

The Safety & Health Advisor

Winter 2008



Winter Weather Driving Safety Tips

Recently we sent out a winter weather related safety advisory which summarized preventative measures that should be taken to prevent inclement weather related accidents such as slips and falls, overexertion related injuries associated with clearing snow and ice, and injuries associated with weather related vehicle accidents.

We still have at least a few more months of potentially snow and icy driving conditions to get through before spring arrives. Here are more tips to reduce the risk for injuries associated with winter weather vehicle accidents.

Always plan ahead before you head out

- Plan your route before starting to drive and allow for extra travel time during inclement weather.
- Listen to local radio stations and/or dial 511 on your cell phone, which provides real-time traffic, construction and weather conditions.
- Limit trips outside the facility during poor weather conditions when possible.

Prepare your vehicle

- Carry supplies to help you keep windows clear at all times, including a scraper, brush, and extra windshield washer antifreeze.
- Encourage employees to keep a supply of ice melt in their cars that they can spread as needed.
- Keep Emergency Supplies In Your Car: cell phone, jumper cables, first aid kit, blanket, and a flashlight.
- Perform regular inspections of your vehicle: check tires, lights, and windshield wipers.

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Reminder - OSHA 300A Summary Posting due February 1st.

After completing and validating the information on your OSHA 300 log for calendar year 2007, the next step is to complete the OSHA 300A summary form. On February 1, 2008, employers must post a summary of the total number of work-related injuries and illnesses that occurred in 2007. Employers are required to post only the Log Summary (OSHA Form 300A) from February 1, 2008 to April 30, 2008. They must retain logs and summaries for 5 years.

The summary must list the total number of work-related injury and illness cases that occurred in 2007 and were logged on the OSHA 300 form. Company information about annual average number of employees and total hours worked during the calendar year is also required to assist in calculating incidence rates. Companies with no recordable cases in 2007 must post the form with zeros on the total line.

All establishment summaries must be certified by a company executive. The form is to be displayed in a common area wherever notices to employees are usually posted.

Employers with ten (10) or fewer employees and employers in certain industry groups are normally exempt from federal OSHA injury and illness recordkeeping and posting requirements. A complete list of exempt industries in the retail, services, finance and real estate is posted on OSHA's website at: <http://www.osha.gov/recordkeeping/ppt1/RK1exempttable.html>. However, if your organization is selected to participate in the annual OSHA survey the exemption does not apply.

Copies of Forms 300, 300A and 301 are available at <http://www.osha.gov/recordkeeping/RKforms.html> in either Adobe PDF or Microsoft Excel Spreadsheet format

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- Clean the entire car before you begin to drive including all windows, the roof and lights.
- Let your car warm up and fully defrost for a few minutes before driving.
- Make sure all lights and heater/defroster are working properly.

Driving Safety Tips

- Start off slowly on ice or snow so the wheels won't spin or lose traction.
- Drive smoothly and allow plenty of space between your vehicle and the one ahead of you.
- Leave plenty of extra space between you and other vehicles whether your vehicle is moving or stopped.
- If you find yourself in a skid, get off the gas and brakes and counter steer until you get the vehicle back under control.
- If your vehicle is equipped with Antilock Brakes - Do Not Pump the Brake Pedal to slow down. Instead, Press on the brake pedal firmly and hold it down as necessary to slow down or stop.

OSHA announces new e-Tool ergonomic modules for Electrical Contractors

On October 31, 2007 the Occupational Safety and Health Administration (OSHA) added two new modules to the "Ergonomics Solutions for Electrical Contractors" e-Tool. The modules, developed with input from the Independent Electrical Contractors, Inc. (IEC), as part of the OSHA and IEC Alliance, include safety and health information for Installation and Repair, and Prefabrication processes.

The e-Tool offers potential solutions to ergonomic hazards that electrical contractors may encounter. The Installation and Repair module describes hazards encountered by employees who often dig trenches and pull and feed wire. It includes information on potential tendon and nerve problems that may result from using hand tools such as pliers, crimpers and side cutters. Further, the module provides solutions to help industry

professionals reduce the risks associated with electrical installation and repair.

