

Occupational Health Management™

A monthly advisory for occupational health programs

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Employers should toe the line on genetic testing for workers, says group

Railroad case brings attention to contentious issue

Reckless use of genetic testing in the workplace runs the risk of abusing employees' rights, according to a report from the American College of Occupational and Environmental Medicine (ACOEM), which calls for more stringent standards on the use of the rapidly developing tests.

The Elk Grove Village, IL-based ACOEM points to the recent suit brought by the U.S. Equal Employment Opportunity Commission (EEOC) challenging an employer's use of genetic testing as a strong example of the need for clearer guidelines limiting the use of genetic testing in the workplace. In a recent statement, ACOEM calls for the development of specific guidelines to control the use of genetic testing by private employers.

The EEOC sued the railroad, charging that the genetic testing violated the Americans with Disabilities Act. It was the first time the EEOC had challenged genetic testing. That lawsuit is still pending, but a workers' union brought another suit against the Burlington Northern Santa Fe Railroad, alleging that it secretly subjected employees to genetic testing.

The railroad agreed to stop genetic testing of employees represented by the Brotherhood of Maintenance of Way and the Brotherhood of Locomotive Engineers, and recently settled the union lawsuit. Previously, the company agreed to stop the testing and said it had been only a pilot program anyway. The railroad apologized at that time. (See *Occupational Health Management*, April 2001, p. 37.)

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“EEOC sought the preliminary injunction to prevent irreparable harm to employees who faced the impossible choice of potentially losing their jobs or revealing their genetic makeup,” EEOC chairwoman **Ida L. Castro** said in a statement. “Our swift action in this case allows Burlington Northern employees subjected to genetic testing to continue work free of retaliation and future invasions of privacy” in violation of the Americans with Disabilities Act.

Burlington Northern also agreed to destroy the test results and blood samples from the 18 workers who were tested, but as part of the settlement, the railroad agreed to preserve evidence in the case until several charges of discrimination filed with the EEOC are resolved. The EEOC is continuing its investigation on behalf of 20 to 30 workers who were either subjected to genetic testing or were retaliated against for failing to submit blood samples. The commission said it may seek compensatory and punitive damages of up to \$300,000 per individual.

The order was recently entered in U.S. District Court in Sioux City, IA, and will remain in place until the EEOC completes its investigation.

The results also will be purged from the employees' records, according to a copy of the settlement made public. The railroad also said it would seek federal legislation to limit the scope of genetic testing by employers. As part of the settlement, the railroad denied violating any laws.

There was no mention of damages in the settlement other than the railroad agreeing to pay \$39,500 in legal fees. The settlement appears to be the end of the railroad's problem, but it may only have ignited a debate that other employers will have to confront. Based in Fort Worth, TX, Burlington Northern was conducting the testing to see if employees were predisposed to carpal tunnel syndrome.

EEOC lawsuit still ongoing despite settlement

The settlement of the union lawsuit does not affect the EEOC lawsuit, according to an EEOC spokeswoman. She says the EEOC lawsuit seeks a court order that bars all genetic testing of workers and prevents genetic test-based discrimination.

The testing, which began a year ago, involved employees who filed claims for carpal tunnel syndrome. The railway, which has about 40,000 employees, said of the 125 workers who filed claims for carpal tunnel syndrome since March 2000, 18 were tested. The tests looked for a

genetic trait called chromosome 17 deletion.

Some studies have suggested that trait is more likely to produce some forms of carpal tunnel syndrome. Burlington Northern's testing program came to light when workers from Nebraska, North Dakota, and Minnesota complained to the Brotherhood of Maintenance of Way.

ACOEM: Potential for misuse is great

The EEOC charged that a worker who refused to provide a blood sample after filing an injury claim was threatened with termination. The railway countered that no one was disciplined, and that it intended that the nature of the tests be disclosed to affected workers.

Robert Goldberg, MD, president of ACOEM, says the railroad lawsuits bring attention to an issue that could lead to the abuse of employee rights. "This particular case illustrates the great potential for the misuse of genetic testing in the workplace," Goldberg says. "Genetic testing involves the most private, confidential information about oneself, and should not be used to support discrimination in employability or insurability. Federal agencies are already barred from using genetic information in hiring and promotion practices; such guidelines should extend to all employers."

Adopted in 1994, ACOEM's official position on genetic testing states such testing should not be performed on current or prospective employees unless it is clear that the genetic trait being screened for would directly affect job performance or would predispose a worker to significant, consistent adverse outcomes following an otherwise acceptable workplace exposure. ACOEM also recommends insurability decisions of employees by employers or others should not be based on genetic status or be used to make decisions on the issuance or pricing of health care insurance. **(For full text of the ACOEM position statement on genetic testing, see story at right.)**

"Employees should be informed of work-related genetic tests and should be able to participate on a voluntary basis," Goldberg says. "Employees must have a guarantee that test results will not be disclosed to others without their consent, and they should have the right to obtain their test results."

