According to the American Nurses Association (ANA), three documents provide the foundation for all nursing practice. The first, “Nursing’s Social Policy Statement: The Essence of the Profession” (ANA, 2010), describes professional nursing’s accountability to the public, and identifies mechanisms for regulation to maintain public trust. The second document, “The Code of Ethics for Nurses” (Fowler, 2008), presents moral direction for all nurses, regardless of practice setting. The third document is “Nursing: Scope and Standards of Practice” (Nursing World, 2010), which details the scope and standards of practice for all registered nurses (RNs). Together, these documents describe the responsibilities for which all nurses are accountable, reflect the values and priorities of the profession, and provide direction for professional practice and a framework for practice evaluation. The “Nursing: Scope and Standards of Practice” document also serves as a template for specialty nursing organizations to outline the details and complexity of specialty practice (Nursing World, 2010).

The American Association of Occupational Health Nurses, Inc. (AAOHN), the professional organization for occupational and environmental health nurses, has established the documents that serve as the framework for the specialty practice of occupational and environmental health nursing. The foundational documents of AAOHN are the Code of Ethics and Interpretive Statements (AAOHN, 2009); the “Standards of Occupational and Environmental Health Nursing” (AAOHN, 2012); “Competencies in Occupational and Environmental Health Nursing” (AAOHN, 2007b); and the Core Curriculum for Occupational and Environmental Health Nursing (Salazar, 2006). Together, these documents define and describe the scope of occupational and environmental health nursing, provide an ethical framework for occupational and environmental health nursing practice, delineate the principles supporting the knowledge base of the practice, outline the abilities required for competent practice, and provide a comprehensive resource for occupational and environmental health nurses. This article discusses the various standards, regulations, and guidelines that practicing occupational and environmental health nurses follow to ensure the delivery of quality, competent care in all occupational and environmental health nursing practice settings.
AAOHN STANDARDS OF PRACTICE

As noted above, one of the critical documents guiding occupational and environmental health nursing practice is the “Standards of Occupational and Environmental Health Nursing” (AAOHN, 2012). In addition to the 11 standards, the document includes the definition of occupational and environmental health nursing and delineates the scope of specialty practice. “Occupational and environmental health nursing is the specialty practice that focuses on promotion and restoration of health, prevention of illness and injury and protection from work-related and environmental hazards” (www.aaohn.org). “It provides for and delivers occupational and environmental health and safety programs and services to clients. Occupational and environmental health nursing is an autonomous specialty, and nurses make independent nursing judgments in providing health care services” (AAOHN, 2012).

The standards apply to professional nurses (i.e., per definition, nurses who by virtue of licensure can make independent nursing judgments) in all occupational health practice settings and include the expectation of provision of competent nursing care. Nursing standards may be used in quality assurance programs to evaluate and improve nursing care. The standards also serve as a resource for assessment tools and plans of care, and may be used for peer review and performance appraisal. All nursing standards are dynamic and must be modified over time to reflect the evolving practice of nursing. These standards have been revised several times in the past 20 years (AAOHN, 2012). The most recent revision (AAOHN, 2012) includes criteria for advanced practice registered nurses (APRNs).

Delivery of Nursing Care

The first six AAOHN standards address delivery of professional nursing care: assessment, diagnosis, outcome identification, planning, implementation, and evaluation (AAOHN, 2012). These six nursing care standards are aligned with the first six ANA standards reflecting the nursing process, the foundation of clinical decision making including all significant actions taken by RNs in providing care to clients (Nursing Management, 2010).

The nursing process, first articulated in 1958 as a four-step problem-solving model (i.e., assess, plan, intervene, and evaluate) (Kalisch & Kalisch, 1986), has evolved over the years to a six-level paradigm with the addition of diagnosis and outcome identification. AAOHN defines assessment as the systematic evaluation of the health status of the client(s). The ten criteria for assessment include determining the priority of data collection based on the client’s status and needs, values, and preferences and ensuring that adequate data are collected and can be used as a baseline for future interventions, that the data are retrievable and in a manner that ensures confidentiality, and that findings are communicated to the client. Additionally, for APRNs, relevant diagnostic tests and procedures are ordered and interpreted. The AAOHN assessment criteria posit an adaptable model for evaluation of any health condition, acute or chronic, injury, illness, or health risk.

