National Safety Management Society

DIGEST

Updating Members on Safety Management News

January 2009

Table Of Contents

1.	Happy New Year Greetings!
2.	NSMS 2009 Membership Renewal Notices Are in the Mail to You
3.	Welcoming Our New 2009 NSMS Members
4.	"Enhancing Safety Stewardship: Regulatory Update, Best Practices and Leadership Development"
5.	The NSMS "Blog" is Here
6.	FREE ACCESS: Online Certified Safety and Health Manager (CSHM) Educational and Exam Preparation Reference Materials
7.	ISHM Certified Safety and Health Manager (CSHM) Accreditation Update
8.	OSHA Exceeds Its Enforcement Goal – Issues 87,687 Workplace Safety Violations in Fiscal Year 2008
9.	National Safety Council Congress and Exposition Keynote Address – Stress the Need for Action Against Drug Abuse
10.	Investment in Worker Health Critical to Bottom Line
11.	The Secret Weapon in Return-to-Work
12.	Lessons Learned: OSHA Fines Wynnewood Refining Co. $91,000
13.	Lessons Learned: North Haven company fined $108,000 by OSHA
14.	Lessons Learned: Nova Scotia Power Pleads Guilty in Fatal Workplace Accident
15.	Employers Can Make Strides Against Obesity
16.	Fingers Bent Out of Shape?
17.	Safety Training Strategies: Managing Presenter's "Stage Fright"
18.	Safety Training Strategies – "Getting Rid of Hot Air"
19.	Safety Training Strategies – "Cell Phones and Driving"
20.	Spontaneous Human Combustion
21.	Safety Tidbits

Happy New Year Greetings!

Welcome to 2009! On behalf or the National Safety Management Society President Roosevelt Smith, Executive Director Jeffrey Chung and the entire Board of Directors, we want to take this opportunity to wish everyone a Happy New Year, along with good health, financial stability/prosperity, safety and professional success. We congratulate all who have worked so hard and passionately in 2008 to ensure a safe and healthy workplace, not only for your companies, clients and workers, but also for your families and friends. Thank you for reading the NSMS Safety Digest, visiting our Website and for being part of our Society. We hope to continue to add value to your professional development and work lives this calendar year and beyond.

NSMS 2009 Membership Renewal Notices Are in the Mail to You

Sometime this month you should be receiving your membership renewal letter in the mail. NSMS is very grateful for your membership throughout the years and looks forward to continuing our association together. For the 7th consecutive year, there is **no** dues increase. **Please renew by January 31, 2009**. Also, please update your contact information on the renewal form; this is critical, especially the need for having your email address in our database. It will be the only way you will be receiving our monthly online "NSMS Safety Digest" publication.

Your dues will support a number of critical initiatives, both new and ongoing. NSMS will strive to further: engage in outreach activities, maintain the website, offer online and live technical and management training workshops (with significant course fee reductions for current members), maintain certification programs for safety technicians and supervisors, prepare for annual conferences, offer CSHM exam preparation workshops, support the establishment of new state chapters and student chapters at higher educational institutions, and any other initiatives based on member needs and recommendations. These are ambitious goals and it will take a group of dedicated members stepping up and volunteering to help NSMS achieve them. Please consider offering your expertise and time to these important initiatives.

For inactive/past members who have not kept their membership dues current, but have been receiving our communications and access our website resources, we invite you to rejoin. We also encourage non-member recipients and readers of our monthly online Safety Digest Publication to officially join our Society and benefit from the networking, lower fee online professional development courses and special registration rates for attending our conference and regional workshops. A growing membership base will increase our ability to develop, deliver and subsidize programs and resources to all. Thank you.

Welcoming Our New 2009 NSMS Members

On behalf NSMS President Roosevelt, the NSMS Executive Committee and the NSMS Board of Directors, we like to thank all members who have proactively renewed their 2009 membership to the National Safety Management Society. We would also like to acknowledge and welcome the following new members to our Society:

- **Laurent (Joe) Estey,** President, Lead Trainer and Consultant – Prolepsis Training, Inc. (Vancouver, Washington)
- **Alvin Franklin,** Department Trainer – Bayer BMS (Baytown, Texas)
- **Todd Foutch,** Safety Coordinator – Safety Management, Inc. (Fort Calhoun, Nebraska)
- **Stephen Hall,** EH&S Manager – Shaw Environmental, Inc. (New Orleans, Louisiana)
- **Thomas Huftel,** Safety Manager – Domtar Paper Company, LLC (Rothschild, Wisconsin)
- **Jose Ortiz,** Site Surveillance Technician – Self Employed (Whittier, California)
- **Damita Reed,** Supervisor Industrial Hygiene – Womack Army Medical Center (Fort Bragg, North Carolina)
- **Teri Sarmiento,** Safety, Quality and Environmental Coordinator – North American Galvanizing (Commerce City, Colorado)
- **James Spiers,** Occupational Safety and Health Specialist – Executive Office of the United States Attorneys / U.S. Department of Justice (Washington, DC)
- **Richard Wilmont,** Lead Safety Advisor – DCSL (Alberta, Canada)

We appreciate your interest in furthering your skills, knowledge and abilities in the management of safety and risks, as well as your interest to networking and professional development. Welcome again to NSMS!

