U.S. Department of Labor

Occupational Safety and Health Administration
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Reply to the Attention of: Area Director

December 19, 2014

Attn: Tom Mallalieu
Wayne Farms, LLC
1020 County Road 114
Jack, Alabama 30566

Dear Mr. Mallalieu:

Following an inspection conducted at your facility located at 1020 County Road 114 Jack, Alabama, from April, 29, 2014 to July 11, 2014 OSHA issued citations for ergonomic hazards and recordkeeping violations. During the inspection we also identified characteristics of the facility's medical management program that pose several important problems that contribute to the likelihood both of these types of violations, and of workers developing serious musculoskeletal disorders (MSDs). OSHA's Office of Occupational Medicine also reviewed this evidence and has raised a number of concerns described below.

Organization and Structure of Wayne Farms' Medical Services

Wayne Farms provides medical care to its workers through a nursing station staffed by licensed practical nurses (LPNs) during the first and second shifts. The LPNs are supervised by the Compliance Manager, who is trained as an emergency medical technician (EMT). The LPNs follow medical management directives that were developed approximately ten years ago by Dr. Alan Young, a local physician with specialty training in Internal Medicine, along with previous Wayne Farms employees who were also EMTs. The medical management directives include "nurse algorithms" for treatment of MSDs. Dr. Young does not have a formal contract with Wayne Farms but he signs off on the medical directives annually; performs certain types of examinations, such a respirator clearance exams for Wayne Farms; and the Wayne Farms LPNs refer workers to him if the Compliance Manager approves. Dr. Young also informed us that he does not have a written agreement with or supervisory role over Wayne Farms' nursing staff.

The organization of Wayne Farms' nursing station is neither solely a first aid station, staffed to deliver first aid but to refer clinical care elsewhere, nor an occupational health clinic, providing medical treatment. As a first aid station under OSHA's Medical Services and First Aid Standard (1910.151), the nursing station does have first aid supplies and trained personnel. The services provided in the nursing station are not limited to first aid, though; they also include assessment

and treatment of work-related injuries, and continuing care of injuries. However, the station is staffed only by two licensed practical nurses (LPNs), without medical supervision by a physician or nurse-practitioner. In contrast, an occupational health clinic generally delivers care under the authority of independently-licensed practitioners, such as full time or part time physicians or nurse practitioners (where State laws allow such service delivery), augmented by staff working under the authority and practice scope of these independently licensed professionals. Services may be delivered by physician assistants, registered or licensed practical nurses and technicians who are appropriately supervised, although such supervision does not require continuous on-site presence. Professional standards expect some staff, such as physicians and nurses, should have advanced practice training in occupational health. (Taiwo and Rabinowitz, 2007)

We are concerned that the Wayne Farms arrangement may put its LPNs at risk of exceeding their authorized scope of practice. In general, LPNs are required to work under the direction of a higher-level professional. At the time of our inspection, it was our observation that that Wayne Farms' LPNs worked under the direction of an EMT and had no formal relationship with the plant physician. The requirements for Alabama LPNs are found in the State's Nurse Practice Act and the Alabama Administrative Code (see Chapter 610-X-6, Standards of Nursing Practice). We recommend that you review these requirements carefully to ensure that Wayne Farms is not placing its LPN staff in a situation where they are likely to be in violation of State licensing laws.

We also recommend that you review the practices relating to nurses' logs and electronic medical records to ensure that they are consistent with the Alabama Administrative Code for nursing practice, and with overall good medical practice. Good medical practice requires that mistaken entries and changes to the medical record be made so that the original entry is not obliterated and the individual making the change is identified. At Wayne Farms, anyone may change or add to the nurses' logs without documentation of what has been changed and who made the change.

Medical Management of Musculoskeletal Disorders (MSDs)

Our Office of Occupational Medicine has also determined that Wayne Farms' medical management directives and nurse algorithms for evaluation and care of musculoskeletal disorders are out-of-date and contrary to good medical practice for managing work-related MSDs. Examples of questionable, out-of-date or potentially harmful practices in the medical directives and algorithms or found in the nurses' logs include:

- Prolonged treatment by the nursing station staff without referral to a physician. In some cases, treatment continued for weeks to months. One worker was seen in the nursing station **94 times** before referral to a physician. This clearly goes beyond first aid.
- Assessment of clinical conditions by a licensed practical nurse, which may exceed the nurse's scope of practice
- Delay or no referral to a physician of cases that clearly merited referral for diagnosis, appropriate treatment and prevention of adverse outcomes. Examples include lacerations over joints, symptoms consistent with carpal tunnel syndrome or trigger finger,

worsening symptoms, severe pain, and positive examination findings, such as swelling and bruising.