AAOHN Standard II, diagnosis, states that the occupational and environmental health nurse analyzes the assessment data to formulate diagnoses. According to the North American Nursing Diagnoses Association International (NANDA, 2011), “a nursing diagnosis is a clinical judgment about actual or potential individual, family, or community experiences/responses to health problems/life processes.” According to Thede and Sewell (2010), the standardized terminology from NANDA is only one of the ANA-recognized nursing terminologies that provide a standard nomenclature for use in electronic medical records, supplying the nursing diagnosis element in a nursing minimum data set, thus enhancing professional nursing’s ability to more optimally demonstrate the value of nursing. The AAOHN criteria state that diagnoses are derived from the assessment data, include actual or potential risks, and validated with the client and, when appropriate, other health care professionals confidentially. Diagnoses must be documented to facilitate the determination of expected outcomes, including the plan of care and choice of interventions and evaluation strategies, and are used to guide and establish priorities for intervention. Additional criteria for APRNs include systematic comparison with normal/abnormal variations and use of complex data to identify diagnoses. Not all nursing interventions or actions are based on nursing diagnoses; nurses intervene for conditions described by medical diagnoses as well as by nursing diagnoses (Thede & Sewell, 2010). Although the AAOHN diagnosis criteria do not require use of a prescribed format, occupational and environmental health nurses should follow the criteria in the AAOHN diagnosis standard because they provide assurance of a quality mechanism for development of diagnoses by professional nurses.

AAOHN Standard III, outcome identification, simply states that the occupational and environmental health nurse identifies outcome(s) specific to the client(s). The outcomes must be derived from the diagnoses, formulated with the client and other health care professionals, as appropriate, for continuity of care, be culturally appropriate, realistic, and attainable in relation to available resources, be documented as measurable goals and objectives, and be modified as necessary.

AAOHN Standard IV, planning, requires the occupational and environmental health nurse to develop a comprehensive goal-directed plan with interventions to reach expected outcomes. The nine criteria stipulate that the documented plan must be developed with input from the client and other health care professionals, as needed, to foster cost-effective health outcomes. The plan must be based on current knowledge of nursing, medicine, public health, occupational and environmental health, social and behavioral sciences, management principles, and laws and regulations governing practice. The plan must identify strategies that emphasize self-care, health promotion, and disease and injury prevention and be modified according to ongoing assessment. Additional criteria for APRNs require that the plan is based on current evidence-based medicine and clinical knowledge, and creates interprofessional processes to address the diagnoses.

AAOHN Standard V, implementation, requires that occupational and environmental health nurses execute
evidence-based interventions including health teaching and health promotion, utilizing community resources and systems to attain desired outcomes as articulated in the plan. The criteria require that documented interventions be consistent with the plan, be implemented professionally and safely with the understanding, consent, and participation of the client(s), and be delegated when appropriate (e.g., to licensed practical nurses [LPNs] or licensed vocational nurses [LVNs]).

AAOHN Standard VI, evaluation, requires occupational and environmental health nurses to systematically and continuously evaluate responses to interventions and progress toward outcome achievement. The criteria require that all evaluations be guided by nursing interventions, include long- and short-term outcomes and cost-benefit analysis (where applicable), with ongoing evaluation data used for needed revisions, and documentation of intervention effectiveness.

