NECOEM Reporter  

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2019 Annual Conference:
Occupational Medicine: Making a Difference  
December 4* 5 and 6  
Boston-Newton Marriott Hotel  
Newton, MA  
www.necoem.org

*Lower Extremity MSK Exams—Hands On Practicum (limited enrollment)  
Concussion: Emerging Epidemic  
Concussion: A Focus on Vision  
At-Risk Patients Treatment  
Cervical Spine  
The Knee: Dx and Treatment  
Journey in OccMed  
Obesity and Worker Comp  
Improve UR Outcomes  
Wound Care Gold Standards  
Marijuana in the Workplace  
Bloodborne Pathogens/ TB Update  
Imaging the Lower Extremity  
DOT/NRCME Update  
Occupational Dermatology  
Vaccinating HealthCare Workers  
Poster Session  
Career Panel  
Stop the Bleed Workshop  
and much more

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Milo rarely misses a day of work. Every morning, he hops out of the car with a spring in his step and waits patiently for the office elevator. When he gets to work, he walks around greeting everyone, excited to be there.

There is a major difference between Milo and everyone else at the office—he’s only about a foot tall. He also has four legs, a stubby tail, and mobile, triangular ears. Milo is a French bulldog. His human companion, Dr. Jane Glass, is a physiatrist at Bayside Employee Health Center in Portland, Maine.

In the United States, where close to 70% of people have a pet, it’s no surprise that some of those people are bringing their animals to work. Yet despite a growing interest in the benefits of animal companionship and a trend toward pet-friendly corporate culture—epitomized by companies like Google or Amazon, where the canine-human ratio is around 1:7—research into the benefits and challenges of bringing dogs to work is still relatively new.

The general benefits of canine companionship are well established. Research consistently links companion dogs with greater human resiliency under stress and lower incidence of depression and anxiety. Dogs can also act as a ‘social catalyst’ for their human companions, strengthening existing friendships and increasing frequency of interaction with new people. The presence of a dog has even been found to alter brain chemistry, increasing oxytocin and decreasing salivary cortisol—reducing the body’s stress response more effectively even than the presence of a close human friend or spouse.

Dog-related health benefits don’t stop with mental health. A 2017 study of 3.4 million people at Uppsala University in Sweden found that having a dog is associated with improved cardiovascular health and immune response. Even adjusting for risk factors like smoking, dog owners are 33% less likely to die from any cause than the comparable dog-less population, with especially clear protective benefits for people who live alone. Broadly, dog owners tend to exercise more, see their doctors less frequently, and miss fewer days of work than non-dog owners.

Many of these benefits may well translate to the workplace. Dr. Glass says that she started bringing Milo to the office because she didn’t want to leave him alone when he was a puppy. “But I kept bringing him because I saw how good he was for morale. Someone would be having a bad day and ask if they could have some time with him. Just holding him or petting him makes everyone feel less anxious, me included.” Eventually, Dr. Glass and Milo trained and certified through Therapy Dog International (TDI), a New Jersey-based organization that regulates, tests, and insures therapy dogs throughout the U.S. and Canada.

Milo’s cheering effects have spread beyond her own business. “People who work in the whole building know him. There are people whose names I don’t even know, but they know Milo’s name and light up when they see him.”

**Benefits of Dogs in the Workplace**

Evidence suggests a variety of positive outcomes for workers in pet-friendly jobs, many of which are likely rooted to
the general mental health benefits of canine companionship. A 2019 study in the UK found that people who bring their dog to work take significantly more pride in what they do, are more dedicated and enthused at their jobs, and experience greater overall career satisfaction than those without dogs at work. The study also found that the presence of a dog positively impacts coworker relationships, which could improve team cohesion and perceptions of social support on the job.

Dogs in the workplace are also associated with long-term benefits, including lower turnover rates and increased job commitment. A poll conducted by the Society for Human Resource Management found that 44% of pet owners would consider changing jobs to work for a dog-friendly employer.

Allowing dogs in the workplace has other benefits for employers. Studies indicate that employee performance may be improved in a pet-friendly environment; a 2001 study found that performing stressful tasks in the presence of a dog not only decreases physiological stress-response but actually improves an individual’s performance of the same task over a period of 6 months. In another study, people who routinely take their dogs to work reported higher levels of concentration while working, more so even than people who only 'sometimes' take their dog to work.