SPECIAL ADVANCED ANNOUNCEMENT:

Planning and Logistics are Underway . . .

NATIONAL SAFETY MANAGEMENT SOCIETY
Special Professional Development Program
Tentatively – Spring 2009
New Orleans, Louisiana and/or Houston, Texas

"Enhancing Safety Stewardship: Regulatory Update, Best Practices and Leadership Development"

Now that the new Board of Directors are in place, NSMS' goal of hosting a regional workshop is being targeted for sometime in late Spring 2009. We hope you are all able to join the National Safety Management Society for a **Regional Safety Program** tentatively planned for the New Orleans, LA / Houston, TX. Based on interest and demand, this event is spearheaded by NSMS President, Roosevelt Smith, and is geared toward broadening the safety skills, knowledge and abilities of front line supervisors, managers and administrators in developing, implementing, evaluating and improving programs for worker safety, security, compliance and environmental protection in onshore and offshore oil and gas operations, as well as general industry. More details to come.

Conference Registration Fee: (includes lunch and program materials).

The NSMS "Blog" is Here

Steve Geigle has created and launched the "NSMS Blog" on the NSMS website. It will allow members and others to post comments, remarks and initiate discussions about a variety of safety management topics and issues. You can participate in the Blog by going to the NSMS website (http://nsms.us) and look for the link on the home page along the left-hand column of navigation areas.

FREE ACCESS: Online Certified Safety and Health Manager (CSHM) Educational and Exam Preparation Reference Materials

As a benefit for our current and future dues-paying members, NSMS is **permanently** offering free access to the Certified Safety and Health Manager (CSHM) preparation and educational materials. The online resources, created by NSMS member Steve Geigle, can be found at www.cshmprep.com and the only action an NSMS member needs to take is to email Steve requesting access from that website. You will need to include your current NSMS member number (found on your membership card and certificate). Once the number is verified, you will be granted a username and password to access the online reference materials. This is a great opportunity to brush up on your safety management and technical knowledge and prepare for a successful passing of the CSHM certification examination.

ISHM Certified Safety and Health Manager (CSHM) Accreditation Update

Our sister organization, the Institute for Safety and Health Management that oversees and administers the CSHM credential has provided NSMS with the latest update towards certification accreditation. The first milestone toward accreditation, which is to gain membership into the Council of Engineering and Scientific Specialty Boards (CESB) has been achieved. Admissions and Accreditations have recommended and now approved ISHM for full CESB membership. This became effective September 1, 2008.

Next, the Application for Certification Program Accreditation must be prepared and presented to the CESB Accreditation Committee. In preparing the application, documentation and testing materials will be reviewed and updated. The CSHM Role Delineation Survey that was emailed to certificants was the first of several requests for assistance in this process. All CSHM certificants should watch for future emails requiring your input.

CESB is the recognized accreditation body for engineering and scientific certification and specialty certification programs such as the Board Certified Environmental Engineer, Certified Industrial Hygienist and Certified Hazardous Materials Manager. The criteria for certification includes a baccalaureate degree in an engineering related field (safety and health field for CSHM is acceptable) plus experience. Once the certification program is accredited, future candidates for the CSHM will have to possess a baccalaureate degree. Current holders of the CSHM will be grandfathered.

After the CSHM certification becomes accredited, the Board is considering an application for Technician Certification to include those who possess less than a four-year degree. This is allowable under the CESB procedures and would help provide recognition for those without a degree who have nevertheless achieved a high level of safety and health management proficiency. NSMS will explore with ISHM the feasibility of pursuing accreditation for our Certified Safety Technician (CST) and Certified Safety Supervisor (CSS) credentials.

OSHA Exceeds Its Enforcement Goal – Issues 87,687 Workplace Safety Violations in Fiscal Year 2008

OSHA says it continued to exceed enforcement goals during Fiscal Year 2008, logging 87,687 violations of its standards and regulations for worker safety and health nationwide, with 67,052 of these violations cited as "serious." The agency adds that an unprecedented 80 percent of all violations issued were in the most serious categories, and the proportion of violations classified as endangering employees also is at the highest level ever.

Taking stock of its enforcement record, OSHA says its current administration has made more criminal referrals for wrongdoing under the Occupational Safety and Health Act than any previous one, including 12 in FY 2008 alone. Additionally, in FY 2008, the agency conducted almost 39,000 worksite inspections, surpassing the agency's goal for the year by 2.4 percent. On average, 4,000 more workplace inspections were completed each year (38,515) between FY 2001-2008 as compared to the prior administration during FY 1993-2000 (34,508).