ACOEM's Code of Ethical Conduct prohibits physicians from releasing specific test results to employers, but does permit information that is derived from specific tests that would impact an

employee's fitness to perform a particular job to be given to employers. Goldberg explains that although workplace medical records may be considered the property of the employer, this ownership does not abrogate any of the principles of medical confidentiality.

"The custodian of the workplace medical records, including genetic test information, should always be the physician or responsible health care provider," Goldberg says. "Access to the record should be controlled by the custodian." ■

ACOEM deals with genetic screening in workplace

This is the full text of the American College of Occupational and Environmental Medicine's (ACOEM) position statement on genetic testing:

The ACOEM, representing more than 6,000 physicians, is the world's largest medical society committed to promoting and protecting the health, safety, productivity, and well-being of people at work and in their environment.

The mapping and sequencing of the entire human genome, which is currently under way as part of the Human Genome Project, is anticipated to produce an explosion of new genetic tests for the detection of diseases and increased susceptibility for disease. If effective interventions for those diseases are forthcoming, genetic tests offer the prospect of a new era for the prevention and treatment of such disorders. However, the prospect of such genetic testing also raises serious ethical considerations.

Previous efforts to apply genetic screening to social policy resulted in significant adverse outcomes, for example, to carriers of the sickle cell trait. In addition, since some of these tests may be conducted in the workplace, they raise serious ethical considerations for practitioners of occupational and environmental medicine.

Although the application of genetic screening in the workplace has been limited to date, the ethical considerations of such testing in the workplace have been extensively examined. With the anticipated expansion of genetic testing engendered by the Human Genome Project, the Institute of Medicine of the National Academy of Sciences recently undertook a comprehensive review of the issues surrounding genetic testing, including

those relevant to workplace screening. In fact, 3.5% of the total research budget for the project was set aside for the study of ethical, legal, and societal issues. The College fully endorses the conclusions of this report as applied to genetic testing in the workplace, including:

- the guiding ethical principles for such testing should be voluntary, informed consent and confidentiality with due respect for autonomy, equity, and privacy considerations of those tested;
- until extensively validated, such testing should be recognized as a form of human investigation and subject to the appropriate ethical controls;
- due consideration should be given to the quality of the testing and reliability of the results;
- caution should be exercised in the use and interpretation of pre-symptomatic and predictive tests;
- if performed, genetic testing should always be accompanied by appropriate genetic counseling.

Furthermore, ACOEM recognizes the greatest potential for the misuse of genetic testing in the workplace involves discrimination in employability or insurability. Therefore, the College endorses the following recommendations:

- Genetic testing should not be performed on current or prospective employees unless it is clear that the genetic trait directly affects job performance or if the trait being screened for predisposes a worker to a significant, consistent adverse outcome following an otherwise acceptable workplace exposure. If performed under these circumstances, employees should be informed of the testing, be able to participate on a voluntary basis, have the test results available upon request, and be guaranteed that test results will not be disclosed to others without their consent.

In accordance with the ACOEM Code of Ethical Conduct, specific test results should not be released to employers, but the disclosure of information derived from such testing should be limited to its impact on the employee's fitness to perform a particular job.

- Insurability decisions of employees by employers or others should not be based on genetic status. Thus, genetic test results or the information on employability derived from genetic test results should not be used to make decisions on the issuance or pricing of health care insurance.

Source: American College of Occupational and Environmental Medicine, Elk Grove Village, IL. ■

Group launches effort to enact ergonomics rule

The American Industrial Hygiene Association (AIHA) has announced its support for the goal of S.B. 598, an ergonomics bill introduced by Sen. **John Breaux** (D-LA). The bill calls for the Occupational Health and Safety Administration to finalize a new ergonomics standard within two years.

Although AIHA did not express support for the specific legislation, the letter sent to Breaux by AIHA president **Steven P. Levine**, PhD, CIH, commended Breaux' effort to keep the ergonomics issue at the forefront of the public policy agenda.

"Whether by congressional mandate or through regulatory fiat, it is imperative that a new rule-making process begins as soon as possible that solicits the input and viewpoints of all stakeholders, not solely those of industry and labor," Levine stated in the letter.

AIHA sent a similar letter to Rep. Chris John (D-LA), who introduced H.R. 1241, the House counterpart to S.B. 598.

AIHA is the world's largest association of occupational and environmental health professionals, and its members play an important role on the front line of worker health and safety. The 12,300 members come from government, labor, industry, academia, and private business. ■

Access to OTC drugs keeps workers productive

On the heels of a virulent flu season, employers no doubt are examining how they can help employees stay well — and stay on the job. While researchers have yet to find a cure for the flu or the common cold, a new study shows that simply giving workers easy access to over-the-counter (OTC) medications at work helps keep them on the job.