- Standard practice of returning injured workers to regular duty, resulting in the workers continuing to perform job duties that caused and/or aggravated their injuries.
- Prolonged treatment with non-steroidal anti-inflammatory medication (NSAIDs).
- Nurse algorithms that direct treatment with pyridoxine (vitamin B6) for numbness.

Recommended practices for medical management of MSDs involve early diagnosis and treatment so that inflammation can be controlled, allowing damaged tissue to heal and preventing more serious conditions. In addition to conservative treatment options, such as cold/warm compresses, NSAIDs, and therapeutic exercise, resting of the injured body part is key to resolution of the injury. Appropriate work restrictions are the basis for providing the necessary rest (Silverstein and Evanoff, 2011). The American College of Occupational and Environmental Medicine (ACOEM) guidelines recommend that individuals be removed from tasks thought to have caused the injury, such as tasks that involve high force (ACOEM UEI 2011; ACOEM CTS 2011). The delay in or absence of referral of injured Wayne Farms' workers to higher level healthcare providers results in workers either being sent back to the job that caused the injury or rotated to other jobs with different titles but the same or similar physical activities. Thus, the injured body part is not allowed to heal, which may lead to worse injuries.

Prolonged treatment with NSAIDs not only puts an individual at increased risk of side effects from the medication but also is an ineffective medical treatment for some diagnoses. Adverse health effects of NSAID treatment may include increased risk of gastrointestinal bleeding, increased risk of heart attacks and strokes, and increased risk of hearing disturbances. (FDA 2005; Peterson 2013) Current evidence does not support primary use of NSAIDs for treatment of sub-acute (greater than 2 weeks) or chronic carpal tunnel syndrome (ACOEM CTS 2011, O'Conner 2012). Pyridoxine is not recommended for treatment of numbness, such as the numbness that occurs with carpal tunnel syndrome (ACOEM CTS 2011).

Recommendations

In the interest of employee health, I recommend that you voluntarily take the necessary steps to improve medical management practices at the Jack Alabama facility and corporate wide as appropriate.

Medical management practices that focus on early intervention and prompt access to appropriate medical care are critical to employee health by identifying injuries early, reducing the severity of injuries and promoting quicker recovery. The goals of Wayne Farms' Musculoskeletal Disorder Prevention Policy are to reduce and eliminate factors that lead to MSDs and to provide an effective medical management program for MSDs. Although these goals are laudable, both the written program and the actual practice fail to meet these goals, do not meet current standards of medical practice and may violate Alabama laws on scope of practice. We recommend you consider the following regarding Wayne Farms' medical management program:

- Wayne Farms should determine whether the nursing station is to be a first aid station or an occupational health clinic. As a first aid station, the only requirements are appropriate first aid supplies and trained personnel (OSHA Medical Services and First Aid Standard, 1910.151; OSHA, 2006). The personnel need not be LPNs or EMTs but could be selected employees on each shift with appropriate training. A log of visits should be maintained.
- If Wayne Farms opts for a first aid station, there is still a need to adequately address workers' symptoms and injuries, including early identification of MSDs, through referrals off-site to clinics, physicians' offices or emergency departments.
- If Wayne Farms chooses to provide on-site occupational health services, appropriate staffing, protocols and written agreements will need to be put in place. The licensed healthcare practitioners who will staff the on-site clinic must work within their legal scope of practice. Most often, this would require at least a registered nurse, but more likely a nurse practitioner or physicians' assistant with direct oversight by a physician. An on-site clinic would probably also require:
    - A written collaborative agreement(s) between the physician and nurses to clarify responsibilities and oversight.
    - Clinic policies and protocols for the on-site clinic that would include not only clinical practice guidelines but also documentation standards, counter signatures, record reviews, quality audits and process evaluations.
- Update the Wayne Farms' computerized log so that any changes or corrections that are made do not erase previous records. Changes and corrections should identify when the change was made and who made the change.
- Update Wayne Farms' clinical practice guidelines and protocols to meet current standards of medical care. We recommend that Wayne Farms consult with a Board Certified Occupational Medicine physician on best practice guidelines for both management and prevention of work-related MSDs. These practices include, but are not limited to, the following:
    - Early referral of workers to a physician for definitive evaluation, diagnosis and treatment. In cases where the nurse determines that a worker does not need immediate physician evaluation, the worker should be evaluated by a physician within a few days, particularly if symptoms continue and/or positive examination findings are present.
    - Early assignment of work restrictions, particularly when workers continue to have symptoms and/or have positive examination findings.
    - NSAIDs should not be used in the treatment of carpal tunnel syndrome after the acute period (<2weeks). Employees on NSAID therapy should be provided with information on the possible health effects of NSAID medication and monitored for adverse side effects.
- Wayne Farms should regularly monitor worker complaints, symptoms, injuries and illnesses as part of the assessment of health and safety at the plant. This information can help in assessing the medical management program, targeting ergonomic interventions, developing worker education, and decreasing worker injuries and illnesses.