"Workplace inspections and issuing citations are a critical part of OSHA's balanced approach to improving workplace safety, but the real test of success is saving lives and preventing injuries, " said acting Assistant Secretary of Labor for OSHA Thomas M. Stohler. "According to preliminary numbers for 2007, the workplace fatality rate has declined 14 percent since 2001, and since 2002, the workplace injury and illness rate has dropped 21 percent--with both at all time lows. This year's inspection numbers show that the strategic approach used by OSHA--targeting highest hazard workplaces for aggressive enforcement while also using education, training, and cooperative programs to improve overall compliance--can help achieve significant reductions in workplace injuries, illnesses, and fatalities."

OSHA credits its success at targeting the most hazardous workplaces and employers with high injury and illness rates to its deployment of approaches such as the Enhanced Enforcement Program (EEP), Site Specific Targeting, and National Emphasis Programs (NEP). EEP's purpose is to pursue employers with a history of serious, willful, and/or repeat violations with OSHA. During the program's first five years (FY 2004 to 2008), OSHA identified 2,471 inspections that qualified for the EEP. Site-Specific Targeting allows OSHA to focus its enforcement efforts on workplaces with the highest rated injuries and illnesses. In FY 2008, 3,800 worksites were targeted for unannounced comprehensive safety inspections. The NEPs focus on major health and/or safety hazards of recognized national significance.

They also guide OSHA field offices to plan programs and conduct inspections consistently across the nation. Areas of emphasis include combustible dust, lead, process safety management, diacetyl, and trenching. During FY 2008, OSHA conducted 8,730 inspections related to an NEP.

National Safety Council Congress and Exposition Keynote Address – Stress the Need for Action Against Drug Abuse

The National Safety Council (NSC)'s 96th Annual Congress & Expo took place in September 2008 in Anaheim, California. It opened with an address by NSC President & CEO Janet Froetscher asking the attendees to be proactive and take actions to address drug abuse. Overdoses of prescription and illicit drugs have surpassed drunk driving to become the nation's leading cause of unintentional death. This issue, unfortunately, has gone under the radar, according to William Bennett, the first U.S. "drug czar" and keynote speaker at the National Safety Congress. Dr. Bennett's message was that drug abuse cannot be ignored any longer and must be addressed as a significant workplace safety issue, as well as a home safety concern.

"In the last 15 years, we have seen a 19% reduction in the United States' death rates from injuries in both workplaces and from motor vehicles," Froetscher said. "There is much more to do in each of these areas, but we are making progress. However, during the same time, the injury death rate in our homes and communities has increased by 44%. One reason for this increase is that the level of investment in the public and private sectors to prevent injuries in homes and communities has been considerably lower than in workplaces and on the roads."

Froetscher indicated that the two most significant home and community safety issues leading to the increase in deaths -- unintentional drug overdoses and elderly falls. In 2006, an estimated 24,000 people died in the U.S. from unintentional drug overdoses, which represents a 100 percent increase since 2000. (Falls among the elderly claimed 16,000 lives in 2006, a 45 percent increase since 2000). A 2005 study from the Centers for Disease Control reported that 50 percent of the 22,400 fatal drug overdoses that year were from prescription and over-the-counter medications, 39 percent of deaths were from illegal drugs, and 11 percent of overdose deaths were from unknown drugs.

Prescription pain killers (opioid analgesics) such as oxycodone, methadone, and hydrocodone, are the primary contributors to the rapid increase in drug overdose deaths, Froetscher said. A recent survey by the Substance Abuse and Mental Health Services Administration (SAMSHA) reports that 10.8 million people age 18 and older used a prescription pain medicine for non-medical purposes within the past year. "We will advocate for additional resources to be directed to research to better understand the problem," Froetscher said. "We also will bring together government, the private sector, nonprofits, and other involved parties to develop strategies to address it," she said

Investment in Worker Health Critical to Bottom Line

The American College of Occupational and Environmental (ACOEM) announced a new agenda addressing the relationship between fiscal and health problems in the United States. ACOEM states that more attention and resources should be devoted to health-related services that protect the employability of the working-age population in order to maximize workforce participation and productivity.

Growing research shows the connection between preventive practices and lowered total costs. Some studies have shown a return of as much as $3 per $1 invested.

ACOEM's advocacy is based upon four fundamental principles:

1. A healthy and productive workforce is essential to keeping the economy strong enough to avert overall health system failure. According to ACOEM, improving health and function as well as making it possible for people to stay at or return to work will both preserve employability and help relieve the impending strain on the Social Security Disability Income and Medicare systems.
2. Public investment in healthcare should advance workforce health and productivity. There must be an emphasis on lowering overall costs by promoting healthier employees and, by extension, healthier citizens; not in merely cutting costs in the short term.
3. A healthier workforce will result through prioritized investment in evidence-based primary and secondary prevention strategies. ACOEM defines primary prevention and secondary prevention as early intervention. It is important to move prevention beyond the medical clinic into other non-traditional workplace domains, such as human resources and job design.
4. Financial resources devoted to prevention must become a priority, rather than discretionary spending.