Although much of the research is still fairly new, the number of dog-friendly workplaces is increasing in the U.S. The Society for Human Resource Management estimates that 9% of employers now allow employees to work alongside their canine companions.

Challenges of Dogs in the Workplace

Any organization considering whether to integrate dogs should also consider the potential risks. Many of these are the predictable safety hazards that come from interacting with any animal, such as zoonoses and bites. Employers should also take into account the potential for individual dog fears or phobias, as well as cultural or religious perceptions of dogs which may make some people uncomfortable or opposed to sharing space with them. Employers might also look at installing air cleaners with high-efficiency particulate air (HEPA) filters, as these have been shown to dramatically decrease dog dander in the air.

Some studies show that dogs can present a direct or indirect fall hazard, especially those that are lower to the ground or on a longer leash. In 2006, some 86,000 emergency room visits resulted from people tripping over dogs and cats. A 2017 review of dogs in the workplace by the National Institute for Occupational Safety and Health recommends that dogs leashed at work be kept on short, non-extendable leashes and that all employees be made aware of the potential slip, trip, and fall hazard, noting that most service dogs are trained to lie away from doorways and open spaces, minimizing this risk.

Animal bites are probably the most serious risk of allowing dogs in the workplace. Dogs are responsible for the majority of animal bites to humans, although only about 18% of dog bites receive medical care. It can be hard to quantify this risk overall because of variation between individual dogs, but the high standards of therapy dog organizations may be useful in evaluating whether a dog’s temperament is appropriate for the workplace. Some employers may also require employees to sign an indemnification agreement taking responsibility for any liability.

To mitigate risks and support the health of all employees or clients, employers might consider designating dog-free areas or limiting dogs only to certain areas of an office or clinic. “We have patients who don’t like dogs and we have to be sensitive to that,” Dr. Glass says.
The Clinical Workplace

Along with the concerns applicable to any professional environment, the clinical workplace comes with some additional challenges and considerations regarding dogs. Many healthcare institutions, particularly hospitals and nursing homes, already allow dogs through established therapy dog programs. These programs can provide excellent models for any clinical workplace considering if and how to integrate dogs.

Recommended guidelines for animals in healthcare facilities, published by the Society for Healthcare Epidemiology of America (SHEA), include training and evaluation for animals and handlers, education for clinical and administrative staff, and, most importantly, rules to ensure that everyone who touches the animal washes their hands before and after contact. In a survey of the top 20 U.S. pediatric oncology hospitals, a setting where animal-assisted therapy programs are relatively common, all institutions required that participating dogs receive an annual veterinary check-up, be older than a year, and not be adopted directly from a shelter. All therapy dogs should also be up to date on deworming and vaccinations.

Cleanliness and hygiene remain the most obvious concern in a clinical setting, especially in hospitals. A 2018 study of pediatric oncology patients at John Hopkins Hospital in Baltimore found that being visited by a therapy dog did slightly increase a child’s likelihood of being exposed to Methicillin-Resistant Staphylococcus aureus, or MRSA. However, using an antibacterial wipe superficially on the dog’s coat between patients alleviated the risk entirely. The hospital has since expanded their therapy dog program.

Dr. Glass agrees that hygiene is a primary concern. “A dog in any workplace needs to be well-groomed and clean,” she says. “They have to have their nails clipped. They have to be bathed regularly. That’s all part of the Therapy Dog International criteria as well.” At Bayside Employee Health Center, Milo isn’t allowed in the trauma room, where open wounds and lacerations are treated. “But he has been in an exam room when I give an injection. If a patient is phobic about needles, Milo can help calm them down significantly. He makes my job easier.”

Milo’s time at Bayside provides a window into the a dog-friendly clinical less contact with patients than plenty of anecdotes about soothe an agitated patient. She in to the clinic with a possible pain. After agreeing to see wall, within seconds the panicking but was able to ray table much better, even room.” Milo has visibly frustration, “just by being have been situations where I have turned them around remarkable.”

