MISSION

Document a concise, easy to use summary of minimum recommended global standards of care for the professional practice of OEHS that incorporate best risk management practices whenever feasible. Update and maintain the document as needed.

STANDARDS OF CARE DEFINITION

The minimum expected standards of practice and performance established for a particular profession or function.

PURPOSE AND OBJECTIVES

The protection of workers and communities depends on the performance of risk management programs. As currently implemented, the effectiveness of those risk protection programs is highly variable, resulting in excessive risk for many workers and communities, and hindering the realization of AIHA’s vision of “a world where all workers and their communities are healthy and safe”.

Standards of care define the minimal level of expected risk management practice and performance based on established professional norms, guidelines, standards, regulations, and proven practices. Through this effort, AIHA seeks to elevate the performance of all risk management programs, and in particular those that are underperforming, by documenting a concise, easy to use summary of minimum expected standards of care or performance for critical aspects of risk management programs and practices and by providing tools to help OEHS professionals practice at those minimum levels of performance or higher.

The advisory group will assist by addressing such matters as:

- Driving the overall effort to build out a standards of care summary of risk-critical practices using the AIHA Framework for Documenting Standards of Care (Appendix A).
- Engaging subject matter experts from AIHA volunteer groups (and other sources) to provide input.
- Identifying partnership opportunities for engaging appropriate expert input from groups beyond AIHA (e.g., ACGIH, NIOSH, BGC, IOHA).
- Establishing metrics for tracking progress.
• Updating and maintaining the standards of care document as needed.

INITIATIVE TIMELINE

While advisory group team members can expect to serve up to three years (see Organization section below), the completion of the initial version of the standards of care document is expected to take three to five years followed by ongoing efforts to maintain and update the document. Anticipated project phases would include the following and are likely to be accomplished in a more iterative fashion than illustrated in Figure 1:

Phase 1: Defining initial scope and strategy for the efficient and effective collection and documentation of best OEHS risk management practices using the AIHA Framework for Documenting Standards of Care.

Phase 2: Collecting input from experts covering a range of OEHS best risk management practices.

Phase 3: Soliciting feedback on initial drafts

Phase 4: Finalizing the initial version of the standards of care document

Phase 5: Ongoing update and maintenance of the standards of care document

Figure 1. Example Gantt Chart for Initiative Phases

COMPOSITION OF GROUP

The group is to be comprised of 8 to 10 members representing a cross-section of OEHS members from AIHA with expertise and experience covering a broad range of OEHS risk management programs and practices. Members from staff and additional partner organizations may be added as appropriate.

Each member serves up to a three-year term. Terms are staggered so that as members rotate off, they are replaced with new members.
The Advisory Group will also have an AIHA Board Liaison appointed by the AIHA President; this individual does not serve as Chair or Vice Chair of the Advisory Group.

The AIHA President selects a Vice Chair from among those committee members entering their second year of service. The Vice Chair becomes the Chair in his/her third year of service. Terms commence and end at AIHce.

**ROLES AND RESPONSIBILITIES OF STAKEHOLDER GROUPS AFFILIATED WITH THE STANDARDS OF CARE ADVISORY GROUP**

**Advisory Group Members**

**Role**
- Provide input and advice to the AIHA Board and staff regarding the AIHA Standards of Care initiative and assist in the execution of actions as assigned to:
  - Drive the overall effort to build out a standards of care summary of risk-critical practices using the AIHA Framework for Documenting Standards of Care (Appendix A).
  - Engage subject matter experts from AIHA volunteer groups (and other sources) to provide input.
  - Identify partnership opportunities for engaging appropriate expert input from groups beyond AIHA (e.g., ACGIH, NIOSH, BGC, IOHA).
  - Establish metrics for tracking progress.
  - Update and maintain the standards of care document as needed.

**Responsibilities**
- Participate in monthly virtual meetings and other calls and meetings as scheduled.
- Put forth their best efforts to the collective objectives of the Advisory Group.
- Support staff with promotion of collaborative efforts to engage the right volunteers.
- Seek updated information on progress on Advisory Group initiatives when meetings are missed.
- Execute responsibilities in a timely manner.
- Follow up on assigned other duties and responsibilities, as appropriate, by the Chair.