The five key action plans of ACOEM's agenda are as follows:

1. Establish a national priority for public investment in programs to ensure a workforce that is healthy, able and available.
2. Use the Medicare and Medicaid models to fund programs for prevention and health improvement.
3. Develop prevention programs in areas outside of the medical field, such as in workplace occupational safety programs, public health programs and benefit plan design.
4. Ensure access to preventive and early intervention healthcare.
5. Offer financial incentives that shift consumers' and healthcare providers' attention toward prevention.

The Secret Weapon in Return-to-Work (By Robin L. Barton, Esq., Safety-X-Change – August 1, 2007)

One of the most crucial factors in the success of the return-to-work (RTW) process: the role of supervisors. Unfortunately, many supervisors fail to fulfill their RTW potential. In fact, they often do the exact opposite of what workers need and expect of them. Instead of actively engaging an injured worker, they try to pass him off to a nurse or other company employee.

It’s incumbent upon the company to train supervisors to step up and play a leading role in the RTW process. Using the results of the worker expectation study that we discussed last week, researchers from The Liberty Mutual Research Institute for Safety developed supervisor training in RTW practices. They then conducted a study that looked at the results of supervisor participation in such training. Here’s a look at what the study says and what its results mean for your RTW program.

Supervisors and RTW

Many companies don't realize that time missed by injured workers isn't just a function of the extent and nature of the worker's injury. Length of absence is also affected by how closely the worker and his doctors communicate with the company and how quickly and effectively the company can evaluate the worker's physical capacities and make the accommodations necessary to get him back to work.

There are three critical points in the RTW process, notes William Shaw, PhD, lead investigative researcher for the Liberty Mutual Research Institute study:

- When a worker first reports an injury or work-related health problem;
- When the worker is absent and/or undergoing treatment for the injury or health problem; and
- When the worker tries to return to work.

Supervisors are ideally situated to serve as the point person for the worker at each of these points. But supervisors often don't know what their role?if any?should be in the RTW process, says Shaw. Or the role they think they should play is at odds with the role workers want them to play?or that they should be playing, he explains. Companies' failure to train supervisors to recognize and carry out their role in the RTW process seriously undermines the effectiveness of their RTW programs and makes absences due to illnesses and injuries more costly than they need to be.

The Liberty Mutual Study

To improve the outcomes of your RTW program, you need to understand and impress upon senior management the importance of training supervisors to accept their role in the RTW process and of helping them develop the skills they need to perform this role effectively. The Liberty Mutual study is important because it documents the value of such training.

Seven employers from New Hampshire participated in the study on the effectiveness of training supervisors on their RTW role, representing industries ranging from manufacturing (engineered fabrics, automotive parts, lighting equipment) to human services (retirement and nursing home residential care).

To establish a baseline, the researchers had workers who had experienced a work-related injury in the previous 12 months complete a questionnaire about the types and onset of work-related injuries they suffered, their supervisor's response to these injuries and overall satisfaction with this response, explains Shaw. In addition, 108 supervisors completed a pre-training survey asking about their level of preparedness to address particular health and injury issues among workers, whether workers were likely to follow supervisor advice and whether they felt supported by senior management in addressing worker health concerns.

The supervisors then attended a 90-minute training session designed to promote a proactive, supportive and knowledgeable response to workplace injuries and symptoms among their workers, says Shaw. The training covered, among other things:

- The reasons supervisors should encourage their workers to report work-related health problems early, including how discouraging reporting prolongs disability and why early intervention is important for preventing (or at least minimizing the severity of) musculoskeletal injuries and work-related respiratory illnesses;
- Examples of typical situations in which a worker may come to his supervisor with an injury or health concern and recommendations and how supervisors should respond, including meeting privately with injured workers, validating workers' health concerns, using supportive language and active listening techniques and avoiding negative responses; and

- Accommodations, including the rationale and value of accommodations, the importance of the supervisor in evaluating whether accommodations are safe and effective after a worker returns to work, methods to facilitate accommodations and basic ergonomics principles relevant to accommodations and injury prevention.

One month and again one year after the training, the supervisors completed surveys that mirrored the pre-training surveys they'd completed and gave a confidential survey to every worker who came to them that year with a work-related injury. Surveys were also available in various locations in the workplace for workers to take and complete on their own.

The Study's Results

As a result of the supervisors' participation in the training, the researchers identified several positive outcomes among supervisors and workers:

Supervisors felt more confident in dealing with workers' injuries. The training led to small, but sustained, changes in supervisors' attitudes toward injured workers. Supervisors reported a greater awareness of their role in the RTW process. They also reported feeling more confident in their ability to handle work-related injury concerns, especially in seeking medical advice, investigating and modifying job factors that contributed to injuries or health problems, solving injury-related problems, dealing with HR issues and answering workers' questions. Most importantly, these improvements lasted a year after the training.