Recent large meta-analyses about the existing research on (AAI), citing typically small differentiating between the those of their friendly human however, the therapeutic companionship appear to extend to individuals with a huge variety of medical needs. Existing research indicates

Dr. Glass and Milo at Bayside Employee Health Center
dramatic psychological benefits for patients, including decreased tiredness, anxiety, sadness, and fear. Pain can be also influenced by therapy dogs; a 2015 Harvard Medical School study of orthopedic postoperative patients found that people receiving dog-assisted therapy experienced decreased pain perception and reported greater overall satisfaction with hospital services and provider communication. A 2015 study at Mayo Clinic found that 1-year survival of heart attack patients increased 5-fold when participants were regularly in the presence of a dog.

For those workplaces considering whether to implement dogs in a therapeutic capacity, Animal-Assisted Interventions in Health Care Settings: A Best Practices Manual for Establishing New Programs (2019) is an excellent resource from the Center for Human-Animal Interaction at the Virginia Commonwealth School of Medicine. In the smaller outpatient setting, Dr. Glass recommends therapy dog certification as the place to start. “There are patients who might not be huge dog lovers, but they warm up to him once they know he’s therapy dog certified,” she says. “Those credentials mean something to people.”

Characteristics of Successful Dogs

Certain dog demographics can influence a dog’s success in the workplace and may also impact the positive benefits for employees. A 2019 study found that employee job engagement was significantly decreased when the employee’s dogs weighed more than 45 pounds. The same study hypothesized that training and breed may be important factors to consider, but were unable to draw any conclusions from their sample.

“There are certain things that make it work for Milo to come to office,” Dr. Glass says. “He’s quiet, he’s calm, he doesn’t bark. Even though he’s therapy dog certified, it’s almost hard to say if it’s his personality that makes him so suitable for the office or the fact that he’s been coming since he was a puppy. He knows office behavior.”

Therapy dog certification requires dogs to remain indifferent to assistive devices and loud noises. During part of Milo’s certification test, the instructor knocked over a large metal trash can while he sat facing away from her. “He could turn around and look,” describes Dr. Glass. “But he couldn’t move or startle.” A dog’s human companion must stay in voice control of their pet at all times.

All therapy dogs also have to be “adaptable, friendly, calm, and reliable. And very obedient.” says Dr. Glass. “A dog must be extremely obedient when told to leave something. Especially if a dog is in a hospital, where something on the floor could be contaminated.”

Conclusion

While some critics of dogs in the workplace question what’s best for the health of the dogs themselves, Dr. Glass doesn’t see this as a concern. “Milo gets so much more attention this way than he would if he was home alone all day,” she says. “I think working with him as a therapy dog has helped us build the ideal relationship for dog and owner. He’s been well-socialized from a young age, he loves meeting new people, and getting to be together all the time makes us both much calmer and happier.”

Attention and research on this issue is likely to increase as more and more employers consider whether to allow dogs in the workplace. Dogs may also become more integrated into healthcare education, as some medical schools have begun to offer courses in animal-human interaction. With the appropriate attention to pet and human welfare, dogs in the workplace can provide many fun, safe, health benefits for animals and humans alike.

Jane Glass, D.O. is a physiatrist specializing in work-related injury since finishing her residency at the University of Michigan in Physical Medicine and Rehabilitation in 1985. She has devoted her career to the care of complex occupational musculoskeletal injuries.

Dana Glass, M.F.A. is the program director of Safe Space Radio, a nationally-broadcast public radio show that uses storytelling to combat mental health stigma. She is also Milo’s sister.

Occupational Health – Making a Difference!

NECOEM Annual Conference – December 4 – 6, 2019

Yes! Occupational health makes a tremendous difference each and every day keeping 8 million New Englanders and 164 million Americans safe and healthy at work, managing their recovery and full return when injury or illness impact their function, and working to ensure that our environment is safe and healthy – whether at work or not. To accomplish this, we need to keep our knowledge and skills up to date. One way NECOEM helps us to do this is by providing us with a world-class annual conference. To benefit, we need to take action; we need to register. Registration is easy at www.NECOEM.org. The conference runs Thursday, December 5th through Friday, December 6th, but starts with an optional, hands-on, lower extremity practicum, Wednesday evening, December 4th.

