



National Safety  
Management  
Society

**DIGEST**

*Updating Members on Safety Management News*

## November 2009

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## 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 National Safety Management Society memberships. We would also like to acknowledge, recognize and welcome the following new members to our professional organization:

- **Donald R. Allbaugh**, Certified Welding Instructor – PCG (Henderson, Nevada)
- **William Chobanian**, Safety Manager – Self Employed (Las Vegas, Nevada)
- **Steven Hughes**, Health and Safety Compliance Specialist – Atlas Box & Crating Company (Sutton, Massachusetts)
- **Robert Lawless**, President – Client Safety Resources, Inc. (Pennsville, New Jersey)
- **Paul Malcolm**, Acting Manager Contractor Safety – Roads & Traffic Authority of New South Wales (Grafton, New South Wales, Australia)
- **Rachel McGuirl**, Safety, Health & Environmental Manager – Burns and Roe Services Corporation (Malvern, Pennsylvania)
- **Calvin L. Morrow**, Manager of Safety and Security – Dr. Benjamin L. Hooks Job Corps Center (Memphis, Tennessee)
- **Ryan Reese**, Corporate Health, Safety & Security Leader – Colonial Pipeline (Alpharetta, Georgia)
- **William Wells**, OSHA Safety Instructor-Inspector – OSHA Compliance and Safety (Palmetto, Florida)

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!

## Call for Nominations – NSMS Board of Directors

The National Safety Management Society (NSMS) is seeking nominations from its current membership to fill and/or re-elect two (2) “term-expiring positions” on the Board of Directors currently held by the following incumbents:

**President, Roosevelt Smith, FSR, CSHM, WSO-CSE, CSI (ML)**

**Dr. Jeffrey Chung, Ph.D., CSHM, CHFP**

The newly elected and/or re-elected Board members will be serving a two-year calendar term (2010-2012). The NSMS is looking for individuals with the talent and experience to help shape the direction of NSMS's future and we are especially interested in candidates of diverse safety management, strategic planning, organizational development and training backgrounds. All current dues-paying members classified as: "Members," "Retired Members," "Life Members," or "Fellows" (who are classified as "Members," "Retired Members," or "Life Members" are eligible to nominate a fellow member or self-nominate. No slate shall have more than one individual from the same firm, agency, or organization,

**Please submit your letter of nomination or self-nomination with, along with the candidate's CV/resume, and optional photo, no later than December 1, 2009 and email it to [nsmsinc@yahoo.com](mailto:nsmsinc@yahoo.com) or physically mail it to:**

National Safety Management Society  
c/o NSMS Nominating Committee  
P.O. Box 4460  
Walnut Creek, CA 93496-0460

An electronic ballot will be mailed out to all current dues-paying members. Please make sure your email address is correct in our database.

## NSMS 2010 Membership Renewal Notices Are Forthcoming

Either late this month or early November, 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 8<sup>th</sup> consecutive year, there is **no dues increase**. Please renew by January 31, 2010. 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 those of you who are non-members or past member, and are regularly receiving this monthly online publication, we encourage you to join our organization and not miss out on future distributions.*** Thank you.

## **The ISHM “Certified Safety and Health Manager” (CSHM) Accreditation Has Been Achieved!**

The vision of our early NSMS founders to develop a safety management-focused credential to recognize professional competence in safety leadership has culminated in the official accreditation of the NSMS-created Certified Safety and Health Manager credential by the Council on Engineering and Scientific Specialty Boards (CESB). CESB is a self-sustaining, independent body which accredits certification programs organized and operated consistent with sound credentialing practices tailored to the needs of engineering and technology specialties. CESB is the recognized accreditation body for engineering and scientific certification and specialty certification programs for professional credentials such as the Board Certified Environmental Engineer, Certified Industrial Hygienist and Certified Hazardous Materials Manager.

Our sister organization, the Institute for Safety and Health Management (ISHM) and its Board of Directors deserve all the credit for their leadership, diligence, determination and perseverance in marshalling this monumental effort to fruition. Our CSHM credential holders deserve our gratitude for their patience as this initiative effort went through many trials and tribulations over the years. The Institute for Safety and Health Management is the credentialing organization which administers the CSHM to recognize safety and risk management professionals who, through demonstrated professional experience and the passing of a comprehensive exam, have met ISHM's requirements for mastering the safety management body of knowledge.

The CSHM credential recognizes safety and health professionals who demonstrate knowledge of health and safety management skills and techniques through examination and experience. The CSHM certification program promotes the integration and practice of safety management principles throughout all levels and activities of an organization. In addition to technical knowledge of safety and industrial hygiene, a successful safety and health manager must possess working knowledge of a broad range of business and financial principles and an understanding of related issues such as hazard analyses, accident/incident investigations, safety audits/surveys, workers' compensation, risk management, product safety, human factors, environmental laws, quality, and labor relations. The CSHM program is designed to provide recognition of those who can apply such a broad range of health and safety management tools. NSMS offers to be a resource and facilitator to help those interested in pursuing such a certification.