Adherence to the six AAOHN nursing care standards will result in delivery of quality nursing care in all situations, from care for serious workplace injury and life-threatening cardiac events to health counseling for chronic disease and health risk management. The standards are predicated on an underlying assumption that professional nurses have the knowledge, skills, and abilities to provide competent direct care. The criteria in the nursing care standards suggest quality of care requirements. For example, for the assessment to include requisite objective data, the occupational and environmental health nurse must have adequate physical assessment skills. For optimal planning and implementation, the nurse must be capable of providing the most current, evidence-based treatment for all health conditions that might be presented by employees. To provide evidence that nursing standards and guidelines are being followed, the standards are easily adapted to development of a peer review process. Although peer review is common in acute care settings, it is often difficult to institute in occupational health settings. However, many large companies do have established nursing care peer review programs. The increased use of electronic records in occupational health settings provides an opportunity for greater use of peer review among occupational and environmental health nurses to validate the quality of nursing care.

**Scope of Practice Issues**

In addition to the nursing standards developed by professional nursing organizations, nursing practice is defined and governed by law. All nurses in the United States must be licensed in every state where they provide nursing care, unless they are employed by the federal government or military and practice exclusively within federal or military systems. Professional nursing licensure laws were enacted to protect consumers by establishing professional, educational, and ethical standards of practice. Nurse licensure indicates that the nurse has met specific state requirements and is recognized under the laws of that state as a licensed RN (Strasser, 2011). Nursing laws are dynamic and changing as nursing practice evolves. Because nurse practice acts vary considerably from state to state, determining exactly what activities are allowed or not allowed within a specific state for RNs, LPNs or LVNs, and advanced practice nurses may be difficult, especially for occupational and environmental health nurses, who generally practice outside of traditional health care settings. Many occupational and environmental health nurses are the sole health care professional at their worksites; each nurse must ensure that nursing practice activities are legal within the specific state nurse practice statute (Strasser, 2011).

Although some nurse practice acts are highly specific, others are less precise. The definitions of “nursing practice” contained in state laws are frequently lengthy and many are based on scope of practice activities associated with the nursing process (e.g., assess, develop a nursing diagnosis, execute a nursing regimen, evaluate). Many states provide interpretive documents as adjuncts to the nurse practice act to address scope of practice issues; other states do not provide easily accessible supplemental information regarding scope of practice. For example, the Maine State Board of Nursing (2010) provides a lengthy list of specific procedures on its website, such as suturing and using skin anesthetic and the role of RNs in performing these procedures. Other states provide general “decision trees” (e.g., Ohio, Arkansas, and Massachusetts) for RNs to use to determine whether specific procedures or activities fall within the scope of RN practice in that state (Strasser, 2011).

One practice concern that occupational and environmental health nurses frequently encounter is whether the use of protocols or standing orders to deliver medications, including over-the-counter medications (OTCs), is allowed in each state. For example, according to the New York State Board of Nursing (2006), the use of non-patient-specific standing orders or protocols for clients in various settings, including occupational health facilities, has no legal standing and may result in a charge of unprofessional conduct against the RN. The only non-patient-specific standing orders that can be executed by RNs in New York State cover the administration of immunizations, anaphylactic agents, and purified protein derivative (PPD) and HIV tests. The New York State Board of Nursing only permits RNs to administer OTC medications if there is an employee- or patient-specific order from a physician, an advanced practice nurse, or a physician’s assistant. In Colorado, according to the Board of Nursing, RN standing orders or protocols, which may include selection of medications, do not need to be patient-specific (Colorado Board of Nursing, 2010). This example supports how crucial it is for occupational and environmental health nurses to be well informed about state-specific legal scope of practice, including whether RNs can administer OTC medications with or without patient-specific orders (Strasser, 2011).