The Prefabrication module discusses ergonomics-related hazards including heavy manual lifting, repetitive movements, and awkward or stationary positions. It lists possible solutions to reduce these hazards as they relate to various activities such as bending conduit, cutting and spooling wire, and welding and assembly tasks.

The OSHA website is www.osha.gov and the direct link to the Electrical Contractors e-Tool is www.osha.gov/SLTC/etools/electricalcontractors/index.html.

OSHA Announces Final Rule Covering Employer-Paid Personal Protective Equipment

On November 15, 2007 OSHA published an employer-paid personal protective equipment final rule in the Federal Register. Under the rule, all PPE, with a few exceptions, will be provided at no cost to the employee. OSHA anticipates that this rule will have substantial safety benefits that will result in more than 21,000 fewer occupational injuries per year.

"Employees exposed to safety and health hazards may need to wear personal protective equipment to be protected from injury, illness and death caused by exposure to those hazards," said Assistant Secretary of Labor for OSHA Edwin G. Foulke Jr. "This final rule will clarify who is responsible for paying for PPE, which OSHA anticipates will lead to greater compliance and potential avoidance of thousands of workplace injuries each year."

The final rule contains a few exceptions for ordinary safety-toed footwear, ordinary prescription safety eyewear, logging boots, and ordinary clothing and weather-related gear. The final rule also clarifies OSHA's requirements regarding payment for employee-owned PPE and replacement PPE. While these clarifications have added several paragraphs to the regulatory text, the final rule provides employees no less protection than they would have received under the 1999 proposed standard.

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Under the new paragraph (h) that was added to § 1910.132 General requirements: The employer is not required to pay for non-specialty safety-toe protective footwear (including steel-toe shoes or steel-toe boots) and non-specialty prescription safety eyewear, provided that the employer permits such items to be worn off the job-site. When the employer provides metatarsal guards and allows the employee, at his or her request, to use shoes or boots with built-in metatarsal protection, the employer is not required to reimburse the employee for the shoes or boots. Also, the employer is not required to pay for everyday clothing, such as long-sleeved shirts, long pants, street shoes, and normal work boots; or ordinary clothing, skin creams, or other items, used solely for protection from weather, such as winter coats, jackets, gloves, parkas, rubber boots, hats, raincoats, ordinary sunglasses, and sunscreen. The employer must pay for replacement of all other PPE, except when the employee has lost or intentionally damaged the PPE.

Employers must implement the PPE payment requirements no later than May 15, 2008. The rule also provides an enforcement deadline of six months from the date of publication to allow employers time to change their existing PPE payment policies to accommodate the final rule. For more information, visit www.osha.gov.

Impact of Worksite Health Promotion on Workers' Compensation Costs

Organizations, large, medium, and small, have begun to recognize that the better the health and physical condition of their employees, the less chance they will be injured, and if injured, the faster they will recover. A healthier work force not only results in a higher quality work product/service, improved employee morale, reduced sick leave usage and absenteeism and lower health care costs, but also lowers workers' compensation (WC) costs. This has become a particularly important issue given the skyrocketing costs of medical care and prescriptions and the fact that many companies are dealing with an aging workforce.

Over the past few years, the medical benefits portion of WC claims has increased around 10 percent annually, according to the National Council on Compensation Insurance (NCCI) and this trend is poised to gain momentum. The largest chunk of American health care dollars is spent on people with chronic health conditions – a population that is expected to grow by almost 40 percent by 2030. According to a review of 42 published studies of worksite health promotion programs, the studies showed an average 30% reduction in workers' compensation and disability management claims costs. A recent Associated Press story by Emily Fredrix also points out that truck drivers account for 15% of the nation's work-related deaths and poor health is often a contributing factor.