## **NSMS’ “Certified Safety Supervisor (CSS)” Credential Now Accepted Towards Associate Safety Health Manager (ASHM) Designation**

Associate Safety and Health Manager (ASHM) designation is intended to recognize those individuals who possess some combination of formal training and experience listed below that prepares them for safety and health management responsibilities. The ASHM serves to let potential employers and current employers know that these individuals have been formally educated to address workplace safety and health issues or are ready to step into entry level positions in safety management.

Individuals who receive the ASHM designation have a period of six years to pass the accredited Certified Safety and Health Manager (CSHM) certification examination. The ASHM designation will permanently expire six years after the date of issue or when replaced by the CSHM designation, whichever comes first. For more information, please visit the ISHM website: <http://www.ishm.org/pages/associate.html>

Upon completion of the application package, approval by the review committee, and payment of the appropriate fees, a candidates who does not have a college degree, but is a holder of a safety certificate recognized by the ISHM Board (<http://www.ishm.org/pdf/certprograms.pdf>), plus nine years of qualifying work experience is eligible for the ASHM designation:

## **SPECIAL ADVANCED ANNOUNCEMENT:**

### **NATIONAL SAFETY MANAGEMENT SOCIETY Upcoming Special Professional Development Workshop Now Tentatively – Spring 2009 Houston, Texas Area**

Many emails have been coming in recommending to NSMS that we offer an interdisciplinary two-day professional development workshop that will enable safety professionals/managers sharpen their skills, knowledge and abilities in interacting with employees and company leadership. We are considering a pilot workshop beginning in the Houston, Texas area and going forth to other regions where our membership would like to have it presented. If we come to your locale or college campus, we hope this will be a more cost-effective opportunity to learn and expand your skills, knowledge and abilities (SKAs).

The tentative workshop fee (early, pre-registration) for NSMS members is \$125 and \$250 for non-members and an on-site (or late) registration of \$160 for NSMS members and \$275 for non-members (includes lunch and program materials). College students majoring in this field of study are also invited to attend (NSMS Student (Affiliate) Members workshop fee is \$100). We need a minimum of 50 attendees to cover the cost/break even on this 2-day training event. (We currently have 25 respondents – half way there!) Please email us at [nsmsinc@yahoo.com](mailto:nsmsinc@yahoo.com) if you are interested in possibly attending so we can begin to establish a headcount. Thank you.

#### **“Enhancing Safety Management SKAs: 2-Day Professional Development Workshop”**

**Instructor: Dr. Jeffrey Chung, CSHM CHFP – NSMS Executive Director**

#### **Day One –**

- Administrative Business, Introductions and Workshop Overview
- Safety Management Principles and Practices
- Safety Attributes for Best-in-Class Organizations
- Emerging Safety and Health Issues – Aging Workforce, Green Jobs and Special Needs of Foreign Workers
- Psychology of Safety – A Behavior-based Approach; Human Performance Improvement
- Developing Effective Training/Presentation Skills
- Role of Safety Committees; Conducting/Facilitating Effective Meetings

## **Day Two –**

- Understanding Self/Others/Your Organization – SMART Profile
- Strategic Planning Concepts and Process
- Problem Solving and Analytical Tools
- Performance Metrics for Continuous Improvement
- Corporate Communication Strategies for Safety/Risk Management Professionals
- Ethics for the Safety Practitioner and Manager
- Stress and Health Management for the EH&S Professional
- Wrap-up and Workshop Evaluation

## **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. The NSMS Blog can only thrive with the enthusiasm and expertise of its members and readership. We encourage and invite everyone who has an interest in workplace health and safety to be a part of the NSMS Blog and help create a community that helps all organizations be safer, healthier and compliant places to work.

## **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](http://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.

## **Workplace Injuries Decline**

*(Workplace HR & Safety – November 3, 2009)*

Although the Bureau of Labor Statistics (BLS) announced a decline in the annual rate of workplace injuries, Labor Secretary Solis emphasized vigilance by employers and enforcement officials. Injury and illness rates among private industry employers are down from 4.2 in 2007 to 3.9 in 2008. BLS also reported a decline in non-fatal occupational injuries and illnesses from 4 million cases in 2007 to 3.7 million cases in 2008. Solis issued the following statement:

"Preventable workplace injuries and illnesses affect millions of American workers every year, many with lifelong effects. While I am cautiously optimistic that these decreases in injury and illness rates represent change in the right direction, they do not lessen the need for strong enforcement to ensure that safety is a top priority in every workplace.

"To help verify the accuracy of injury and illness records, the department's Occupational Safety and Health Administration has launched a National Emphasis Program on Recordkeeping that will help assure the accuracy of injury and illness data reported by employers.

"Today's report prompts us to step up our vigilance on accurate recordkeeping, particularly as the economy regains momentum."