In addition to issues related to administration of medication, other nursing actions (i.e., performing preplacement evaluations, determining job limitations after employee injuries, medically qualifying individuals to wear respirators, or removing sutures) that RNs in occupational health settings perform may or may not be allowed by state nurse practice acts. For example, if an RN is concerned about whether performing physical examinations for health surveillance is allowed by the state
nurse practice act, in Indiana, the regulation offers some specific information for the nurse; but in Tennessee, the law is more elusive. Per the Indiana Nurse Practice Act, the definition of “registered nursing” means performance of services that include, but are not limited to, “assessing health conditions,” which means the “collection of data through means such as interviews, observation, and inspection for the purpose of: (1) deriving a nursing diagnosis; (2) identifying the need for additional data collection by nursing personnel; and (3) identifying the need for additional data collection by other health professionals” (Indiana State Board of Nursing, 2008). From this information, and assuming nurses have the skills to perform the type of physical assessment required for the surveillance examination, it appears an RN licensed in Indiana could perform the assessment and refer the worker to a consulting physician or other provider, if necessary. In Tennessee, the RN practice act seems imprecise regarding the issue, referring to the nurses’ responsibility to “conduct and document nursing assessments” and “validating, refining, and modifying the data by utilizing available resources,” including “health team members” (Tennessee Board of Nursing, 2011). Because the Tennessee law apparently lacks specific definitions of some key terms (e.g., nursing assessment), consultation with the Board of Nursing may be advisable for a more definitive answer.

The scope of practice for nurse practitioners, including occupational health nurse practitioners, is also determined by state regulations and varies among states. For example, in some states, nurse practitioners can examine patients and prescribe medications without physician supervision; however, the majority of states do not allow this practice (Institute of Medicine [IOM], 2010). Licensing and practice regulations differ among states; professional nurses’ practice activities are not always determined by their education and training, but rather by the state laws under which they practice.

Because scope of practice varies by nurses’ basic education, state law, practice parameters, and professional development, each nurse is responsible, both professionally and legally, for determining personal scope of practice. In occupational health, the nurse is frequently employed in a solitary environment where both the organization and workers may pressure the nurse to expand the scope of practice to meet new needs and demands. Nurses in these situations must recognize their responsibility for providing only those services that fall within their legal scope of practice. Despite the differences and ambiguity of the various state nurse practice acts, and the nature of occupational and environmental health nursing practice, evidence from a valid survey of occupational and environmental health nurses completed by the American Board for Occupational Health Nurses, Inc. (ABOHN) demonstrates that occupational and environmental health nurses do recognize the need to monitor laws and regulations affecting nursing practice (Strasser, Maher, Knuth, & Fabrey, 2006).

**Professional Development**

AAOHN Standard VIII addresses professional development, stating that occupational and environmental health nurses assume accountability for professional development to enhance professional growth and maintain competency (AAOHN, 2004). As the profession of nursing evolves and technology changes, all actively practicing nurses are expected to continually enhance their skills and expertise. This may be achieved by formal education (i.e., degree programs), continuing education, practice, research, and other professional activities (Chamberlin & Lawhorn, 2006).

**Education.** According to Smith (2009), four types of nursing education programs lead to eligibility to take the licensing examination to practice as an RN: diploma, associate degree, bachelor’s degree, and master’s degree. One of the difficulties with multiple educational pathways to becoming an RN is public confusion as well as possible uncertainty for those in business who hire occupational and environmental health nurses. It is likely that many human resource professionals may not realize that different educational pathways lead to licensure as an RN. Additionally, they may not entirely understand the difference among the scopes of practice for LPNs or LVNs, RNs, and nurse practitioners.

On a positive note, the various educational entries into practice for RNs provide an opportunity for professional educational growth within the profession. One of the recommendations of the IOM (2010) report, The Future of Nursing: Leading Change, Advancing Health, is that the proportion of nurses with a baccalaureate degree increase to 80% by the year 2020, and that nursing programs work together to assist nurses in seamlessly moving from one nursing program to another. Occupational and environmental health nurses are increasingly advancing their level of education. According to data from an ABOHN valid practice analysis survey (Strasser et al., 2006), a bachelor’s degree was the highest level of education for 38.5% of the 1,223 certified and non-certified occupational and environmental health nurses who participated. An additional 22.8% had achieved a master’s degree or higher. Because 68% of the respondents in the study indicated that their basic level of education was an associate degree or diploma and more than 61% possessed a bachelor’s degree or higher, it is clear that many occupational and environmental health nurses returned to school to enhance their academic credentials. Additionally, although no concrete data verify actual numbers, it appears that more advanced practice nurses (i.e., nurse practitioners) are employed in occupational health settings throughout the United States to deliver occupational health services and primary care (Griffith & Strasser, 2010).