What is worksite health promotion? The report of the 2000 Joint Committee on Health Education Terminology defined WHP as "A combination of education, organizational, and environmental activities designed to improve the health and safety of employees and their families" (2000 Joint Committee on Health Education Terminology, p.10).

While the notion of a healthy workplace has evolved over the past 60 years, research from as far back as 1990 suggests a strong link between healthy workplace practices and organizational improvement. American Psychological Association reviewed research by psychologists and others identified five categories of employer practices that foster both employee well-being and organizational performance:

- Employee involvement: Empowering employees by involving them in decision-making and giving them more job autonomy.
- Work-life balance: Offering employees flexible work scheduling and other benefits that help them manage the demands they face both inside and outside of work.
- Employee growth and development: Providing opportunities for continuing education, tuition reimbursement and leadership development.
- Health and safety: Providing benefits that help employees optimize their physical and mental health and develop healthy lifestyles, such as stress-management, weight-loss and smoking-cessation programs.

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- Employee recognition: Rewarding employees both monetarily and non-monetarily through performance-based bonuses and pay increases, profit-sharing, employee awards programs and simple but genuine expressions of thanks.

Research has shown that these practices, especially when combined, relate to positive trends in employee job satisfaction, organizational commitment and morale.

Since 2004, NIOSH and CDC have produced two national symposia focusing on the connections between health and safety at the worksite. The first was named "STEPS to a Healthier U.S. Workforce" held in October 2004 and the second was named "The Worklife 2007 Symposium," which was also held in Washington, DC in September 2007. Presentations delivered at the Worklife 2007 Symposium can be viewed at www.worklife2007.com/presentations.asp.

Both symposia explored the logic, tools and methods necessary to demonstrate the synergies available when worksite safety and health programs work together. Increasing research demonstrates that the economic value added to an organization is optimized when worksite health promotion activities work in concert with safety programs. Clearly, the federal government is beginning to show an almost unprecedented interest in the connections between safety and health at the worksite and methods that optimize employee health and thereby save money.

The Wellness Council of America's (WELCOA) report, *Big Steps for Small Business — 10 Health Promotion Programming Ideas Every Small Business Should Consider* presents the following ten (10) programming ideas that can make a big difference in any small company.

1. Hold A Management Boot Camp
2. Designate A Company Wellness Leader And Provide A Training Experience
3. Conduct An Employee Health Interest Survey
4. Provide An Opportunity For Health Screening
5. Administer An Annual Physical Activity Campaign

6. Hold A Healthy Eating Lunch 'n Learn Seminar
7. Establish An In-House Lending Library
8. Disseminate A Regular Healthy Newsletter
9. Implement Healthy Policies And Procedures (e.g. healthy snacks)
10. Promote Community Health Efforts

Given the aging workforce, increasing number of chronic illnesses, and skyrocketing health care costs pertaining to work and non work-related injuries and illnesses, it will be essential for all types of businesses to establish elements of a WHP (a.k.a. wellness) program.

For many companies, this responsibility for developing a WHP program will fall upon the Human Resources Department. The challenge for these professionals will be how to best integrate the WHP program with the OHS program.

MRSA-Antibiotic Resistant Staph Infections and the Workplace

According to the Centers for Disease Control and Prevention (CDC), Methicillin-Resistant Staphylococcus Aureus (MRSA) is a type of common bacterial infection known as "staph". Staphylococcus Aureus bacterium (staph) is fairly common organism in the human population.

Staph is bacteria commonly carried on skin or in the nose of healthy people. Approximately 25% to 30% of the population is colonized (when bacteria are present, but not causing an infection) in the nose with staph bacteria, while exhibiting no signs of sickness. Sometimes, staph bacteria also can cause serious infections (such as surgical wound infections, bloodstream infections, and pneumonia).

MRSA is a specific strain of staph infection that is resistant to some antibiotics. It was first discovered in hospitals as one of the first bacteria resistant to almost all of the broad-range antibiotics used to try to treat it. Of the 25% to 30% staph carriers, approximately 1% of those are carriers of the MRSA strain of staph. Those people are also considered colonized, but not infected.