## **OSHA Compliance: How to Ensure that Your Efforts Are on Target**

*(Safety.BLR.com – October 15, 2009)*

*Most safety managers have a lot on their plates these days struggling with budget cuts and reduction in staff while keeping up production and trying to keep employees safe at the same time. As if that isn't enough to worry about, the last thing a safety manager needs is a visit from OSHA. Even though David Michaels has not yet been confirmed as the new Assistant Secretary, OSHA is far from being in a holding pattern and has stepped up its enforcement efforts. Here's what you need to know to ensure that your OSHA compliance efforts are on the right track:*

- **OSHA budget increase.** President Obama has asked for a large increase OSHA's budget--over 10 percent or \$50.6 million, which would allow OSHA to hire more than 200 new employees including 130 more inspectors, 25 more discrimination investigators to pursue whistleblower complaints, and 20 more staff members who will help develop workplace standards.
- **Step-up in construction enforcement.** Because of the increase in construction projects brought on by the American Recovery and Reinvestment Act of 2009, OSHA will increase inspections in this area to ensure OSHA compliance.
- **Increase worksite inspections to 40,000 a year.**
- **Changes to the hazard communication standard (HCS).** On September 30, 2009 , OSHA issued a [proposed rule](#) in the *Federal Register* outlining how it plans to modify its existing HCS to conform with the United Nations' (UN) Globally Harmonized System of Classification and Labeling of Chemicals (GHS). The Agency is accepting comments until December 29, 2009.
- **Injury and Illness Recordkeeping National Emphasis Program.** The recordkeeping NEP involves inspecting occupational injury and illness records prepared by businesses and appropriately enforcing regulatory requirements when employers are found to be under-recording injuries and illnesses. See [OSHA's Injury and Illness Recordkeeping NEP: What You Need to Know](#) to determine if your facility is on OSHA's inspection list.
- **Higher penalties.** OSHA is looking at ways to strengthen existing penalties and hopes that this will be an incentive to adopt an effective Safety and Health Management System. If you don't already have a written safety and health plan, BLR has the tools to get you started. See [sample Safety and Health Plan](#).

- **New Regulations, Guidelines, and Directives.** OSHA has accelerated its efforts to develop long-awaited standards addressing hazardous exposure to crystalline silica, beryllium, and food flavorings containing diacetyl and expects to issue an advance notice of proposed rulemaking on preventing combustible dust explosions very soon. Other rules in the pipeline are a cranes and derricks standard and confined spaces standard for the construction industry. Also, look for OSHA to do something about ergonomics.

## **OSHA Targets Under-Reporting**

*(By Glenn Demby, Esq., Safety-X-Change – October 16, 2009)*

OSHA has to inspect workplaces in response to complaints and after incidents occur. But a big chunk of the OSHA enforcement strategy is planned inspections. Since the agency can't show up at all workplaces, it targets sites that pose the highest risks—like companies with injury rates that are way above the norm for their particular industry.

But now abnormally *low* injury rates are also likely to land a company on the OSHA planned inspection list. There's been a lingering suspicion that companies simply aren't reporting illnesses and injuries. So on September 30, OSHA began implementing a new Recordkeeping National Emphasis Program (NEP) that targets OSHA Logs and injury reporting at companies with low rates of reported injuries.

To end up on the Recordkeeping NEP inspection list, a company must be in a high-risk industry and have a DART (Days Away Restricted and Job Transfer Rate of Injuries and Illnesses) of 4.2 or lower during 2007. High risk industries include (but aren't limited to) animal slaughtering, poultry processing, steel foundries, soft drink manufacturing, couriers and nursing homes.

The Recordkeeping NEP inspection will consist of three components:

1. **A records review** in which OSHA inspectors look at medical, workers' comp, absentee and other records for a sample of 2007 employees and verify that all illnesses and injuries are recorded on the OSHA 301;
2. **Interviews** with company recordkeeping officials, employees, managers and healthcare providers; and
3. **A walk around inspection** of main operations areas.

## **Changes Coming to the Workplace With Boost in Labor Protections**

*(By Martha Lynn Craver, The Kiplinger Letter – October 18, 2009)*

The Obama administration is cranking out a slew of regulations affecting businesses. Most of the changes will boost labor protections against workplace hazards, discrimination, unfair pay policies and in other personnel disputes. Among the changes:

***Safety checks.*** Much tougher enforcement from the Occupational Safety and Health Administration is in the works. The agency will launch a big new push on ergonomics, perhaps making another run at producing a specific rule on repetitive-motion injuries. But legislation to give OSHA beefed-up powers, including bigger fines for violations and providing wider protection to whistleblowers, won't pass anytime soon.

***Wages.*** Expect quicker and more thorough follow-up of worker complaints. The Labor Department's Wage and Hour Division is putting 250 more investigators on the job to probe pay disputes and try to resolve problems. Plus there will be more enforcement of rules against unfair practices.

***Discrimination.*** A broader definition of disability will expand protection under the Americans with Disabilities Act to more individuals. Business groups are up in arms about the proposed rule by the Equal Employment Opportunity Commission, saying the agency exceeded its authority by including in the proposed rule a list of impairments that will consistently meet the definition of disability. Another EEOC rule will impose restrictions on health-risk assessments (HRAs), a key component of employers' wellness programs. The rule implements a 2008 law banning the use of genetic information in decisions on employment. Its broad definition of "genetic information" includes family medical history, and employers may not provide any rewards or penalties tied to an HRA that asks for family medical history.