This year our conference is headlined by Philip Landrigan, MD, MS, MPH, who is presenting the William B. Patterson Memorial Lecture on “How Pollution and Climate Change Cause Non-Communicable Disease and Impact Child Mortality”, and Thomas Winters, MD, who is presenting the Harriet Hardy Award Keynote Address: “Off the Beaten Path… My Eclectic Journey in Occupational Medicine”. There will be a special presentation on the public health burden of vaccination.
refusers. Along the way there will be presentations on workplace concussion, wound care, cervical radiculopathy, obesity, occupational dermatology, lower extremity imaging, and diagnosis and treatment of knee injuries. Additional presentations will address the workplace challenges of marijuana, bloodborne pathogens and tuberculosis, violence in the emergency room, utilization review, workers compensation and hazards in the flight environment.

As in previous years, breakfast and lunch will be provided as part of the conference registration for both Thursday and Friday, and dinner will also be provided as part of the President’s Reception Thursday evening. For the first time this year, following the President’s Reception there will be an Occupational Health Career Panel as well two workshops: “Stop the Bleed”, and Narcan. This conference has been approved to provide up to 15 hours of continuing education credit through the AMA, CCMC and ABIH and 15 CEU’s pending approval for nurses.

**Take action now to join us! Register at www.NECOEM.org. We hope to see you there!**

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**One Health**

**Food Production and Safety & Its Broad Impact on Human Health**

By Michelle Pfannenstiel, DVM

One Health is the idea that human health, animal health and environmental health are all intertwined in our lives and our practices. The One Health Initiative is a collaboration of human medicine practitioners, animal medicine practitioners, public health practitioners, researchers, and others who seek to understand the interrelated health of the world around us. Understanding One Health is critical knowledge for the practitioner who wants to understand their whole patient. Understanding how people interact with animals and the environment helps practitioners treat the person in front of them. It is easy to overlook those interactions but approaching medicine from a One Health perspective can allow the practitioner to see more of the information available about a patient.

Food safety is a critical piece of the conversation of One Health and provides an easy window into understanding how humans, animals and the environment interact.

Why? Well, let’s think about how food is produced.

First, food is grown using multiple inputs. There are worker inputs, soil inputs, water inputs and animal inputs (either through the animals as the product or manure). Right there we can see that a One Health perspective will come into play. How are the workers interacting with the animals, with the water? How are the water and the animals or animal products interacting? Are there run off situations? What does that mean for ecological health?
Next, food is processed by people, using a lot of water. We still live in an era in food manufacturing where “the solution to pollution is dilution”. Food facilities wash every day, usually multiple times per day. Those facilities are washed by people using strong soaps and caustic substances. We use acids as interventions and we use antimicrobial formulations to control for bacteria in products. In short, we expose our food, our environment and our workers to a myriad of substances while in production.

Then, 40% of that food is going to end up in the waste stream. What does that do to our environment? I once helped in a recall where we had so much lead contaminated spice returned, I needed to figure out if it had to be disposed of as hazardous waste. Recalled product all ends up denatured and in landfills or incinerators. What are the human health implications of those decisions?

As we look to improving human, animal and environmental health, food safety clearly impacts the conversation. Understanding how patients live and work in their environment makes for better medicine.

If you are interested in diving more deeply into One Health and seeing how it can improve your practice, here are some links to explore the concept more thoroughly.

https://www.cdc.gov/onehealth/index.html
https://www.zoobiquity.com/
http://www.onehealthinitiative.com/
https://www.onehealthcommission.org/en/why_one_health/what_is_one_health/
https://www.avma.org/KB/Resources/Reference/Pages/One-Health94.aspx

Dr. Pfannenstiel is the President and CEO of Dirigo Food Safety, a full-service food safety consulting group based in Yarmouth, Maine. {www.DirigoFoodSafety.com}.

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**Ron and Jay’s Truck Stop, or Go?**

**By Drs. R. Blum and J. Poliner**

To all our Commercial Driver Medical Examiners… this column is for YOU! Have an interesting question or problem case you would like to share in a future newsletter? Do you have any other thoughts or opinions about the issues presented in this article? Send them to Newsletter Editor, Susan Upham, MD, MPH, FACOEM at supham@roadrunner.com.