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Staph infections, including MRSA, occur most frequently among persons in hospitals and healthcare facilities (such as nursing homes and dialysis centers) who have weakened immune systems. This is referred to as "healthcare-associated MRSA". According to the CDC, Serious MRSA disease is still predominantly related to exposures to healthcare delivery:

- About 85% of all invasive (serious) MRSA infections were associated with healthcare, and of those, about two-thirds occurred outside of the hospital, while about one third occurred during hospitalization.
- About 14% of all the infections occurred in persons without obvious exposures to healthcare

Staph and MRSA can also cause illness in persons outside of hospitals and healthcare facilities. MRSA infections that are acquired by persons who have not been recently (within the past year) hospitalized nor had a medical procedure (such as dialysis, surgery, catheters) are known as "community-associated MRSA" infections. Staph or MRSA infections in the community are usually manifested as skin infections that look like pimples or boils and occur in otherwise healthy people.

The most important fact about MRSA is it is typically preventable and treatable. Although MRSA can be deadly in rare instances, with good hygiene and some simple preventative steps, the risk of a workplace outbreak of MRSA can be reduced significantly.

Transmission of MRSA

Healthcare-associated MRSA the main mode of transmission to other patients is through human hands, especially healthcare workers' hands. Hands may become contaminated with MRSA bacteria by contact with infected or colonized patients. If appropriate hand hygiene such as washing with soap and water or using an alcohol-based hand sanitizer is not performed, the bacteria can be spread when the healthcare worker touches other patients.

Community-associated MRSA is usually transmitted by direct skin-to-skin contact or contact with shared items or surfaces that have come into contact with someone else's infection. Factors that aid in the transmission of MRSA are referred to as the 5 C's:

1. Crowding
2. Frequent Skin-to-Skin Contact
3. Compromised Skin
4. Contaminated Items and Surfaces
5. Lack of Cleanliness

Locations where the 5 "Cs" are common include schools, dormitories, military barracks, households, correctional facilities and daycare centers.

Identification and Treatment of MRSA

Staph infections usually start as skin infections. They look like small red bumps that can become more painful as the infection worsens. These skin infections commonly occur at sites of visible skin trauma, such as cuts and abrasions. A doctor can diagnose MRSA with a tissue sample or nasal secretion for drug-resistant bacteria.

Staph skin infections may be treated by draining the abscess or boil and may not require antibiotics. This should only be done by a healthcare provider. If you are given an antibiotic take all doses, even if the infection is getting better. If after visiting your healthcare provider the infection is not getting better after a few days, contact them again.

Prevention of MRSA

The best way to prevent transmission of MRSA is through proper hygiene.

- Keep your hands clean by washing thoroughly with soap and water or using an alcohol-based hand sanitizer.
- Keep cuts and scrapes clean and covered with a bandage until healed.
- Avoid contact with other people's wounds or bandages.
- Avoid sharing personal items such as uniforms and personal protective equipment.

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Some areas and surfaces harbor more bacteria than others. For these surfaces you should consider keeping alcohol pads to wipe down the surface or a sanitizing hand gel containing at least 62% alcohol to clean your hands when surface cleaning isn't feasible. The EPA provides a list of EPA-registered products effective against MRSA: <http://epa.gov/oppad001/chemregindex.html>

For more information on MRSA and the Workplace please click on the following link www.cdc.gov/niosh/topic/mrsa/.

Here you will find answers to frequently asked questions regarding MRSA and the general workplace. For additional resources visit the following websites:

CDC Information about Community-associated MRSA

www.cdc.gov/ncidod/dhqp/ar_mrsa_ca.html

CDC overview on Healthcare Associated MRSA

www.cdc.gov/ncidod/dhqp/ar_mrsa.html

If you need assistance in evaluating your ergonomics or safety and health program, please contact Neal Freedman, John Cotnam, Margie Lobaton, or Mark Hickox from Atlantic Charter's Safety and Health Department at (617) 488-6500.