***Union rights.*** A pro-labor stance by the National Labor Relations Board is certain as soon as Congress confirms President Obama's appointees, giving Democrats a majority. Look for reversals of key decisions made by Bush appointees on the use of e-mail by workers for union organizing and the representation of nonunion workers at disciplinary meetings. The new board also is likely to narrow the definition of a supervisor, which will make more workers eligible to join a union.

Employer groups are not opposing a bill to ban employer discrimination based on sexual orientation, and it is a good bet for passage. The legislation won't apply to businesses with fewer than 15 workers, the military or religious organizations.

## **Protect Your Workers from Pandemic Flu with 3 Control Measures**

*(By Mark Smith, CSP CIH CHMM, Safety-X-Change – October 26, 2009)*

Pandemics aren't new in this world. In fact, there have been 31 recorded pandemics since 1580; three in the last 110 years, with the Spanish Flu of 1918 being the most famous for its horrific effects. It's been estimated that this particular virus was responsible for over 500,000 deaths in the United States alone, a staggering number given that the population of the US was approximately *one-third today's level*.

## What Makes H1N1 So Special?

The current virus (H1N1) is a form of influenza A, which are classified according to proteins found on the surface of the virus. The “H” stands for hemagglutinin and the “N” stands for neuraminidase. Although influenza A is fairly common, it’s the genetic variation (due to mutation) of the current H1N1 that makes it unique.

In June 2009 the World Health Organization (WHO) declared the H1N1 virus (also known as the Swine Flu) had reached the pandemic level. This declaration meant the disease was an epidemic of world-wide proportions. Pandemic viruses generally have three important characteristics:

1. They are easily spread from person to person,
2. There appears to be no immunity within the general population, and
3. There is no or very limited vaccine available.

The H1N1 flu is now well entrenched in this country. Thankfully, the cases have generally been mild with most people recovering within a week. We all hope that this trend continues. Of course, there are those segments of the population who are at risk, including people with pre-existing cardiovascular disease, children, immuno-compromised individuals and women who are pregnant.

## 3 Controls Measures Safety Professionals Should Implement Now

What can WE do to prepare for the current virus, or for future pandemics? There are three controls measures that can be used to address the Pandemic Flu: engineering, administrative and personal protective equipment.

**1. Engineering controls** include use of air filtration devices, hand washing facilities and hand sanitizers.

- **Air filtration devices** are used in hospital waiting rooms and may have limited value. They don’t capture the agent at the source and the virus must be aerosolized before it can be captured.
- **Proper hand washing** can be very successful at controlling the spread of infectious diseases. The best hand washing facilities are designed to eliminate the need for touching contaminated controls. Examples of these “no touch” devices include sensor operated soap and paper towel dispensers, foot controlled water valves or sensor initiated water flow are examples.
- **Hand sanitizers** generally come in a gel or foam and are dispensed by pump action or from an aerosol container. Many of these sanitizers use an alcohol-based agent that is highly effective. It is important to note that the alcohol is flammable and care should be taken when sources of ignition are present.

**2. Administrative controls** are also available for infection control to manage the virus. However, it should be noted that a major drawback to administrative controls is the need for employees to actually use the procedure, perform it correctly and consistently. Education and awareness training are the common threads that tie administrative controls together. A few examples include:

- Social distancing: Maintain at least six feet from anyone during a pandemic

- **Sneeze etiquette:** Use a tissue to cover a sneeze, cough or for nasal secretions if you are sick. If a tissue is not handy, sneeze or cough into you upper arm.
- **Hand washing:** Especially if have handled materials that may contain the virus or if you have touched high-contact surfaces. High contact surfaces include handrails, door handles, desk surfaces and alike. If a sink and soap are not available, see hand sanitizers.
- **Biocides:** Decontaminate high contact surfaces with an effective biocide frequently. Check to make sure the product being cleaned won't be degraded by use of the biocide. Also verify that the biocide is effective and a cleaning schedule established. More than 500 products are approved by EPA for decontamination of hard surfaces against the flu virus. A list of products can be found at: <http://www.epa.gov/oppad001/influenza-a-product-list.pdf>.
- **Medical monitoring:** Check for employees who have overt symptoms of the virus, including a fever. Encourage staff to stay home if they have the flu. If an employee must work, see if the company will permit telecommuting. Employees should not be penalized for taking leave.
- **Crowds:** Avoid crowds if possible.
- **Planning:** Every business should develop a plan to address disruptions, whether it's lack of supplies, a labor disputes, fires or the pandemic flu.
- **Hand-to-face contact:** Avoid hand-to-face contact, especially to the nose, mouth or eyes. This procedure can't be emphasized enough. This is a significant source of infection with respect to viruses.
- **Vaccination:** Get vaccinated for the seasonal flu, as well as the H1N1 virus as soon as it is available in your area.
- **Stay Healthy:** Keep your immune system strong by eating right, getting adequate rest, and avoid stress.

**3. Personal protective equipment (PPE)** is the last line of control, and includes disposable gloves and respiratory protection.

