

The Safety & Health Advisor

Summer 2016



OSHA Injury Tracking Final Rule

The new rule, which was *published* on **May 11, 2016** and *takes effect* **January 1, 2017**, requires certain employers to electronically submit injury and illness data that they are already required to record on their onsite OSHA Injury and Illness forms. Analysis of this data will enable OSHA to use its enforcement and compliance assistance resources more efficiently. Some of the data will also be posted to the OSHA website. The amount of data submitted will vary depending on the size of company and type of industry.

OSHA expects this new rule will help improve workplace safety through expanded access to timely, establishment-specific injury and illness information for OSHA, employers, employees, and other stakeholders. The rule will also provide OSHA with data to assist in improving allocation of compliance assistance and enforcement resources, expanding the Agency's ability to identify, target and remove safety and health hazards, thereby preventing workplace injuries, illnesses and deaths. It will also enable OSHA to conduct more rigorous evaluations of the impact of government injury prevention activities.

The rule prohibits employers from discouraging workers from reporting an injury or illness. It requires employers to inform employees of their right to report work-related injuries and illnesses free from retaliation; clarifies the existing implicit requirement that an employer's procedure for reporting work-related injuries and illnesses must be reasonable and not deter or discourage employees from reporting; and incorporates the existing statutory prohibition on retaliating against employees for reporting work-

Highlights in this Issue

OSHA Injury Tracking Final Rule
Heat Stress Safety Reminder
Protecting Workers from the Zika Virus
OSHA's Final Silica Rule
Mental Health First Aid
Elements of an Effective Safety Committee
OSHA Revising Walking-Working Surfaces Standards

related injuries or illnesses. These provisions become *effective* **August 10, 2016**.

The new reporting requirements will be phased in over two years:

- Establishments *with 250 or more employees* in industries covered by the recordkeeping regulation must submit information from their 2016 Form 300A **by July 1, 2017**. These same employers will be required to submit information from all 2017 forms (300A, 300, and 301) **by July 1, 2018**. Beginning in 2019 and every year thereafter, the information must be submitted **by March 2**.
- Establishments *with 20-249 employees* in [certain high-risk industries](#) must submit information from their 2016 Form 300A **by July 1, 2017**, and their 2017 Form 300A **by July 1, 2018**. Beginning in 2019 and every year thereafter, the information must be submitted **by March 2**.

OSHA will provide a secure website for the electronic submission of information. The website will include web forms for direct data entry and instructions for other means of submission (e.g. file uploads). Establishments must submit the information electronically and may not submit the information on paper. Employers who do not have the necessary equipment or internet connection may submit their data from a public facility, such as a library. OSHA also intends to provide an interface for entering data from a mobile device.

Refer to this link for additional details including the Final Rule, a Fact Sheet and Frequently Asked Questions.

The Safety & Health Advisor

Summer 2016

<https://www.osha.gov/recordkeeping/finalrule/index.html>

Be on the lookout for additional information about requirements in Atlantic Charter's Winter 2017 newsletter scheduled for publication in January of 2017.

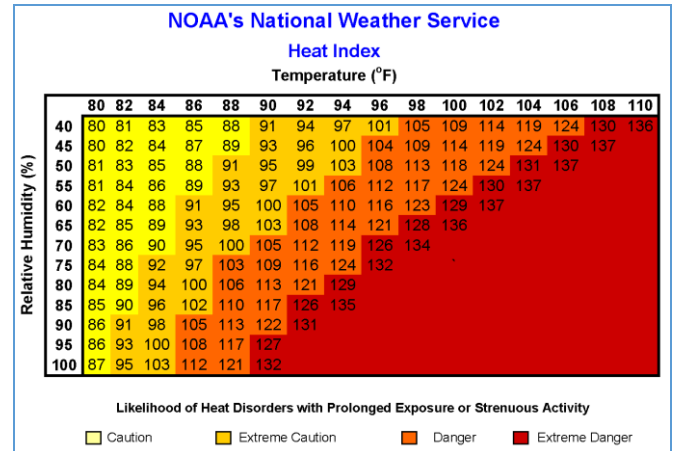
Heat Stress Safety Reminder: Using Temperature and Humidity as a guide for outdoor workers to determine hot weather work plans

Outdoor workers who are exposed to hot and humid conditions are at risk of heat-related illness. The risk of heat-related illness becomes greater as the weather gets hotter and more humid. This situation is particularly serious when hot weather arrives suddenly early in the season, before workers have had a chance to adapt to warm weather. In 2014, 2,630 workers suffered from heat illness and 18 died from heat stroke and related causes on the job.