Lost work time was reduced. About one-third of the supervisors reported that since receiving the training, work hours lost due to workers' injuries were reduced.

Workers reported improved supervisor response to injuries. Workers who suffered work-related injuries after the supervisor training was held reported that supervisors were more likely to speak privately and confidentially with them and make medical referrals, and less likely to blame them for their injuries. And because workers started to see their supervisors as more approachable, they may have reported injuries sooner and when the injuries were more easily treated.

What it Means

Supervisor behavior may influence workers' absences after work-related injuries and their efforts to return to work, says Shaw. Positive, supportive responses to worker injuries can help workers return to work sooner and more comfortably. Conversely, negative responses may derail the RTW process, even if physical accommodations are made for injured workers. But the results of the Liberty Mutual study show that supervisor responses to worker injuries can be improved through a simple training program, he explains. And such training, the study suggests, ultimately improves RTW outcomes for injured workers.

Conclusion

Your company should already provide training for supervisors. But it's important that such training doesn't just address supervisors' general role in the workplace and in your health and safety program. It should also address supervisors' role in your RTW program. By ensuring that your supervisors are more involved with injured workers, both while they're out and when they return to work, you'll not only improve the effectiveness of your RTW program, but also reduce your workers' compensation costs, future disability costs and lost work time.

<u>Lessons Learned</u>: OSHA Fines Wynnewood Refining Co. $91,000 (Associated Press – October 6, 2008)

The government has proposed $91,000 in penalties against Wynnewood Refining Co. for allegedly failing to protect employees from hazardous working conditions. The Occupational Safety and Health Administration proposed the penalties after citing Wynnewood with three serious and two repeat violations of OSHA standards. OSHA began investigating on April 21 following an explosion due to the release of flammable liquid and vapor from an open piping system during preparation for maintenance.

The facility, which produces gasoline, butane, fuel oils and asphalt, employs 210 people. The three serious violations were for failing to document and implement OSHA rules concerning equipment deficiencies, operator training and safe working practices. The two repeat violations were for failing to document design codes, written procedures for normal operations and written procedures for mechanical integrity.

<u>Lessons Learned</u>: North Haven company fined $108,000 by OSHA (Staff Report, NorthHavenPost.com – 9/24/2008)

The U.S. Department of Labor's Occupational Safety and Health Administration has cited FleetPride Inc., for alleged repeat, serious and other-than-serious violations of health and safety standards following an inspection at its North Haven distribution facility.

The distributor of heavy-duty truck and trailer parts faces a total of $108,000 in proposed fines following an inspection conducted under OSHA's Site Specific Targeting program, which focuses inspections on workplaces reporting higher than average injury and illness rates. The citations and fines address deficiencies involving respirators and other personal protective equipment, fall protection, electrical safety, exit access, powered industrial trucks, hazard communication and record keeping.

"The sizable fines proposed here reflect the recurring nature of several hazards for which the company previously had been cited," said Robert Kowalski, OSHA's area director in Bridgeport. "It is imperative that this employer take prompt, effective and lasting action to address these issues and prevent them from happening again." Specifically, FleetPride was issued five repeat citations, with $92,500 in fines, for elevated work areas not guarded against fall hazards; untrained forklift operators; storing a forklift in front of a marked exit; exposed wiring in a heater and an electrical junction box; and not providing hazard communication training to new employees. OSHA had cited FleetPride in 2006 and 2007 for substantially similar hazards in North Haven and/or at the company's Willowbrook, Ill., location.

Five serious citations, with $12,500 in fines, were issued for lack of a respiratory protection program, information and medical evaluations for employees who wear respirators; lack of personal protective equipment; uncertified personal protective equipment hazard assessment and training; and not protecting energized fluorescent light fixtures against damage. A serious citation is issued when death or serious physical harm is likely to result from a hazard about which the employer knew or should have known. Finally, three other-than-serious citations, with $3,000 in fines, were issued for incomplete, incorrect or uncertified injury and illness logs, and for not posting the OSHA 300Z injury and illness summary. An "other-than-serious" violation is a hazardous condition that would probably not cause death or serious physical harm but would have an immediate relationship to the safety and health of employees. FleetPride has 15 business days from receipt of its citations and fines to meet with OSHA or to contest them before the independent Occupational Safety and Health Review Commission. OSHA's Bridgeport Area Office conducted the inspection.

<u>Lessons Learned</u>: Nova Scotia Power Pleads Guilty in Fatal Workplace Accident

(By The Canadian Press – October 7, 2008)

Nova Scotia Power has pleaded guilty to a charge under the provincial Occupational Health and Safety Act over a fatal workplace accident.