- **Disposable gloves** should be used when handling material likely to be contaminated with the virus or while decontaminating surfaces. Disposable nitrile gloves are inexpensive and don't have the allergy concerns associated with latex. Check to make sure the biocide being used does not degrade the glove materials. Also, disposable gloves may degrade with time, if stored at elevated temperatures or if exposed to the air for prolonged periods of time.
- **Respirator protection** typically fall into two main categories; surgical masks and N-95 face piece filtering masks.
  - Surgical masks provide a lower level of protection and capture airborne droplets that may contain the virus. They are relatively inexpensive and are reasonably comfortable, but are not recognized as protection.
  - N-95 respirators (face piece filtering masks) have been used in health care for years. They are relatively inexpensive, but protective if worn correctly. The OSHA respiratory protection standards (29 CFR 1910.134) has requirements for a written program, training, medical screening, and fit testing for employees who use a respirator for a recognized hazard. OSHA has developed guidance documents for stockpiling N-95 respirators (face piece filtering masks).

As most safety and health professionals know, PPE is the least desirable approach of addressing a hazard. It places a burden on the employee to use it correctly and under appropriate circumstances. PPE may also be uncomfortable or interfere with speech, as is the case with respirators.

### Conclusion

To successfully manage the spread of virus, numerous controls must be considered and implemented. No single control method will be successful, with the exception of complete isolation, such as being a hermit.

## **Preparing For Swine Flu**

*(By D. Charles Stohler, Carmody & Torrance, LLP, The Hartford Business Journal Online – November 6, 2009)*

### **What happens if employees refuse to or cannot work because of the flu? If an employee has run out of sick days or a company doesn't have them, can the employee be dismissed?**

Both the Federal Occupational Safety and Health Act (OSHA) and Connecticut law protect employees from disciplinary action if an employee has a reasonable basis to refuse to work when confronted with a hazardous work condition. In addition, the National Labor Relations Act protects groups of employees who might refuse to work because of safety conditions.

There is no law that requires employers to provide paid sick leave, but employers should use caution before dismissing employees who are out because of the H1N1 virus. Other employment statutes, such as the Americans with Disabilities Act and the Connecticut Fair Employment Practices Act, provide protection to employees against discipline because of a covered disability or illness. Also, employees of larger companies of 50 or more employees may have rights to take unpaid leave when they or their dependents have a "serious health condition" under the federal and/or Connecticut Family and Medical Leave Acts (FMLA). Employers should interpret their sick policies liberally depending on the how severely the H1N1 pandemic hits their businesses.

### **What steps should employers be taking now to prepare for the flu in terms of legal and practical issues?**

First and foremost, employers should have a plan and address the situation now. The goal is to keep employees from getting sick, and to return them to work as soon as possible after they are fit to return to work.

In addition to Business Continuity and Operational Plans, employers should address the following human resources and employment issues: 1) Health and safety issues, such as providing sanitizers and supplies, disinfectant wipes, time off for vaccinations, and "social distancing;" 2) Communication plans on what the organization is doing both before and during any outbreaks, as well as training supervisors and human resources personnel; 3) Pay and benefit policy adjustments, such as modifying attendance policies, reviewing insurance coverage, and allowing employees to work offsite; 4) Staffing and backup for critical positions; 5) Employee relations, including training on what to do when an employee refuses to work; and 6) Technology such as phone and videoconferencing and telecommuting options.

## **How should employers balance business and customer demands with the reality that many of their employees will be out?**

The key priorities for employers should be keeping employees from getting sick so that they can keep working. If employees do get the flu, the goal should be to get them back to work as soon as possible after they are fit to return to work. Employers should communicate what their plan is, monitor the news and be flexible and liberal in adjusting their pay and benefit policies. Employers also should develop backup plans for essential workers and contingent staffing options.

## **What can an employer do in the case of an employee who exhibits flu symptoms but keeps on working (again because of no sick days or fear of losing a job)? Can an employee be sent home?**

Although there are several legal concerns, an employer can send employees home or require them to stay home.

The justification is the protection of the other employees and the requirement under OSHA to provide a safe work place. Employers should consult their own policies and apply them liberally given the severity of the situation considering the impact on their businesses.

## **Franken Bill Seeks to Limit Nurses' Injuries**

*(By Cynthia Dizikes, The MinnPost.com – October 15, 2009)*

Senator Al Franken (D-Minn.) introduced legislation today aimed at implementing safe patient-handling standards to protect nurses from injury on the job. “Nurses and health-care workers shouldn’t have to sacrifice their safety and their livelihood to help others,” Franken said in a statement. “Especially when many of these injuries could be prevented.” According to Franken, thousands of nurses are injured every year because of lifting patients, resulting in spinal-disc damage and back strain.

Franken’s bill would direct the Occupational Safety and Health Administration to issue a standard on safe patient handling and injury prevention that would require the use of lift equipment. It would also require that care facilities implement safe patient-handling and injury-prevention plans and provide workers with training. Workers would be protected from employer retaliation if they refused to accept assignments and the Department of Health and Human Services would be directed to administer a \$200 million grant program to cover the costs of acquiring safe patient-handling equipment for certain facilities.

“Facilities that have implemented safe patient-handling procedures have demonstrated that their initial investment in lift equipment is off-set in just a few years by the reduced cost of worker’s compensation payments and savings from fewer lost workdays,” Franken said.

