinois in 1910. It was the first such commission in the world. As a result of its findings, several worker’s

compensation laws were passed in Illinois. They introduced a new notion that workers were entitled to compensation for health impairment and injuries sustained on the job.

Dr. Hamilton’s findings were so scientifically persuasive that they caused sweeping reforms, both voluntary and regulatory, to improve the health of workers. Investigations for which she is best known include carbon monoxide poisoning in steelworkers, mercury poisoning in hatters, and “dead fingers” syndrome among laborers using jackhammers.

In 1919, Dr. Hamilton was appointed Assistant Professor of Industrial Medicine at Harvard Medical School, the first woman on the faculty of Harvard University, decades before Harvard would admit female students. She served two terms on the Health Committee of the League of Nations where she investigated industrial health conditions in other countries. She published *Industrial Poisons in the United States*, *Industrial Toxicology*, and *Exploring the Dangerous Trades*.

Today, at the laboratory that bears her name in Cincinnati, Ohio, and at other facilities, researchers of CDC’s National Institute for Occupational Safety and Health still explore the “dangerous trades.”

In 1970, the year that Alice Hamilton died at age 100, the United States Congress passed the Occupational Safety and Health Act, creating the Occupational Safety and Health Administration (OSHA), the National Institute for Occupational Safety and Health (NIOSH), and the Occupational Safety and Health Review Commission (OSHRC).

Since then, the field of occupational and environmental medicine has grown to encom-

pass both industrial and medical practitioners. A number of organizations have arisen to help promote optimal health and safety of workers, workplaces, and environments through research, education and policy.

FOR MORE INFORMATION

www.acoem.org

American College of Occupational and Environmental Medicine represents more than 6,000 physicians and other health care professionals.

www.aaoen.org

The American Association of Occupational Health Nurses Inc. (AAOHN) ensures occupational and environmental nurses (OHNs) are the authority on health, safety, productivity and disability management for worker populations.

www.oehf.org

Occupational and Environmental Health Foundation (OEHF) advances the knowledge of occupational and environmental health and medicine and to promote and protect the health of workers through preventive services, clinical care, research, and educational programs.

www.medem.com

Medem has created the nation’s premier physician-patient communications network, designed to facilitate online access to information and care for more than 90,000 physicians, their practices and their patients.



6 Benefits of OccMed Programs

For both the employer and the injured employee, a sound Occupational Medicine program offers a great range of benefits in terms of rapid and complete recovery and timely return to work.

APPROPRIATE TREATMENT – OccMed providers are specialists in all kinds of workplace injuries and can often diagnose and treat these kinds of injuries sooner and with more successful results than regular doctors.

COST BENEFIT – Because OccMed providers move rapidly to injury-specific treatment, often avoiding unnecessary and costly diagnostic procedures, the cost of treatment can be greatly reduced.

EMPLOYER CONCERN – By communicating treatment options before an accident happens, and by combining them with a comprehensive safety and accident prevention plan, employees know that their safety and well-being is their employer's highest priority.

PAPERWORK – Workers' comp claims are associated with specific paperwork that is required both by insurer and service providers. OccMed specialists know the requirements for forms and record keeping, often saving time and confusion during the recovery process.

RETURN TO WORK – OccMed providers can often provide better guidance for the scheduling of an injured employee's return to work. OccMed specialists may also be in a better position to recommend Modified Duty programs to get employees back on the job in a limited capacity.

FULL ACCESS – Most OccMed providers provide services to all employees that choose to participate in the program, regardless of their carrier of health insurance.

Return to Work

Modified duty can be a part of an injured employee's treatment on their way back to full recovery.

Employers want to get employees back to work as soon as possible after an injury. After all, the longer an injured employee is off the job, the more his absence is felt. On the other side of the coin, most injured employees are anxious to get back to work as soon they can. They may need to regain their full level of employment for a variety of reasons. But even when employer and employee agree, the time may not be right for the recovering employee to come back to work, or to work at full capacity.

Making the decision of when the employee should return to work is best made in conjunction with the injured employee's medical team. If the team is headed by an OccMed physician, it will be more likely to take into account all the physical and mental requirements that the return to work may put on the employee because it has full knowledge of the specific requirements of a given job.

Even if the employee is not ready for full duty, employers can offer their employees a Modified Duty program. By working with the

employee and with the medical team, a temporary assignment or reduced workload may be able to get the employee back on the job without causing undue stress or risking re-injury. Most OccMed programs have specific guidelines for creating such programs, and for monitoring the employee's progress to ensure a rapid return to full duty.