**Competency.** As noted above, another critical aspect of professional development for nurses is maintaining competency. According to Ludwick (1999), nursing licensure laws’ intent is to protect patients from harm, but they do not hold professionals accountable to a skill level that promotes quality. Although states are responsible for establishing entry into practice and continued practice requirements, and employers are responsible for creating an environment supporting quality practice, occupational and environmental health nurses are responsible for remaining current with evolving scope of practice and work responsibilities (AAOHN, 2007b). Laws and rules
are generally considered to uphold the lowest minimum standard for practice. Nurses are held accountable for their actions on a daily basis and are expected to possess requisite knowledge before they begin practice as well as when they encounter a change in practice demands or a need for additional knowledge, skills, and abilities. Because much of the requisite knowledge for occupational and environmental health nurses is different from that for a nurse practicing in an acute care setting or in most other specialty areas, any nurse new to occupational and environmental health nursing practice is likely to have a steep learning curve to achieve competence in the specialty. The “Competencies in Occupational and Environmental Health Nursing” (AAOHN, 2007b), along with the accompanying self-assessment document (AAOHN 2007a), can be used by novice occupational and environmental health nurses as well as by occupational and environmental health nurses throughout their practice as a resource to identify strengths in their knowledge, skills, and abilities, prioritize learning needs, and organize a self-directed plan to meet the identified needs.

AAOHN identified nine competency categories based on the scope of occupational and environmental health nursing practice: (1) clinical and primary care; (2) case management; (3) work force, workplace, and environmental issues; (4) regulatory and legislative; (5) management; (6) health promotion and disease prevention; (7) health and safety education and training; (8) research; and (9) professionalism. AAOHN also identified three levels of competency—competent, proficient, and expert—within each of the nine categories. The three competency levels are based on Benner’s nursing research and model of skills acquisition (Benner, 1984). AAOHN omitted two of Benner’s levels—novice and advanced beginner—from the occupational and environmental health nursing competency list predicated on the assumption that occupational and environmental health nurses enter the specialty competent in nursing practice as evidenced by RN licensure and general nursing practice experience. In the self-assessment guide, the nurse rates each competency based on a four-level rating scale: (1) minimal skill and knowledge; represents a learning opportunity; (2) basic skill and knowledge; needs more practice and reinforcement; (3) moderate skill and knowledge; adequate performance; and 4) high skill, very knowledgeable; confident in performance; or “not applicable to current practice or position” (AAOHN, 2007a).

Competency assessment should be viewed as an adaptable, ongoing process that reflects the dynamic nature of occupational and environmental health nursing practice. The AAOHN competencies can be used to orient new employees, to continually assess occupational and environmental health nurses’ knowledge and skills throughout their careers, and as a basis for quality improvement as organizations identify the knowledge and skills needed to meet ever-changing aspects of occupational and environmental health nursing (Strasser, 2005).

One process to demonstrate continuing competence in nursing is to achieve and maintain nursing certification in the nurse’s area of practice. According to the American Board of Nursing Specialties (ABNS; www.nursingcertification.org/about.html), certification is the formal recognition of the specialized knowledge, skills, and experience demonstrated by the achievement of standards identified by a nursing specialty to promote optimal health outcomes.