## **Europeans See Safety Fallout from Economic Downturn**

*(Safety.BLR.com – October 27, 2009)*

There appears to be significant concern among some Europeans that the current economic crisis could adversely affect health and safety at work. That was among findings of a new survey by the European Agency for Safety and Health at Work (EU-OSHA).

Explains EU-OSHA Director Jukka Takala: "The financial crisis may lead organizations to ignore or minimize the importance of workplace safety and health. And [even] there is a risk that companies will consider cutting back on their investment in occupational safety and health."

Among other survey findings, EU-OSHA learned that citizens of European Union nations believe job security and salary are more important than safe and healthy working conditions. Also, most of those questioned considered themselves well-informed about workplace risks.

Takala noted that risks for Europe's women workers "tend to be underestimated and neglected." In part, that's because there is more emphasis on workplace accidents, which affect more men, than on workplace health.

## **Chemicals and Noise - A Hazardous Combination**

*(The Health and Safety Report, Canadian Centre for Occupational Safety and Health – Volume 7, Issue 10 - October 2009)*

It is no surprise that most work-related hearing loss is caused by noise exposure, and that genetics and age can also be contributors. What may not be as well known is that some chemical exposures can pose a potential risk to hearing. Both animal experiments and human studies suggest that certain chemical exposures may cause "ototoxic" effects (damage the hearing and balance functions of the ear). In general, the exposure concentrations that cause these effects are considered high. However, exposure to some of these chemicals and noise at the same time can significantly increase the risk of developing ototoxic effects.

### What are ototoxins?

Ototoxins are chemicals which can damage hearing and can cause mild to severe hearing loss, tinnitus (ringing in the ears), or deafness. An ototoxin can be ingested, absorbed, or inhaled into the body. Once in the bloodstream, the ototoxin is circulated to the ear and absorbed by the auditory nerve, damaging the nerve and causing hearing loss. Ototoxins can also cause hearing loss by damaging the cochlear hair cells (as happens in hearing loss caused by noise).

### Effects of chemical exposure on hearing

Ototoxic chemicals can cause hearing loss on their own, however when combined with noise exposure, the effects can be even more severe. Organic solvents are the most commonly identified chemicals, but others may also be involved (e.g. metals and chemical asphyxiants). The hearing frequencies affected by solvent exposure are different than those affected by noise. Research suggests that solvents may interact synergistically with noise. Even when noise and chemicals are at permissible exposure levels, the impact of a combined exposure can do more damage than a higher exposure to either hazard alone.

## Some chemicals associated with hearing loss

- Benzene
- Carbon disulfide
- Carbon monoxide
- Ethylbenzene
- Hydrogen cyanide
- Lead
- Mercury
- n-Hexane
- Solvent mixtures
- Styrene
- Trichloroethylene
- Toluene
- Xylene

Organic solvents are widely used: in automotive and aviation fuels; in plastics industries; as thinners for paints, lacquers and dyes; in the manufacture of detergents, medicines, perfumes, fabric and paper coatings, printing inks, spray surface coatings; and in insect repellents.

Activities where noise and chemical hazards can potentially combine include:

- boat building
- construction
- firefighting
- fueling vehicles and aircraft
- furniture making
- manufacturing of metal, leather and petroleum products
- painting
- printing
- weapons firing

## Challenges

It may be difficult to determine the ototoxic effects of chemicals, particularly organic solvents, in exposed workers. Workers are usually exposed to a mixture of solvents with various compositions and concentrations, making it difficult to isolate exactly which chemical, and how much exposure to that chemical is causing damage. Also the industrial environments in which there tend to be exposures to both chemicals and high levels of noise make it difficult to differentiate the solvent effect from noise-induced hearing loss.

Although there is no firm guidance on the lowest occupational exposure limits for solvents in relation to their effect on hearing, the current occupational exposure limits as well as hearing conservation programs for solvent-exposed workers may not be adequate.

## How to protect workers

- Conduct a hazard assessment as the first step in a hearing loss prevention program to learn if and what hazardous exposures exist in the workplace.
- Remove the source of hazardous exposures from the workplace (the most effective way to prevent hearing disorders from noise or chemical exposure, but may not be possible).

- Substitute ototoxins with less hazardous chemicals.
- Take steps to minimize potential ototoxin exposures through inhalation, ingestion, and/or skin absorption.
- Minimize exposure to these chemicals through process changes, ventilation, and/or skin or respiratory protection.
- Reduce noise levels through engineering or administrative controls.
- Wear hearing protection when exposed to noise, or when exposed to ototoxins - even when noise levels are below the threshold - to prevent the combined effects of noise and solvent exposure.
- Start a hearing conservation program for workers at lower levels of noise exposure than is required by occupational health and safety legislation.
- Include workers exposed to chemicals in hearing conservation programs, whether or not they are exposed to noise. These programs should consider the possible combined effects of exposure to both solvents and noise.

## **Why Reduced Daylight Increases Risk of Injury**

*(By Dave Duncan, Safety-X-Change – October 28, 2009)*

You've probably heard about seasonal affective disorder (SAD), wintertime depression and fatigue triggered by reduced hours of daylight. The disorder affects about five percent of the population and can be extremely debilitating if left untreated. However, tens of millions of North Americans experience early morning winter tiredness, without depression, and that fatigue can put them at increased risk for injury or death, both on the job and while driving to work.