Alfred Wrice of Glace Bay was killed at the Lingan Generating Station on December 4, 2004. Nova Scotia Power pleaded guilty to a charge of failing to ensure fall protection was provided at the plant. The power corporation had initially pleaded not guilty to the charge but changed its plea as a trial resumed in provincial court today.

Wrice was employed as a coal handler at the generating station and fell through a slot opening into a bunker. The slots were not covered or grated to prevent anyone from falling inside. Wrice was first noticed missing that day shortly after 1:00 p.m. when his hard hat was discovered on the floor. Just before 10:00 p.m., his body was recovered from a coal bunker where he had been buried in about four meters of coal.

Nova Scotia Power will be back in court on Nov. 13 for sentencing. Since the accident, the company says it has installed grates over the bunkers.

Employers Can Make Strides Against Obesity

Prevention is better than cure when it comes to obesity, and with a few simple procedures, employers can help staff address the big issue. This excerpt from a recent book by Nerys Williams explains how.

Obesity and other conditions such as smoking cause more deaths worldwide than occupational accidents and occupational cancers, but they are multifactorial in origin and owe a lot to behaviour learnt and practised outside work. That said, the workplace offers an unrivalled opportunity to apply the principles of prevention of occupational ill health to these common public health issues.

Classically, risk reduction, as applied to agents such as chemicals, involves a hierarchy of measures:

- Firstly, aim to eliminate the hazardous agent.
- If it cannot be eliminated, then substitute it for something safer.
- Put controls in place to prevent exposure.
- Check that the controls are working.
- Provide health surveillance to check for any residual risk.
- Provide information, instruction and training for staff.

To manage obesity in the workplace, it is tempting just to look at putting in place better nutritional information and encouraging exercise, but a similar set of hierarchical measures could be applied:

- Eliminate poor food and sedentary work design.
- Substitute with low-fat, low-salt healthy foods and provide for physical activity.
- Check these foods and drinks are attractive and accessed.
- Provide health promotion so people learn about food and activity and can make healthy choices for themselves.
- Provide information, instruction and training in how to select food, portion size, and benefits of various types of physical activity.

CASE STUDY 1

Reports about innovations in the Mayo Clinic in the US have described how walking on a treadmill at about 1mph while answering e-mails can burn up to 1,000 calories a day. The researchers have designed and developed a treadmill workstation that removes the sedentary nature of desk jobs. The computer is located at chest height on a small platform with a conventional keyboard. This is part of its 'Office of the Future' initiative, which includes setting up double-lane treadmills so that meetings can be held on the go. More information is available from its website (www.mayoclinic.com).

CASE STUDY 2

A large manufacturing company in the UK has abolished seated meetings. All meetings now take place standing up. Consequently, they tend to be shorter and more focused, with a higher level of physical activity recorded on pedometers during the working day.

CASE STUDY 3

Selecta is a UK catering company and provider of vending machine contents. It has started to educate users about the nutritional value of the machines' contents by placing brightly colored stickers and information about fat, sugar and calories on the machines, so employees can make healthier choices.

CASE STUDY 4

Having forced workers to give up smoking or give up their jobs, the owner of a US company employing 200 people has now adopted a hard-line attitude towards excess weight. Staff are given $35 a month as an incentive to go to the gym, and another $65 if they meet fitness targets set for them. The results of the weight incentive are pending, but this approach to smoking led to 20 workers giving up. When interviewed in the Telegraph, the owner said: "I'm not controlling their lives. They have a choice if they want to work here."

Key points

The workplace can be the setting for a range of initiatives to promote healthier eating and greater physical activity.

Budgets do not have to be large, but creative thinking can help develop interesting and innovative schemes.

One feature of health-based initiatives is their focus on employees - the schemes are often seen as a sign that the employer values its employees and cares about their wellbeing. Benefits, difficult to measure as they are, may therefore extend beyond improved health for the employees, to improved health of the business.

Key Messages for Workplace Programs

Initiatives need to:

- Make it easy to make healthy choices
- Make it harder to make unhealthy choices
- Offer a range of options - one size does not fit all
- Provide rewards (not necessarily financial) for participation and success
- Celebrate success internally and externally
- Ensure that evaluation is a fundamental part of any initiative.

Fingers Bent Out of Shape? *Learn About This Unusual Hand Condition* (Canadian Centre for Occupational Health and Safety – September 2008)

For reasons little understood, some people develop a hand disorder in which the fingers bend in towards the palm and cannot be straightened. The little or ring fingers are most commonly affected, but any or all fingers can be involved.

A slow-progressing, usually painless disorder, Dupuytren's (pronounced De-PWEE- trenz) contracture develops when the tissues under the skin of the palm thicken, forming knots (nodes) and cords of tissue. When these cords shorten, they pull one or more fingers into a bent position, which cannot be straightened.

The disease usually begins with a palm nodule (can resemble a callus) that develops at the base of the ring or little finger. Gradually a prominent cord develops. Over time, the overlying skin puckers, dimples, and roughens. The thick cords gradually contract, drawing the fingers into the palm. Sometimes, they also draw adjacent fingers together.