When communicating with your employee about their return to work, it is important to emphasize your concern for their complete recovery. Employees should know that programs like Modified Duty help them to minimize their loss of income, to get back to their regular job more quickly, and to maintain contact with co-workers and their employers. They should know that Modified Duty is in fact part of their treatment on the way back to full recovery. Above all, they should know that if they have any trouble handling Modified Duty—or their full return to work—that their employer will quickly rectify the situation in the employee's best interest.

When an Injury Occurs

In the event of an accident, the employer's fast and proper response is critical. If the situation is an emergency:

- Call 911 immediately, or get the injured employee to the nearest emergency facility.
- Provide first aid if applicable.

If the injury does not require emergency services:

- Recommend that the employee seek appropriate medical attention. Offer to make an appointment with a physician on our medical provider list. If the employee has opted to be a part of an Occupational Medicine program, help the employee contact that provider's clinic.
- Transport the injured worker to the doctor or hospital.

In all cases:

- Provide the injured employee with the workers' compensation booklet that contains a description of benefits under the law.
- Have the employee's supervisor and/or the injured employee complete the Employer's Report of Industrial Injury (From WC-1). Refer to the instruction sheet included in the claim kit. Also, complete the WC-14 report, if necessary, for wage verification. Contact HEMIC Claim Services if you need assistance.
- Provide the injured worker with the medical certificate form in your claims kit that will be completed by the physician.
- Notify the injured worker's family.
- Preserve evidence that may be significant in determining the cause of the injury (defective equipment, chemicals, etc.).
- Notify HEMIC's Claim Services of the incident, including when the injured worker is disabled, and when the worker returns to work. Claims should be reported promptly, within 24 hours if possible.

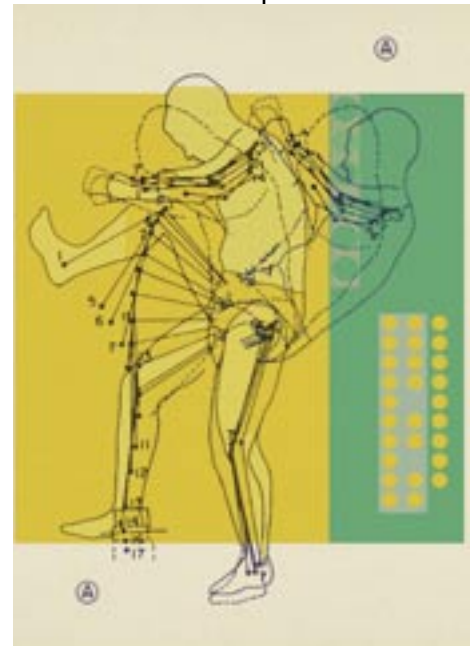
In addition, the employer's attitude can do much to indicate concern for the injured employee, and help to ensure a speedy recovery and return to work.

- Respond positively to an injured employee's report of an injury.
- Always allow appropriate medical treatment for serious injuries.
- Remain in contact with the injured worker until he or she returns to work. Assure the employee that he or she is needed back to work and that you are looking forward to a complete recovery from the injury.
- Encourage the employees return to work with modified duty, if appropriate (See "Return to Work", this issue)

There are a number of actions are specifically prohibited. Employers who fail to comply with State guidelines may be subject to fines and/or legal or punitive damages. Avoid the following:

- Delaying submission of the accident report (WC-1) for any reason.
- Terminating or suspending the injured employee because of his injury.
- Prohibiting or delaying medical treatment.
- Requiring the injured worker to seek care from a physician on the medical provider list. Which doctor, clinic or hospital to use is always the employee's choice.
- Discarding evidence that may be used to determine the cause of the injury.

Doing your best to help your employee is a win-win strategy. Your employee will appreciate your sincere concern on his or her return to work.





HEMIC

FRAUD HOTLINE

If you suspect an employee or co-worker is receiving workers' compensation benefits due to a fraudulent claim, call the hotline today. All calls are strictly confidential.

On Oahu Call
522-5279

Neighbor Islands Toll Free
1-888-522-5295

**Protect your business and your employees.
Report all injuries within 24-hours.**



1001 Bishop Street,
Paahā Tower, Suite 1000
Honolulu, Hawai'i 96813

MAILING ADDRESS:

HEMIC
P.O. Box 3376
Honolulu, Hawai'i 96801

ISLAND OF O'AHU:

Tel: (808) 524-3642
Fax: (808) 522-5510

NEIGHBOR ISLANDS:

Toll Free: 888 292-3642
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