### A Seasonal Hangover

According to Dr. Michael Terman, director of the Center for Light Treatment and Biological Rhythms at Columbia University Medical Center, during months of reduced daytime light, about half the North American population experiences a morning "hangover" that has nothing to do with drinking alcohol.

It can take hours for this foggy state to disappear. Terman says his patients who have no difficulty awakening alert and ready to go when the sun streams in at 5 a.m. in June can't seem to get going at the same time in November. This mental foggy state isn't imagined. There's a physiological reason for it: People are designed to awaken into light.

### Our Body Clock Relies on Morning Light

"The function of early morning light is to prevent the circadian (body) clock from slipping (backwards)," Terman says. "The body clock controls a wide range of our functioning – our body temperature, the production of hormones, our rhythms of alertness and physical energy and our mood state – when during the day we are feeling better or worse."

During months of early morning darkness, the circadian clock slips backwards because the sun is not signaling people to awaken naturally. Why? Blame it on melatonin. Melatonin is a hormone vital to the body clock's operation. In the summer months, melatonin levels start to rise about

9:30 p.m. and people begin to feel sleepy. Melatonin levels drop off in the morning and we awaken.

But in months of reduced daylight, melatonin levels in a large percentage of the population do not begin to increase until as late as midnight. So when the alarm clock goes off at 5 or 6 a.m., the melatonin levels may still be high. This means that some people awaken extremely tired, finding it difficult to get out of bed and even getting to work on time.

### What Workers Can Do

For reasons that aren't yet understood, half the population does not have this problem. Lucky them! But if you or some of your workers feel exhausted in the morning during the fall, winter and early spring, the solution is to use a light box to prevent body clock slippage.

But you can't just sit under any light bulb. It has to be a special light that simulates sunlight. These light boxes cost about \$200. Advice on what type of light box to purchase is available from the non-profit [Center for Environmental Therapeutics \(CET\)](#)

### Conclusion

Share this information with your workers and help make your workplace and the early morning drive to work a lot safer.

## **Beat Work Fatigue**

*(The Health and Safety Report, Canadian Centre for Occupational Safety and Health – Volume 7, Issue 10 - October 2009)*

A student accepted a job that was 2.5 hours away - making the commute a 5 hour round trip. The student had worked two day shifts when he was assigned to work the night shift. On his way home after working eight consecutive shifts, the car he was driving left the highway. He was killed in the crash. The police report indicated that he was likely asleep or looking away from the road at the time of the accident.

WorkSafeBC released a human factors bulletin with information on fatigue and how to prevent it in the workplace. Most people need 7.5-8.5 hours of sleep every day, and when they don't get enough, their performance may suffer. They may have slower reaction times and difficulty concentrating and making decisions.

Studies have shown that people working the night shift get about 5 to 7 hours less sleep per week than those working the day shift. The shortened periods of sleep coupled with the natural tendency to be awake in the day means the sleep in the day is not the same quality as night sleep.

In this case, the student's work schedule did not provide enough time to commute and also get enough sleep. He had built up over 12 hours of sleep debt during the eight days he worked. When he was working the six night shifts and sleeping during the day, he was probably not getting the best quality sleep. When he left work to drive home after having been awake for over 19 hours - it is likely that he had a performance level close to that of being legally impaired. *The WorkSafeBC bulletin has more data on research that tested continuous hours of wakefulness against blood alcohol levels.*

It is important to understand and recognize the signs of fatigue and take preventative steps that minimize the risk of injuries. When developing work schedules, the continuous number of hours and the time of day worked (day vs. night shifts) need to be considered, as well as the potential for accumulated or sudden sleep loss. As part of the management of fatigue, the entire time a worker has to be awake should be taken into account - not just the time spent working (for example, commuting time, especially after working a night shift). This time may add to an already long shift and increase the risk of fatigue impairment.

Read the [WorkSafeBC Human Factors Bulletin on Work Schedules and Fatigue](#).

Read the [OSH Answers on fatigue](#) from CCOHS.

Download the [Enform Guide to Safe Work: Fatigue Management](#).

### **Lessons Learned: Explosion at Local Company Results in \$45,000 OSHA Fine** *(Dayton Daily News – October 27, 2009)*

The Occupational Safety and Health Administration (OSHA) has proposed \$45,000 in fines against Veolia ES Technical Solutions, alleging 11 “serious violations of federal workplace health and safety standards” in events OSHA says led to an explosion and fire at the company’s local facility.

On May 4, 2009, shortly after midnight, an explosion tore through Veolia’s environmental services plant at 4301 Infirmary Road. The explosion and resulting fire sent four workers to hospitals. Air at and around the plant was monitored from 4 a.m. to 4 p.m. in the initial hours after the explosion.

The explosion was the result of a “large cloud of flammable and solvent vapor ignited by boilers at the worksite,” OSHA said in a statement issued today, Oct. 27. “Two workers were seriously injured in the blasts and several onsite buildings were destroyed.”