For people working outdoors in hot weather, both air temperature and humidity affect how hot they feel. The "heat index" is a single value that takes both temperature and humidity into account. The higher the heat index, the hotter the weather feels, since sweat does not readily evaporate and cool the skin. The heat index is a better measure than air temperature alone for estimating the risk to workers from environmental heat sources.

Using the Heat Index

The U.S. National Oceanographic and Atmospheric Administration (NOAA) developed the heat index system. The heat index combines both air temperature and relative humidity into a single value that indicates the apparent temperature in degrees Fahrenheit, or how hot the weather will feel. The higher the heat index, the hotter the weather will feel, and the greater the risk that outdoor workers will experience heat-related illness. NOAA issues heat advisories as the heat index rises.



Why humidity matters: Relative humidity is a measure of the amount of moisture in the air. Sweat does not evaporate as quickly when the air is moist as it does in a dry climate. Since evaporation of sweat from the skin is one of the ways the human body cools itself on a hot day, high humidity reduces our natural cooling potential and we feel hotter. Low humidity can also be a problem for outdoor workers in hot, desert-like climates. Sweat evaporates very rapidly in low humidity, which can lead to severe dehydration if a person does not drink enough water throughout the day. IMPORTANT NOTE: The heat index values were devised for shady, light wind conditions, and exposure to full sunshine can increase heat index values by up to 15° Fahrenheit. To account for solar load, added precautions are recommended. See Protective Measures to Take at Each Risk Level.

Here is a link to the NOAA Heat Index Calculator:
<http://www.wpc.ncep.noaa.gov/html/heatindex.shtml>

Keep in mind workers new to outdoor jobs are at greatest risk

Workers new to outdoor jobs are generally most at risk for heat-related illnesses. For example, Cal/OSHA investigated 25 incidents of heat-related illness in 2005. In almost half of the cases, the worker involved was on their first day of work and in 80% of the cases the worker involved had only been on the job for four or fewer days. That's why it's important to gradually increase the workload or allow more frequent breaks to help new workers and those returning to a job after time away build up a tolerance for hot conditions.

The Safety & Health Advisor

Summer 2016

Make sure that workers understand the risks and are “acclimatized”.

Employers must protect workers from excessive heat

OSHA does not have a specific standard that covers working in hot environments. Nonetheless, under the OSH Act, employers have a duty to protect workers from recognized serious hazards in the workplace, including heat-related hazards. This includes protecting workers from extreme heat. See OSHA’s news release at:

https://www.osha.gov/pls/oshaweb/owadisp.show_document?p_table=NEWS_RELEASES&p_id=25257

An employer with workers exposed to high temperatures should establish a complete heat illness prevention program.

- Provide workers with water, rest and shade.
- Allow new or returning workers to gradually increase workloads and take more frequent breaks as they acclimatize, or build a tolerance for working in the heat.
- Plan for emergencies and train workers on prevention.
- Monitor workers for signs of illness.

See OSHA’s web link for additional information:

<https://www.osha.gov/SLTC/heatstress/standards.html>

Protecting Workers from Occupational Exposure to Zika Virus

This recently published facts sheet at www.osha.gov/Publications/OSHA3855.pdf provides employers and workers with information and guidance on preventing occupational exposure to the Zika virus. The guidance may be updated as additional information becomes available.

The Occupational Safety and Health Administration (OSHA) and the National Institute for Occupational Safety and Health (NIOSH) are monitoring the Zika virus outbreak spreading through Central and South America, Mexico, and parts of the Caribbean,

including U.S. territories. For the most up-to-date information, check the Centers for Disease Control and Prevention (CDC) [Zika website](#) frequently.

Some U.S. states have mosquitoes that can become infected with and spread Zika virus, and travel-associated Zika virus infections in U.S. states may result in local spread of the virus. Visit the CDC [Areas with Zika website](#) to learn where there is current transmission (there have been several travel-associated cases in MA and NH to date).

Workers who are exposed on the job to mosquitoes or the blood or other body fluids of infected individuals may be at risk for occupationally acquired Zika virus infection. Outdoor workers may be at the greatest risk of exposure to Zika virus. Some workers may require additional protections (e.g., certain types of personal protective equipment - PPE). Employers must comply with universal precautions for potential bloodborne pathogens (BBP) exposures, as described in OSHA’s BBP standard (29 CFR 1910.1030) and any applicable requirements in OSHA’s PPE standards (29 CFR 1910 Subpart I), among other OSHA requirements.