**Case: Commercial driver in late 30s with insulin-treated diabetes mellitus (ITDM)**

A Certified Driver Medical Examiner (CDME) writes: We were asked to recertify a commercial driver with ITDM in his late 30s who had not previously been medically qualified by our practice. The driver’s treating clinician, a primary care provider, completed the MCSA-5870 form (“Insulin-Treated Diabetes Assessment Form”), stating that the driver had a stable insulin regimen and his diabetes was properly controlled. The driver did not have a history of hypoglycemic events and had no other health issues that would impact his medical eligibility to operate a commercial vehicle in interstate commerce. Laboratory results included glucose levels from the low 100s to low 300s. He had no other end organ issues related to his diabetes. The remainder of his examination was normal. He was having no performance
problems at work.

We were concerned that, although he was medically qualified at present, given his age and glucose levels, there could be future health issues that could impact his medical eligibility for a commercial driver’s license.

**Question for our CDME readers:** Would you request additional information from this driver? If you medically qualify this driver, for what period of time would you grant a Medical Examiner Certificate? Have you encountered similar cases in your practice?

Send your thoughts to Newsletter Editor Dr. Susan Upham at supham@roadrunner.com.

**Truck Stop Thoughts:** In a previous issue of “Truck Stop or Go,” we discussed the Federal Motor Carrier Safety Administration (FMCSA) regulatory change for ITDM drivers, which was effective on Nov 19, 2018. This regulation revision permits individuals with (1) a STABLE insulin regimen, and (2) properly controlled ITDM to be qualified to operate commercial motor vehicles in interstate commerce. The rule changes the qualification process to involve the CME and the individual’s treating clinician.

The CDME reviews the MCSA-5870 form completed by the treating clinician (TC). The MCSA-5870 must be received no later than 45 days after the TC signs it for each CMD medical examination. The MCSA-5870 form includes questions about the duration of insulin use, 3 months of electronic glucometer self-monitoring data, daily blood glucose testing, treatment plan compliance, any severe hypoglycemic episodes in preceding 3 months, Hemoglobin A1C measurements (most recent within past 3 months), any signs of diabetic complications or target organ damage, presence of progressive eye disease, and any other diabetes-related health issues.

The CDME exercises independent judgment to determine whether the individual meets ALL FMCSA physical qualification standards to operate a CMV safely. The CDME can grant an ITDM individual a Medical Examiner Certificate (MCSA-5876) for up to a maximum of 12 months. If this driver previously was given a federal diabetes exemption, he should have been notified by FMCSA that exemptions are no longer issued by FMCSA.

Previous guidance from FMCSA in the withdrawn “Medical Examiner Handbook” was that **blood glucose levels within the 100-400 mg/dL range were generally considered safe for commercial driving.** ITDM individuals with severe non-proliferative diabetic retinopathy or proliferative diabetic retinopathy are permanently disqualified due to the serious risk to vision that adversely impacts safe operation of a commercial motor vehicle.

To address the concern about “future health issues,” the CDME could briefly discuss the ITDM driver’s knowledge of the symptoms of and risk factors for hypoglycemia. The driver should be reminded of the requirement for treating clinician re-evaluation after a hypoglycemic episode. The CDME could also discuss the driver’s compliance with his/her treatment plan, including self-monitoring of blood glucose levels. The CDME may also inquire about the driver’s prior discussions with the treating clinician about technology, such as continuous glucose monitoring sensors. The regulatory change is discussed in detail in the Federal Register 83 FR 47486-47521 accessible at [https://www.federalregister.gov/documents/2018/09/19/2018-20161/qualifications-of-drivers-diabetes-standard](https://www.federalregister.gov/documents/2018/09/19/2018-20161/qualifications-of-drivers-diabetes-standard).


**Status of the Medical Examiner’s Handbook**

The new Chief Medical Officer of the Federal Motor Carrier Safety Administration (FMCSA), Dr. Joseph Sentef, presented a draft of the revised Medical Examiner’s Handbook to the Medical Review Board (MRB) at their July 15-16, 2019 meeting. The Handbook has been reduced in volume by 70%, the result of removal of non-regulatory directive language and obsolete information.

Specific recommendations are mostly replaced with language that encourage decisions on safe driving status be based on “best practice methodology through experience and research.” While there are some exceptions - the Neurologic Waiting Table, for example, for the most part the CME is left to determine risk to driver and public safety. The MRB will likely complete their review of the draft at their next meeting. No formal release date has been announced.

While the Medical Examiner’s Handbook has been removed from the FMCSA website for many months, it is acceptable for Medical Examiners to use the prior version of the Handbook as guidance, and then perform an
individualized risk assessment based on current best medical practice [CDME Review, Spring 2019].