OSHA’s citations point to what the agency called “the lack of a control room where an abnormal condition could be detected and substantially corrected by workers.” OSHA also pointed to what it said was “a lack of systems” to route flammable vapors away from pressure relief devices toward a “safe location.”

Veolia has 15 business days from receipt of the citation to comply or contest the citations, OSHA said. OSHA also said the results of a second investigation — in addition to the explosion investigation — into Veolia’s compliance with OSHA’s process safety management standard will be announced soon.

A spokesman for the company could not be immediately reached.

The explosion and subsequent fire caused some \$50 million in damage, West Carrollton Fire Chief Jack Keister said in the early days after the explosion.

Keister said workers at the plant were transferring solvents — a liquid or gas that dissolves, cleans or preserves — from one tank to another when vapor somehow began to escape. Keister — a firefighter for 29 years and chief for 15 — said the blaze rivaled the 1986 Miamisburg train derailment as among the biggest events of his career.

“It’s the largest industrial explosion I’ve seen,” Tim Spradlin, the Ohio fire marshal’s chief explosion investigator, said in the week after the explosion.

### **Lessons Learned: Roofer Cited for Fall Hazards Ranging from 16 Feet to Three Stories** (*Occupational Safety & Health – October 15, 2009*)

OSHA has proposed a total of \$91,000 in fines against Summer and Winter Construction LLC, a Pittsfield, N.H.-based roofing contractor, for alleged fall hazards at worksites in Hanover and Manchester, N.H. The agency opened inspections at the two sites after its inspectors observed the company's employees performing roofing work without fall protection at both locations. The inspections found workers exposed to falls ranging from 16 feet at the Manchester site to three stories at the Hanover site. OSHA previously had cited the contractor in November 2006 for fall hazards at a worksite in Concord, N.H.

"The sizable fines we've proposed reflect the serious and recurring nature of these fall hazards," said Rosemarie Ohar, OSHA's area director for New Hampshire. "Improperly utilized fall protection equipment is just as deadly as failing to use fall protection at all. Workers who lack adequate and effective fall protection are just one slip, trip or misstep away from a potentially fatal plunge."

As a result of its inspections, OSHA has issued Summer and Winter one willful citation, with a proposed fine of \$70,000, for allowing employees at the Hanover site to work atop a roof without fall protection and with improperly rigged lifelines and improper equipment; and two repeat citations, with \$8,000 in fines, for lack of fall protection at the Manchester site and an extension ladder that did not provide safe access to the roof at the Hanover site.

The contractor also has been issued eight serious citations, with \$13,000 in fines, for lack of fall protection training, improperly worn body harnesses, an ungrounded power saw, no safety glasses for employees using nail guns in Manchester, two employees tied off to a single anchorage point, a defective ladder, employees working beneath the suspended load of an unattended fork truck, and riding without seatbelts in the back of a pickup truck in Hanover.

The company has 15 business days from receipt of its citations and proposed penalties to comply, meet with OSHA or contest the finding before the independent Occupational Safety and Health Review Commission. Detailed information on fall protection hazards and safeguards is available online at [www.osha.gov/SLTC/fallprotection/construction.html](http://www.osha.gov/SLTC/fallprotection/construction.html).

### **Fraudulent Safety Trainers Scrutinized By OSHA**

OSHA is maintaining an Outreach Trainer Watch list to alert the safety community to fraudulent trainers. The agency recently conducted an undercover investigation, authorized through the OSHA Outreach Training Program, as part of its heightened effort to address fraudulent activity by trainers.

OSHA is monitoring training programs and has provided a hotline at (847) 297-4810 for individuals to file complaints about fraud and abuse. View the current Watch List at [http://www.osha.gov/dte/outreach/construction\\_generalindustry/watchlist.html](http://www.osha.gov/dte/outreach/construction_generalindustry/watchlist.html). It will be updated weekly.

The voluntary Outreach Training Program has grown to a national network of more than 16,000 independent trainers eligible to teach workers and employers about workplace hazards and provide OSHA 10-hour course completion cards. The program's success has prompted some states and cities to legislate a requirement that workers complete training to earn an OSHA 10-hour card as a condition of employment.

Trainers are authorized by completing a one-week OSHA trainer course through an OSHA Training Institute Education Center. The trainers are then eligible to teach 10-hour programs that provide basic information to workers and employers about workplace hazards and OSHA, and 30-hour courses in construction, maritime, and general industry safety and health hazards.

## **Safety Tidbits**

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

- Once a person is totally buried by an avalanche, there is only a one-in-three chance of survival.
- Despite the large rat population in New York City, rats bite only around 300 people in an average year. But around 1,500 residents are bitten annually by other New Yorkers.
- Airbags inflate at a rate of 200 miles per hour.
- One reason you should buckle up even though your automobile has an air bag is because the bag won't re-inflate during a multiple-crash accident.
- ***THE WAKING PATIENT*** : Just as a surgeon was finishing an operation and was about to close, the patient awakes, sits up, and demands to know what is going on. "I'm about to close," the surgeon says. The patient grabs the surgeon's hand and says. "I'm not going to let you do that! I'll close my own incision!" The doctor hands him the needle and thread and says, "**Suture self.**"