Dupuytren's contracture can make it difficult to perform certain functions using your hand. Fine activities such as writing are still possible, as long as the thumb and index finger aren't affected. But as Dupuytren's contracture (sometimes called Dupuytren's disease) progresses, it can limit your ability to grasp large objects or to get your hand into narrow places.

Risk factors for Dupuytren's contracture
Progression of the condition is often erratic and arbitrary with no obvious cause. There are however, a number of risk factors:

- Age and sex (more common in males in their 50s and 60s)
- Family history
- Alcoholism and/or smoking (perhaps due to microscopic changes within blood vessels caused by smoking)
- Diabetes
- Epilepsy (possible association with anticonvulsant medications but this association remains controversial)
- Hand trauma

Some researchers believe Dupuytren's contracture may be work-related in certain cases, however studies are inconclusive. While some suggest that heavy manual work and vibration exposure may be associated with Dupuytren's contracture, other studies do not show this association.

Treatment options

For people who experience pain or have difficulty using the affected hand, doctors have investigated a few possible treatments for Dupuytren's contracture. These include medications, physical therapy, enzyme injections, vitamin E, radiation or ultrasound therapy, steroid injection, or collagenolytic agents. Some of these treatments have been more effective than others, however none are scientifically proven.

Another option is a minimally invasive procedure called needle aponeurotomy. The technique uses a needle to puncture and "break" the cord of tissue that's contracting a finger, allowing the finger to be straightened again. It is common for contractures to reoccur over time, requiring some people to have the procedure repeated.

To date, the widely accepted treatment for confirmed cases is surgery to remove the diseased fascia. By removing the tight cords and fascia, the tension on the finger is released. Surgical complications such as injury to nerves or arteries, infection, chronic pain, skin changes are a concern, however, especially in patients with severe cases of the disease.

Safety Training Strategies: Managing Presenter's "Stage Fright" (by Barry R. Weissman REM, CSP, CHMM, CHS-V, CIPS, October 1, 2008)

To deal with stage fright, presenters must master knowledge of three things: our audience, our subject and our presentation style. We covered the first two essentials last week. Today, let's talk about presentation style and how to improve your presentation technique.

The Importance of Style

Your presentation style affects how your audience reacts to your message. To improve your technique, you must first assess your current style. Do you know what kind of impression you present when you're in front of a group? If not, ask your test audience for their feedback or videotape your practice presentation. Here are the things you should think about.

Dress

Regardless of what the people you present to wear, you as the trainer/presenter should be slightly better dressed. If audience members are wearing sports shirts and jeans, a male presenter should wear good slacks and a shirt and tie, and a female presenter should wear a dress or a skirt that is conservative in length. Unless you're a motivational speaker or your topic is color, presenters should avoid wearing brightly colored clothing.

Eye Contact

Done correctly, you can make each person in an audience of 100 think that you're speaking only to him or her. How? By moving your eyes and your head. Pick out someone in the third row left and talk to her for 3-5 seconds. Then move your sights to the 10th row middle. Talk to him for 3-5 seconds. Then move your eyes again. Keep up this routine, scanning across the audience and moving from back to front. Even if you have problems getting your message out of your mouth, if your eyes are clearly focused on your audience, your audience will get your message.

Many new presenters feel uncomfortable with this technique for fear of losing their place in the material they're reading. Here's a hint: Look down at your notes and place your finger in the margin at the point where you stopped reading. Look up and talk to your audience while you make eye contact. Look down

again to where your finger is, read some more, move your finger and continue. These pauses, if they're not too long, help your audience to absorb what you say. As you get more comfortable with your material, you won't have to read it and you'll find it easier to maintain eye contact with the audience.

Before we leave eye contact, do you know how to answer a question from the group without losing the rest of the audience? Here's how: Acknowledge the question by looking at the audience member who asked it. Then move across the stage and repeat the question, looking at other people. Proceed to answer the question all the while maintaining eye contact with various audience members.

Verbal Action

What you say and how you say it affects your audience's reaction to your presentation. To keep your audience engaged in your presentation:

Use one and two syllable words. Don't be like the folk singer Pete Seeger. Remember that "sesquipedalian terminology obfuscate the rumination." [Translation: "one-and-a-half foot words confuse one's thoughts."]

Raise and lower the volume of your voice. People will have to listen carefully when you whisper.

If you don't know what you're going to say next, don't fill the void with "um, well, you know." Instead stop, take a breath, check your notes or move your eye contact. Collect your thoughts before you speak. The pause allows your audience to absorb your comments and prepare for the next ones.

Safety Training Strategies – "Getting Rid of Hot Air" (By Daniel B. Raber from Western Plains Machinery Company)

Here's one way I add some life into a safety talk: I pass out one very large balloon to everyone in the room. Then I instruct everyone to blow up the balloons as large as they could without popping them. Then I tell everyone to hold the balloon firmly between their thumb and forefinger. After the class has their balloons blown up I tell them to hold the balloons above their heads. Then I count to three and have everyone release their balloon at the same time.