OSHA’s Final Silica Rule

The Occupational Safety and Health Administration (OSHA) issued a final rule on March 24, 2016 to curb lung cancer, silicosis, chronic obstructive pulmonary disease and kidney disease in America’s workers by limiting their exposure to respirable crystalline silica. The rule is comprised of two standards, one for Construction and one for General Industry and Maritime.

OSHA estimates that the rule will save over 600 lives and prevent more than 900 new cases of silicosis each year, once its effects are fully realized. The Final Rule is projected to provide net benefits of about \$7.7 billion annually.

About 2.3 million workers are exposed to respirable crystalline silica in their workplaces, including 2 million construction workers who drill, cut, crush, or grind silica-containing materials such as concrete and stone, and 300,000 workers in general industry operations

The Safety & Health Advisor

Summer 2016

such as brick manufacturing, foundries, and hydraulic fracturing, also known as fracking. Responsible employers have been protecting workers from harmful exposure to respirable crystalline silica for years, using widely-available equipment that controls dust with water or a vacuum system.

Key Provisions

- Reduces the permissible exposure limit (PEL) for respirable crystalline silica to 50 micrograms per cubic meter of air, averaged over an 8-hour shift.
- Requires employers to: use engineering controls (such as water or ventilation) to limit worker exposure to the PEL; provide respirators when engineering controls cannot adequately limit exposure; limit worker access to high exposure areas; develop a written exposure control plan, offer medical exams to highly exposed workers, and train workers on silica risks and how to limit exposures.
- Provides medical exams to monitor highly exposed workers and gives them information about their lung health.
- Provides flexibility to help employers — especially small businesses — protect workers from silica exposure.

Both standards contained in the final rule take effect on **June 23, 2016**. Most companies have two (2) years to comply with the new rule. Construction companies have two options: 1) Follow the prescribed practices for certain tasks without monitoring, and 2) Comply with same monitoring as general industry and maritime.

The final rule and various resources can be found on OSHA's website at www.osha.gov/silica/index.html and www.osha.gov/pls/publications/publication.athruz?pTtype=Industry&pID=192.

Mental Health First Aid

Most of us know about “first aid”, CPR/AED for the physical body, but a different type of first aid has been slowly gaining momentum in society worldwide. It is known as “Mental Health First Aid” (MHFA). It originated in Australia and is an evidenced-based, adult education program. Given the seemingly increased stress in society resulting in “burnout”, suicides (or attempts), workplace and domestic violence incidents and substance abuse disorders amongst other mental health concerns, this international public education effort is long overdue.

According to the MHFA website, research studies have shown that those persons trained:

- Improve knowledge of the signs, symptoms and risk factors of mental illnesses and addictions.
- Can identify multiple types of professional and self-help resources for individuals with a mental illness or addiction.
- Increase their confidence in and likelihood to help an individual in distress.
- Show increased mental wellness themselves.

Participants in the training are taught a 5-step action plan known as “ALGEE” when trying to assist an individual either in crisis or non-crisis situations.

- A--Assess for risk of suicide or harm
- L--Listen nonjudgmentally
- G--Give reassurance and information
- E--Encourage appropriate professional help
- E--Encourage self-help and other support strategies

The program is 12 hours, which can be completed in two 6-hour or three 4-hour sessions. You may want to make your employees aware of this training in a similar way you make them aware of First Aid/CPR/AED training or perhaps have employees that are part of the company emergency response, threat assessment or crisis response teams attend? To find out more information or find a course, go to <http://www.mentalhealthfirstaid.org/cs/>

Elements of an Effective Safety Committee

Safety committees can be an important part of an employer's safety program. They can help companies increase safety awareness, meet regulatory requirements and reduce costly employee injuries.

The Safety & Health Advisor

Summer 2016

Oftentimes safety committees are formed with good intentions but overtime they dwindle and fail. For this reason, to be effective, safety committees must have clearly defined roles, responsibilities and goals. Elements of an effective safety committee include ownership at all levels of the organization, a clearly defined committee charter, effective committee facilitation (i.e. inspections, training, policy and procedure review, incident investigation and follow-up), and companywide communication about committee activities and progress.

A safety committee charter will lay the roadmap of the committee's purpose and mission. The charter should identify the specific roles and responsibilities of members as well as objectives for the committee's success and expected outcomes. Once the charter has been developed and accepted by all members, committee members should sign the charter. This will help gain employee commitment to the safety committee and keep the overall goals of the committee in-line.