As evidenced above, many occupational and environmental health nurses enhance professional growth via formal degree programs. Additionally, many occupational and environmental health nurses choose to demonstrate proficiency in occupational and environmental health nursing by certification in specialty practice. ABOHN is the sole certifying body for occupational and environmental health nurses in the United States. ABOHN certification is obtained through a combination of practice expertise, continuing education, and acceptable examination performance (Strasser et al., 2006). The quality of ABOHN’s credentialing process is currently validated by the National Commission for Certifying Agencies, part of the Institute for Credentialing Excellence. According to ABOHN, since the organization was founded in 1972, more than 16,000 nurses have achieved certification and 5,200 occupational and environmental health nurses are currently certified (www.abohn.org).

RESOURCES MANAGEMENT AND COLLABORATION

AAOHN Standard VII, resource management, and Standard IX, collaboration, both encompass the responsibilities of occupational and environmental health nurses for managing occupational health and safety programs and services. These standards require, among other activities, that occupational and environmental health nurses contribute to the strategic alignment of occupational health and safety programs and services within the scope of client needs, participate in decision making about resources to support cost-effective programs and services, and participate with the environmental, health, and safety management team to solve problems, set policy, plan resulting programs and services, and promote conflict management and team-building processes. Additionally, APRNs should interact with professional colleagues to ensure provision of comprehensive care (AAOHN, 2012). Information from ABOHN (Strasser et al., 2006) verifies that occupational and environmental health nurses do spend significant time (i.e., 25% to 30%) in the roles of “manager/coordinator” and “consultant,” occupational and environmental health nurses are involved (i.e., greater than 5% of time spent in each activity) in safety, industrial hygiene, infection control, ergonomics, and disaster preparedness activities. Some of the highest-ranking task statements, according to the significance and frequency of the tasks performed by occupational and environmental health nurses who participated in the study, relate to resource management and collaboration:

- “Collaborate to protect and promote worker safety and health.”
- “Monitor new developments related to emerging health issues.”
- “Manage workers’ compensation.”
- “Demonstrate the value of services provided.”
• “Analyze injury, illness, and accident data.”
• “Educate management about occupational health and safety programs.”

Research
AAOHN Standard X, research, requires that occupational and environmental health nurses use research findings in practice and contribute to the scientific base of occupational and environmental health nursing to improve practice and advance the profession. The standard recognizes that the educational background of occupational and environmental health nurses will indicate the level of involvement in research activities. For example, all practicing occupational and environmental health nurses should use research findings to improve practice, but nurses prepared at the doctoral level are likely to conduct formal research. Educational level appears to be a factor in the value occupational and environmental health nurses place on research. According to data from the ABOHN practice analysis (Strasser et al., 2006), occupational and environmental health nurses with baccalaureate or higher degrees place greater value on incorporating research in practice than nurses prepared at the diploma or associate degree level. As occupational and environmental health nurses continue to climb the academic ladder, it is likely that they value research and increase their participation in research activities to benefit specialty practice.

Ethics
AAOHN Standard XI, ethics, addresses occupational and environmental health nurses’ use of an ethical framework for decision making in practice. Specific criteria in the standard (AAOHN, 2012) include:

• Occupational and environmental health nurses’ practice is guided by the Code of Ethics and Interpretive Statements (AAOHN, 2009).
• Confidentiality of health information is maintained in accordance with professional codes, statutes, and regulations.
• Protection of the rights of clients and occupational and environmental health nurses.
• Delivery of care is respectful of clients’ self-determination, capabilities for self-care, and diverse cultural and personal attributes.
• The occupational and environmental health nurse acts as an advocate, promoting clients’ self-determination and preserving autonomy, dignity, and rights.
• The occupational and environmental health nurse uses resources to facilitate ethical decision making and resolve ethical dilemmas.
•Instances of illegal, inappropriate, or unethical behavior that can endanger the client are acted upon appropriately.