The next 30 to 45 seconds is filled with lots of laughter and energy. As soon as everyone calms down I inform them that "All of the hot air had been released, and now it's time to get serious about safety". Everyone gets energized and the meeting "flys by."

Safety Training Strategies – "Cell Phones and Driving" (By Wyvette McLendon from JSC/NASA)

When I sent out the meeting notice, I requested that all attendees bring their cell phones to the meeting. I presented a 10-12 slide power point presentation (with animation and sound of course) pointing out the negatives and distractions of cell phone use while driving. While covering the four major distractions I had three people (pre-planned) to assist in actually demonstrating them. They sat in three chairs across the front of the meeting room in full view of the attendees and demonstrated the following:

#1--Visual and Auditory (combined two) - the person pretended to be driving along when their cell phone began to ring (staged someone to actually call their number so it would ring). The driver then demonstrated just now distracted they could become by not only the sound of the ringing but then trying to reach for their phone (from a purse in the floorboard) thus taking their eyes completely off the road!

#2--Biomechanical - the next person (also pretending to drive) demonstrated the distraction by texting (or dialing).

#3 - Cognitive - the last person (pretending to drive) was carrying on a full conversation on his cell phone. I had the audience to pay close attention to his eyes and body movements--and to see just when the driver switched his attention from the road to the conversation--which, by the way, happened very early into the conversation.

We also covered the distance it takes to stop once a person responds to a situation requiring them to put on the breaks. We then showed what those numbers (in distance/feet traveled) would be by adding the additional distraction time to those numbers and it was staggering.

At this point, I instructed them to make a real phone call to a family member or friend and while they carried on a conversation I would read a paragraph of very important information out loud. I had asked them to try to concentrate on what I was saying while they talked on their phones. After the phone calls ended, I proceeded to quiz them to see if anyone heard anything I said. Surprisingly enough, not one could reiterate one thing I had said. This proved the point that engaging in a conversation while driving is extremely dangerous.

Everyone participated and totally enjoyed the meeting. There was a lot of laughter and many admitted to experiencing all the distractions we covered and then some.

Spontaneous Human Combustion (*Here's a recent "scientific" explanation from the book* ***Cause of Death A Perfect Little Guide to What Kills Us)****:*

Stories of people mysteriously going up in flames have appeared in legend, fiction, and even in Temperance tracts of the nineteenth century. Novelists from Herman Melville to Charles Dickens have recounted tales of characters who spontaneously combust. Often, the victims described were heavy imbibers of alcohol--the posited theory being that the high alcohol in the blood fueled the flames.

Scientists have found that, indeed abusers of alcohol, tobacco, and other drugs are disproportionate victims of the phenomenon--but not for the reasons that nineteenth-century chroniclers put forth. Two Florida investigators pored through dozens of purported cases and found none that couldn't be explained otherwise.

Most commonly, a smoker becomes unconscious from alcohol, sleeping pills, or a heart attack and drops a cigarette. It begins smoldering and eventually sets them on fire, where their body fat is "wick"ed into the clothes like wax from a candle. Like a candle's, the flame is contained and controlled, with the heat flowing upward toward the ceiling, covering it with greasy soot from the burning fuel, which then suddenly combusts.

Safety Tidbits (from "Safety Stuff" by Richard Hawk Inc. http://www.richardhawkinc.com)

- It only takes one drop from the deadliest know poison arrow frog (*Phyllobates terribilis*) to stop your heart from beating.
- Swerving out of lane or off road is the number one bad-driver behavior causing fatalities in the U.S.
- In ancient Egypt, warm donkey droppings were prescribed to alleviate sore eyes.
- West Virginia has the leading death rate from diabetes per 100,000 people.
- Aazein is the root word for asthma. In ancient Greek, it meant "sharp breath."
- Eighty-three percent of "fall deaths" at home are from people over 65.
- The first stop signs were yellow, even though many people thought they should be red.
- Tennessee Williams, noted playwright, choked to death on the cap he had placed in his mouth while inhaling something from a nose spray bottle.
- Cigarettes and other tobacco products are still the leading cause of U.S. residential fire deaths (cooking equipment is second).
- **WACKY WARNINGS**
  - On a bottle containing a purified chemical:
    For purposes of complying with the New Jersey Right to Know Act, contents partially unknown.
  - Found on a box of Pop-Tarts:
    WARNING: Pastry filling may be hot when heated.
  - Found in specifications for a fire alarm system:
    There shall be three (3) access levels with level 4 being the highest level.
  - Found on the handle of a hammer:
    CAUTION: Do not use this hammer to strike any solid object.
  - Found on a Wagner industrial heat gun:
    WARNING: Do not use heat gun as a hair dryer.