**DOT/NRCME Update**
**at the 2019 NECOEM/MaAOHN Annual Conference**

The 2019 Annual Conference titled “Occupational Health: Making a Difference” will include the popular “DOT/NRCME Update.” Dr. Matt Lundquist, NECOEM President, will be joining us this year as a faculty member for the update, which is scheduled for the bottom of the 9th inning on Friday afternoon (apologies to Red Sox fans). If you have puzzling cases or medical eligibility questions that you would like the faculty to ponder, please send them by November 1 to Dr. Ron Blum c/o NECOEM. We look forward to seeing everyone at the conference.

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**Neuro-Optometry – Another View?**

By Thomas Luna, MD, MPH;  
Chair, 2019 NECOEM/MaAOHN Annual Conference Committee

Our NECOEM Reporter provides us with a ready forum for discussion of potentially controversial and/or emerging fields of medicine. For a healthy discussion, opposing points of view should be aired. We have recently been presented with just such an opportunity: neuro-optometry is a relatively new field – and it is controversial. Dr. Upham provided an extensive overview of neuro-optometry in the last issue (Summer 2019; Vol 2, Issue 55), including a case report and an interview with an experienced neuro-optometrist.

The NECOEM Meet-up in February 2019 provided a very interesting discussion of neuro-optometry, including several case presentations of patients who had been treated for post-concussion syndrome. This caught the attention of several members of our 2019 NECOEM/MaAOHN Annual Conference Committee. We wanted to learn more – and thought that conference attendees would also. We performed searches of the scientific literature but found few studies on neuro-optometry. Some of our occupational medicine colleagues had had some success referring their post-concussion patients to neuro-optometrists but the apparent paucity of scientific studies concerned us. As a committee, we sought out a potential speaker from a recognized academic center who could provide a deeper explanation of the physiologic basis of neuro-optometry and the current state of the associated science. Ideally, in an overview the speaker would explain: what neuro-optometry is; indications for use in the context of workplace injuries or return to work from conditions for which it is indicated, such as stroke; physiologic rationale; the current state of research and/or limitations of research in these areas. This proved to be quite difficult. Optometrists didn’t want to appear to criticize other optometrists in public but did not see how they could address the topic otherwise. A prominent optometrist deferred, telling us that they had concern over the lack of hard science behind neuro-optometry. Fortunately, they referred us to Dr. Mitch Scheiman who is well known and well respected. He is doing NIH-funded research on concussion, vision, and vision rehabilitation at Salus University/Pennsylvania College of Optometry. Happily, Dr. Schieman has agreed to provide an evidenced-based presentation of vision and concussion at the 2019 Annual Conference. His presentation will include: indications for referral to optometry in the context of workplace head injuries or return to work from similar conditions; physiologic rationale; the current state of research and/or limitations of research in these areas. His presentation is second on the schedule at our annual conference for Thursday, December 5th, immediately following our opening presentation on concussion by Dr. Austin Sumner. I hope to see you there!
In Memorium

Elisha Hornblower "Skip" Atkins, MD, MPH

The Occupational Medicine Community mourns the loss of Dr. Elisha Atkins, who passed away on 8/7/19. After completing his undergraduate degree at Swarthmore College, Dr. Atkins attended medical school at the University of Connecticut School of Medicine. He trained in primary care at Cambridge City Hospital, and he completed his MPH and fellowship in Occupational and Environmental Medicine at the Harvard School of Public Health.

Dr. Atkins was very active in various capacities in the field of occupational health and primary care. He was the medical director of the occupational health program at Massachusetts General Hospital for 20 years. At the Harvard TH Chan School of Public Health, he was a member of the Residency Advisory Committee and served as a lecturer and clinical preceptor in occupational medicine. He also worked as the Unit Chief of the MGH-Chelsea Department of Adult Medicine, and he presided as Chairman of the City of Chelsea Board of Health.

Dr. Atkins had multiple interests outside the workplace as well. He was passionate about various social causes throughout his life, including being a strong advocate for the local Latino immigrant community. He was active in the arts, and he was fluent in five languages. Pictured to the left is Dr. Atkins with a commemorative plaque given to him on the time of his retirement on 5/6/16 from the Harvard Chan OEMR.