Although Standard XI addresses many ethical principles, confidentiality of health information is central to the practice of occupational and environmental health nurses and as such has been addressed in the Code of Ethics and Interpretive Statements (AAOHN, 2009) and several AAOHN supplemental documents over the years. Although the obligation to protect employee health information is well defined, the familiarity and openness of many workplaces often leads to sharing employees’ personal health information. In addition, no legal protection may be afforded some employee health information, resulting in the possibility of ethical conflicts for nurses who might be asked to supply employees’ personal health information to the employer or others (AAOHN, 2002). Although most occupational and environmental health nurses are not covered by the Health Insurance Portability and Accountability Act’s (HIPAA) Privacy Rule, implementation of that regulation has increased public awareness about confidentiality of personal health information (Strasser, 2004). Because of the heightened awareness regarding individuals’ rights concerning confidentiality, and the amount of health information—both work-related and non-work-related—occupational and environmental health nurses can access, it is critical that occupational and environmental health nurses create systems to ensure compliance with all legal and ethical constructs regarding privacy of personal health information for employee populations. To ensure consistent confidential handling of health information, AAOHN (2002) recommends written policies and procedures regulating access to and release, transmittal, and storage of all employee health information. Evidence from the ABOHN practice analysis demonstrates that occupational and environmental health nurses value their responsibility to maintain confidentiality of employee health information. Several of the highest-ranking task statements from the study address confidentiality. The highest-ranking task statement, in terms of both significance and frequency, was, “Assure confidentiality of personal health information.” The third highest-ranking statement, in terms of significance, was, “Implement policies and procedures for confidentiality.” Other findings from the ABOHN survey that support occupational and environmental health nursing ethical principles are “Adhere to standards of professional conduct,” ranked seventh for both significance and frequency, and “Apply regulatory standards and guidelines,” ranked ninth for significance and sixth for frequency (Strasser et al., 2006).

CONCLUSION
AAOHN, the professional organization for occupational and environmental health nurses, has published the documents that serve as the framework for specialty nursing practice in occupational and environmental health, including the Code of Ethics and Interpretive Statements, the “Standards of Occupational and Environmental Health Nursing,” “Competencies in Occupational and Environmental Health Nursing,” and the Core Curriculum for Occupational and Environmental Health Nursing. Together, these documents define and describe the scope of specialty practice, present an ethical framework for occupational and environmental health nursing practice, outline the principles supporting the knowledge base of the specialty practice, delineate the abilities required for competent, quality practice, and provide a comprehensive resource for occupational and environmental health nurses. The AAOHN standards address delivery of nursing care, resource management, professional development, collaboration, research, and ethics. The standards apply
to professional nurses in all occupational health practice settings, and may be used in quality assurance programs to evaluate and improve nursing care, as a resource for assessment tools and plans of care, and for peer review and performance appraisal. The standards have been modified over time to reflect the evolving practice of nursing. The AAOHN competencies, along with the self-assessment document, can be used by novice and experienced occupational and environmental health nurses throughout their careers to identify strengths in knowledge, skills, and abilities, prioritize learning needs, and organize self-directed plans to meet identified needs. When workplaces that provide occupational health nursing services strictly adhere to the principles outlined in these vital documents, the recipients of care can be assured they are receiving quality, competent, and ethical care.

REFERENCES

IN SUMMARY

Occupational and Environmental Health Nursing

The Foundations of Quality Practice
Strasser, P. B.


1. The American Association of Occupational Health Nurses, Inc., has developed several documents that serve as the framework for the specialty practice of occupational and environmental health nursing: the Code of Ethics and Interpretive Statements, the “Standards of Occupational and Environmental Health Nursing,” “Competencies in Occupational and Environmental Health Nursing,” and the Core Curriculum for Occupational and Environmental Health Nursing.

2. Together, these documents define and describe the scope of occupational and environmental health nursing, provide an ethical framework for occupational and environmental health nursing practice, delineate the principles supporting the knowledge base of the practice, outline the abilities required for competent practice, and provide a comprehensive resource for occupational health nurses.

3. All practicing occupational health nurses must adhere to the various standards, regulations, and guidelines that apply to delivery of nursing care in their practice setting. The AAOHN foundational documents are an invaluable source of information for all occupational health nurses to assure delivery of competent, ethically based, legally recognized nursing care.