Once the charter has been established, identify committee members. Members should represent a mix of departments/shifts and should not be comprised solely of management. If employees participate, there is a greater likelihood that the committee will be accepted by the organization as a whole and they will feel like they have a "voice" in the company's overall safety program. The committee should have a chairperson, vice chairperson, secretary (recorder/note-taker) and general members. It is beneficial to alternate chairpersons and note-takers to encourage development and reduce burnout.

Key elements to help the safety committee run smoothly include:

- Hold meetings on a regular basis, following a consistent schedule
- Set clear meeting agendas, publish them in advance and follow them
- Keep minutes of each meeting, the proposed actions to be taken, and the person (s) responsible for follow-up.

- Publish minutes for all employees to view
- Members should be required to attend all meetings. If a member cannot attend a meeting, than an alternate should be sent. Take attendance at each meeting and record in the minutes.

To help maintain the committee's momentum, there should be company-wide communication on the safety committee's efforts. Strong communication between committee members and company employees is essential so employees are kept-up-to-date on safety concerns and what is being done to resolve them. A quarterly safety newsletter may be an option or a safety bulletin board in the employee break room with updated safety committee information may be helpful. Continuous communication will help the committee sustain momentum and strengthen the company's overall safety culture.

For more information on safety committees, please see the websites noted below. Also, contact your safety and health representative if you would like assistance establishing a new company safety and health committee or if you would like one of us to evaluate an existing safety committee and provide recommendations.

Please note for New Hampshire client's, NH workers' compensation laws require certain employers to establish a workplace safety committee, create and disseminate a written safety program, and file a safety summary form with the Department of Labor on a biennial basis. Effective January 1, 2013, employers with 15 or more employees are required to have a Joint Loss Management Committee and a Written Safety Program. Refer to the following link for more information:

New Hampshire Department of Labor
www.nh.gov/labor/

Additional resources on safety committees can be found below:

- Occupational Safety & Health Administration
www.osha.gov

The Safety & Health Advisor

Summer 2016

- Building a Better Safety and Health Committee, John P. Spath (April 1998)
American Society of Safety Engineers
www.amazon.com (John Spath)
- Canada Centre For Occupational Health and Safety
www.ccohs.ca

OSHA Revising Walking-Working Surfaces Standards

In the spring of 2010, OSHA issued a proposed rulemaking notice to revise Subparts D & I under General Industry Standard 1910 to reflect newer data, improve consistency and streamline the regulatory language. The goal is to increase worker protection by preventing tripping, slipping or falling on or from walking-working surfaces. The changes were estimated to prevent about 20 fatalities and 3,500

injuries each year. Later in 2015 that rulemaking was postponed, but recently OSHA resurrected the rulemaking process with an aggressive timeline to implement proposed changes as early as August 2016 with compliance by October 2016.

The rule would eliminate duplication and specifications in the current standards language and provide new performance-based requirements as well as reorganize the standards to streamline them and add training requirements. It would also reduce confusion and address some deficiencies. For example, currently there are standards for portable wood and metal ladders, but not fiberglass. In the new scheme, all ladders would be addressed under a single standard. Here's what you need to know. The current regulations in Subpart D are 1910.21 - 1910.30 and are proposed to be re-designated as follows. In Subpart I, a new standard 1910.140 will be added to address "Fall Protection" under the Personal Protective Equipment (PPE) standards.

<u>Existing</u>		<u>Proposed Rule</u>	
1910.21	Definitions	1910.21	Scope, Application & Definitions
1910.22	General	1910.22	General
1910.23	Guarding Floor and Wall	1910.23	Ladders, Openings and Holes
1910.24	Fixed Industrial Stairs	1910.24	Step Bolts and Manhole Steps
1910.25	Portable Wood Ladders	1910.25	Stairways
1910.26	Portable Metal Ladders	1910.26	Dockboards (bridge plates)
1910.27	Fixed ladders	1910.27	Scaffolds (rope descent systems)
1910.28	Safety Requirements for scaffolding	1910.28	Duty to have fall protection
1910.29	Manually propelled mobile Ladder stands and scaffolds	1910.29	Fall protection systems
1910.30	Other working surfaces	1910.30	Training requirements

Atlantic Charter's Safety and Health department is monitoring developments and will inform its clients of any pertinent information or changes that may be needed either through its newsletter or through your Safety and Health Consultant.

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