Dr. David Christiani described him as “an outstanding internist and occupational medicine practitioner who was very committed to worker health. He combined occupational medicine practice and primary care at the MGH-Chelsea Health Center, while also serving as the MGH employee health service medical director. He was always accessible to patients and colleagues alike. He was a mentor to the HSPH OEMR residents for many years, where he was an outstanding mentor and teacher. I knew him as a dedicated, compassionate physician and role model to future generations of occupational medicine physicians. We will miss our colleague and friend very much.”

Dr. Stephanos Kales noted, "Skip was revered as a beloved preceptor of Harvard occupational medicine residents over a four decade span. His teaching in the clinic and classroom was treasured. He was also held as a dear friend and colleague throughout the NECOEM community, and he was a generous benefactor of the Harvard OM program. Skip will be severely missed."

Dr. Dean Hashimoto shared the following memories. “Skip Atkins was an amazing colleague and friend. As a primary care physician who focused on the delivery of healthcare in a community setting at the MGH Chelsea Community Health Center, he made substantial contributions to the field of occupational and environmental medicine through his additional work at the MGH. In the 1990s, he saw patients through the MGH Pulmonary Clinic. The MGH pulmonary department was where the occupational medicine staff were housed due to the historical development of our specialty by its founders who were MGH pulmonary physicians, Alice Hamilton and Harriet Hardy. Skip became the medical director of the MGH Occupational Health Services, where he emphasized the importance of applying the perspectives of primary care and public health to our occupational medicine specialty. He oversaw the training of Harvard School of Public Health occupational medicine residents who did rotations at the MGH. He taught us the importance of applying strong clinical skills in evaluating patients. He was the Unit Chief of MGH Chelsea Adult Medicine, while continuing to be the senior consultant to our Occupational Health Services. Skip was also the physician consultant to the lead registry for the Massachusetts Department of Public Health for many years, in addition to being the chair of the City of Chelsea Board of Health.

Personally, I learned more from Skip than from any other physician or friend. He was my role model for compassionate care for individuals. I remember Skip consistently spending late nights at the clinic providing additional medical and social support for all his patients. No one cared more for his patients than Skip. Just as important, he sought to impose his individualized caring perspective on the “big picture” of primary care delivery and public health interventions. His abiding commitment to community based medicine was only exceeded by his deeply felt love and care for his family and friends. His passing leaves an enormous and shining space defined by his kindness.
toward others.”

Dr. Glenn Pransky recalled, “He was one of the kindest and most consistently positive people I have ever worked with- and always appreciated by his staff and patients. He had infinite patience yet knew how to get things done.”

Farewell Dr. Atkins -
Congratulations on a Life Well Lived!

VIDEO LINKED MEETUPS OFFER NECOEM MEMBERS A LOW COST, CASUAL WAY TO DINE, NETWORK AND LEARN


The AIHA has set up this task force to study the hazards, controls and other health and safety issues associated with the growing number of workers in the cannabis industry. Currently, 34 states and the District of Columbia have legalized medicinal cannabis and 11 states have legalized it for adult use. Both adult and medicinal cannabis have also become legal in Canada as of October 2018.

Among the various issues covered, this presentation provided an overview of the hazards to workers, including chemical exposures (pesticides, fertilizers, CO2, SO2, CO, VOCs), ergonomic risks of harvesting and trimming (bending, reaching, manual handling, repetitive pinch/grip with wrist in extension), other occupational injury risks, (e.g. burns, cuts, falls), exposures to physical and biological agents (UV light, heat stress, mold, mildew, insects, potentially dangerous animals such as snakes, rodents), electrical and mechanical hazards, fire hazards, and other dangerous work conditions, (e.g. burns, cuts, falls), (work at heights, confined spaces, violence, etc.)

NECOEM offered four sites for this presentation, in MA, ME, CT and NH.

Video of this MeetUp is now available on the NECOEM website.
The New England College of Occupational and Environmental Medicine is a not-for-profit regional component society of the American College of Occupational and Environmental Medicine whose mission is to provide leadership to promote the optimal health and safety of workers, workplaces, and environments by: educating health professionals, employers, employees, payers, and the public; encouraging research and the development of new knowledge; championing the highest possible quality of OEM practice; guiding workplace and public policy; and advancing the field of occupational and environmental medicine.