**Accountabilities**
- Represent the interests of AIHA during collaborative efforts and interactions with internal and external stakeholders.
- Agree to uphold and abide by the AIHA Bylaws, Conflict of Interest and Code of Conduct policies.
Authorities

- None identified.

**Advisory Group Chair**

**Role**

- Leadership of the Advisory Group for effective fulfillment of the charter.

**Responsibilities**

- Guide the performance of the Advisory Group and its project teams.
- Promote collaboration between the Board Liaison, staff, and Advisory Group members.
- Review this Charter document annually and update as necessary.

**Accountabilities**

- To the AIHA Board for leadership of the Advisory Group, execution of its mission as defined by its charter, and communication of progress with respect to projects and initiatives.
- To the Advisory Group members for effective and efficient management of the Advisory Group.

**Authorities**

- To represent the Advisory Group in all matters of accountability back to the AIHA Board, under the guidance of the Board Liaison.

**AIHA Board Liaison**

**Role**

- Act as eyes and ears of the Board.

**Responsibilities**

- Convey information between the Board and the Advisory Group Chair and members.
- Other duties as defined by the Board.

**Accountabilities**

- Report to the Board for execution and leadership of the mission of the Advisory Group as defined by the charter above.

**Authorities**

- As defined by the Board.
**AIHA Board Members**

**Role**
- Provide leadership and direction to the assigned Board Liaison and Advisory Group Chair in execution of this charter.

**Responsibilities**
- Review and approve Advisory Group recommendations and affirm activities are in alignment with Board direction.
- Support Advisory Group initiatives through resource investment and priorities as recommended by the Chair and the AIHA CEO.

**Accountabilities**
- Attendance at briefings and enthusiastic attention to Advisory Group efforts.

**Authorities**
- Funding and management of the Advisory Group initiative in accordance with Bylaws.

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**AIHA CEO (Assisted by Staff)**

**Role**
- Serve as the AIHA staff Point of Contact for the Advisory Group
- Coordinate meeting content and activities with the Advisory Group Chair.

**Responsibilities**
- Support the Advisory Group in fulfilling its mission and charter
- Review all Advisory Group proposals and project work plans.
- Maintain all Advisory Group administrative and project documents.
- Ensure maintenance of Advisory Group web pages and postings, with support from the Advisory Group members and Board Liaison.
- Provide regular updates to the AIHA Board.

**Accountabilities**
- Communication of Advisory Group activities and project status to the AIHA Board on a regular basis.

**Authorities**
- Propose actions and budgets to advance Advisory Group projects and initiatives in a timely fashion.
- Engage other staff as appropriate to support the Advisory Group and its projects and initiatives.
- Manage project progress (deliverables, schedule, budgets) in consultation with the Board Liaison.
Respondents to Call for Volunteers / Project Team Members

There may be an opportunity for people to participate in an Advisory Group project in response to a call for volunteers. Individuals selected will be expected to allocate enough time to fulfill the scope of the project team assignment as defined in the call.

Role
- Members responding to and selected for discrete project teams.

Responsibilities
- Allocate enough time to fulfill the scope of the project team assignment as defined in the call.

Accountabilities
- Meet deliverables for duration of the project team assignment.

Authorities
- None identified.
Appendix A

AIHA Framework for Documenting Standards of Care

Objective

Document standards of care by summarizing minimum expected professional practices for each OEHS critical risk management process or program.

Background

Understanding and managing OEHS risks relies upon a series of processes, whether those processes are formally defined by an employer organization, or not, as it often depends on the maturity of the OEHS program. Depending on the OEHS professional, these processes might be thought of by many different terms (e.g., programs, activities, approaches), but they all incorporate risk-critical practices that can result in different levels of risk for the exposed individual and overall risk for the organization.

Consider the simple examples depicted in Figures 1 and 2. One OEHS professional (“A”) may practice with a focus based solely on basic regulatory compliance while another professional (“B”) takes a more mature, comprehensive approach, considering all potential hazards, whether regulated or not. Professional A practices using OSHA PELs exclusively, while professional B uses ACGIH TLVs as well.