These methods are not meant to be the only ones available or feasible. OSHA welcomes and requests a report of any of your efforts to reduce the above-mentioned exposures and the results of your efforts.

Sincerely,

Joseph Roesler
Area Director

REFERENCES:

ACOEM CTS 2011. Carpal Tunnel Syndrome. Occupational medicine practice guidelines: evaluation and management of common health problems and functional recovery in workers. Elk Grove Village (IL): American College of Occupational and Environmental Medicine (ACOEM); 2011. p. 1-73. Available at: http://www.guideline.gov/content.aspx?id=34436&search=acoem. Accessed November 6, 2014.

ACOEM UEI 2011. Hand, wrist, and forearm disorders not including carpal tunnel syndrome. Occupational medicine practice guidelines. Evaluation and management of common health problems and functional recovery in workers. 3rd ed. Elk Grove Village (IL): American College of Occupational and Environmental Medicine (ACOEM); 2011. p. 1-188. Available at: http://www.guideline.gov/content.aspx?id=34435&search=acoem Accessed November 6, 2014.

Alabama State Board of Nursing website. Accessed at: https://www.abn.alabama.gov/

- Alabama Administrative Code. Accessed at: https://www.abn.alabama.gov/Content.aspx?id=123

- Chapter 610-X-6 Standards of Nursing Practice. Accessed at: https://www.abn.alabama.gov/UltimateEditorInclude/UserFiles/docs/admin-code/Chapter%20610-X-6.pdf
- Alabama Nurse Practice Act. Accessed at: https://www.abn.alabama.gov/Content.aspx?id=116

Alabama State Medical Board. Accessed at: Accessed at: http://www.albme.org/

- Alabama Board of Medical Examiners Administrative Code (Code of Ala. 1975, §342453). Accessed at: http://www.alabamaadministrativecode.state.al.us/docs/mexam/index.html
- Medical Practice Act (Ala. Code §§ 34-24-50, et. seq.). Accessed at: http://alisondb.legislature.state.al.us/acas/CodeOfAlabama/1975/150994.htm

FDA: NSAID Black-box Warning. Post-Marketing Drug Safety Information (2005). Available at: http://www.fda.gov/downloads/Drugs/DrugSafety/PostmarketDrugSafetyInformationforPatientsandProviders/ucm106201.pdf Accessed August 2013

O'Connor D, Marshall S, Massy-Westropp N, Pitt V. (2012). Non-surgical treatment (other than steroid injection) for carpal tunnel syndrome (Review). The Cochrane Library, Issue 7.

OSHA's Medical Services and First Aid Standard (1910.151). Accessed at: http://www.osha.gov/pls/oshaweb/owadisp.show_document?p_table=STANDARDS&p_id=9806

OSHA 2006. Best Practices Guide: Fundamentals of a Workplace First-Aid Program. Occupational Safety and Health Administration, US Department of Labor. Accessed at: http://www.osha.gov/Publications/OSHA3317first-aid.pdf

Peterson K, McDonagh M, Thakurta S, et al. Drug Class Review: Nonsteroidal Antiinflammatory Drugs (NSAIDs): Final Update 4 Report (2010) [Internet]. Portland (OR): Oregon Health & Science University; Nov. Appendix B, Black Box Warnings of Included Drugs. Available from: http://www.ncbi.nlm.nih.gov/books/NBK53952/. Accessed August 2013.

Silverstein B, Evanoff B. 2011. Chapter 16-Musculoskeletal Disorders. IN Occupational and Environmental Health – Recognizing and Preventing Disease and Injury, Sixth Edition. Editors- Levy BS, Wegman DH, Baron SL, Sokas RK. Oxford University Press.

Taiwo OA, Rabinowitz PM. 2007. Chapter 119-The Occupational Health Service. IN Environmental and Occupational Medicine, Fourth Edition. Editors- Rom WN, Markowitz SR. Lippincott Williams & Wilkins.