Figure 1: No PEL, TLV = 20 ppm

Figure 2: PEL = 100 ppm, TLV = 20 ppm

In Figure 1 the individual’s exposure is to a material for which there is no PEL but for which there is a TLV. In that example professional A would not proceed beyond hazard recognition as there was no regulation in place, while professional B would recognize the hazard and proceed to evaluate the situation and control it relative to the TLV. In Figure 2, the material has a PEL of 100 ppm and a TLV of 20 ppm. Both professionals recognize the hazard and proceed to evaluation and control, with professional A controlling exposures to less than the 100 ppm PEL and professional B controlling exposures to less than the 20 ppm TLV.
In both figures, the different approaches taken by the two professionals result in different levels of risk for the exposed individual. The risk-critical practice, whether to focus solely on PELs or whether to follow TLVs as well, results in different levels risk for the exposed individual.

**Risk-Critical Practices and Standard of Care**

Risk-critical practices can be defined for risk management processes and programs used by OEHS professionals. Further, minimally acceptable professional expectations for those risk-critical practices can be identified. For example, a minimum professional practice expectation could be set that TLV’s would always be followed when they are lower than the regulatorily mandated PELs. This would define a minimum standard of care expected of practicing professionals, along with an associated level of risk to the exposed individual (Figure 3).

![Figure 3. Standard of Care = Follow TLV](image)

Table 1 lists the risk-critical practices for the processes/programs from the examples above along with an indicator of the chosen standard of care.

<table>
<thead>
<tr>
<th>OEHS Process / Program</th>
<th>Risk-Critical Practice</th>
<th>Standard of Care</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hazard Recognition</td>
<td>No Hazard Recognition</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Compliance Focus</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Comprehensive Approach</td>
<td>X</td>
</tr>
<tr>
<td>OEL Selection</td>
<td>Apply Only PEL</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Apply Lowest: PEL or TLV or OEL set by Occ Tox</td>
<td>X</td>
</tr>
</tbody>
</table>
This framework can be expanded and used to list risk-critical practices associated with minimal professional standards of care for all OEHS processes and programs along with an indication of current best practice and appropriate references (Table 2). These risk-critical practices can be both “hard” (e.g. use of statistical tools in the interpretation of monitoring data), and “soft” (e.g. engagement of management in OEHS risk management activities).

<table>
<thead>
<tr>
<th>OEHS Process / Program</th>
<th>Risk-Critical Practice</th>
<th>Standard of Care</th>
<th>Best Practice</th>
<th>References</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hazard Recognition</td>
<td>No Hazard Recognition</td>
<td></td>
<td></td>
<td>• OHTA Pharma Module Examples</td>
</tr>
<tr>
<td></td>
<td>Compliance Focus</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Comprehensive Approach – Exposure and Control Banding</td>
<td>X</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>OEL Selection</td>
<td>Apply Only PEL</td>
<td></td>
<td></td>
<td>• Global Consensus OELs beyond TLVs</td>
</tr>
<tr>
<td></td>
<td>Apply Lowest: PEL or TLV or Occ Tox OEL</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Apply OEB Tools</td>
<td></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Process XXX</td>
<td>Practice A</td>
<td></td>
<td></td>
<td>• Cement Example</td>
</tr>
<tr>
<td></td>
<td>Practice B</td>
<td></td>
<td></td>
<td>• Pharma Example</td>
</tr>
<tr>
<td></td>
<td>Practice C – Industry Risk Assessment Tool</td>
<td>X</td>
<td>X</td>
<td>• Other Industry Example</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>• Excel sheet with imbedded algorithms</td>
</tr>
<tr>
<td>Program YYY</td>
<td>Practice A</td>
<td></td>
<td></td>
<td>• NIOSH Tools</td>
</tr>
<tr>
<td></td>
<td>Practice B</td>
<td></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Practice C – AIHA Tools</td>
<td></td>
<td>X</td>
<td>• AIHA Tools</td>
</tr>
</tbody>
</table>

Table 2. OEHS Process/Program Risk-Critical Practices
Appendix B

Standards of Core Competency vs Standards of Care

A point of potential confusion is the difference between standards of core competency and standards of care. Core competencies defined by professional associations, universities, standard-setting organizations, regulators, or certification bodies are about education, skills, and capabilities. Standards of care are about implementation, behavior, performance, and outcome. Competencies enable conformance to standards of care. A person can be capable of performing in a certain way but that does not mean that they do.

Standards of Care are about actual on-the-shop floor practices, and not about the education, training, skills, or certifications that a practitioner has. One can meet standards of competency while not meeting standards of care. It would be difficult to meet standards of care without meeting standards of competency.