The study was conducted by University of Michigan researchers in Ann Arbor and funded by Textilease Medique, a company based in Wood Dale, IL, that provides unit-dose, nonprescription medications nationwide for use in occupational health. The research used a random sample of hourly workers at an automotive manufacturing

plant. It found that 85% of those workers reported staying on the job when they had convenient access to OTC medications, such as analgesics (aspirin, acetaminophen, ibuprofen), cold/cough and antidiarrheal medications, antacids, and skin ointments.

Workers reported that the medications reduced their symptoms enough so they could stay on the job and finish their shifts.

The study also found that workers frequently experience a variety of treatable symptoms while on the job. More than 73% reported they regularly experienced headaches, colds, and sinus problems while at work. Almost all of those surveyed (98%) said access to medications helped them feel well enough to complete their shifts.

Debbie Woodruff, RN, an occupational health nurse at Baxter Health care in Tampa Bay, FL, says she has seen evidence that workplace access to medications can make the difference between a worker staying home or remaining at work.

“Every day I meet with employees suffering from colds, headaches, and similar ailments,” she

says. “Although some people should go home, many with milder symptoms don’t want to. In these cases, I offer them various medications to provide relief so they can be comfortable and do their jobs.”

The author of the study, **Yvonne Abdo**, RN, PhD, at the University of Michigan, says the study shows the value and potential financial impact of providing OTC medications in the workplace.

“We now have data that underscore just how valuable this is in keeping workers on the job and preserving productivity,” she says. “While the study was conducted using hourly workers at a manufacturing plant, it has implications for employers of all types. On-site health services, such as medications, appear to be a small investment with a large return.”

Abdo says employers who provide OTC medications at work also experience a halo effect of goodwill.

“Even though it has bottom-line value, employees also know that it’s a caring gesture — a perk,” she says. ■

A third of companies try to improve employee health

More than one-third of companies’ corporate missions includes improving employees’ health, and 37% indicate that a health and productivity management program is included in the business plan.

Those are the results of research conducted by the Institute for Health and Productivity Management (IHPM), a research institution that studies employee health’s impact on productivity.

Riedel and Associates Consultants and William M. Mercer conducted the study for the IHPM. The research team conducted in-depth structured interviews with health and human resources decision makers at 60 corporations with an average of 33,000 employees and \$320 million in annual health care costs.

The purpose was to learn:

- what employers know about the link between health and productivity;
- how employers make use of that knowledge within their organizations;
- how decisions are made with respect to health and productivity;
- what tools and resources are most useful to

decision makers in adopting productivity as a health outcome.

The team’s definition of productivity included both absenteeism and performance while at work. Wendy Lynch, PhD, and Susan Willette of William M. Mercer, and John Riedel, president of Riedel and Associates, presented the study findings to 125 corporate leaders during the recent IHPM North American Leadership Summit in Toronto.

Sean Sullivan, president and CEO of IHPM, says the study results support efforts to devote a company’s resources to employee health.

“In recent years, researchers have documented a significant link between employee health and productivity,” Sullivan says. “As more evidence appears, the emphasis on productivity in occupational health conferences and publications also has intensified. As with any new idea, some employers implement it into programs much more quickly than others.”

These are some more results of the study:

- Most respondents feel that productivity will become a higher priority in decisions about employee health matters at their companies. On a scale of one to 10, with 10 being most likely, respondents rated the likelihood that productivity would be considered in health-related decisions at eight.

- Companies identified three major obstacles to adopting a health and productivity business model: lack of data from multiple sources, shortage of hard evidence, and insufficient senior management support.

- “High-adoption” companies are more likely to have a health and productivity goal in their business plan or corporate mission. These companies have access to more data, believe their data are reliable, and are likely to collect objective performance data about their employees.

- Companies are interested in knowing about better productivity measurement and simulation modeling tools.

- Companies at all levels of adoption lack a common language for understanding and communicating about productivity issues.

- Company culture plays a major role in deciding whether to adopt a health and productivity business model. Cultures that measure and reward performance outcomes will naturally tend toward using productivity information for strategic purposes. Also, cultures that promote collaboration between operations and human resources have an ideal setting for proactive health and productivity management.

“This study reinforces the need for keener awareness and more compelling data to support the business case linking health and productivity management in the workplace,” Sullivan says. ■

New steel erection standard for iron workers

Iron workers in America should be safer under a new rule issued recently by the Occupational Safety and Health Administration. The new rule on steel erection, developed in concert with industry and union groups, is expected to prevent 30 fatalities and 1,142 injuries annually and save employers nearly \$40 million a year.

High cost in death and injuries

The steel erection rule is the first OSHA safety standard developed under the Negotiated Rulemaking Act of 1990 and the agency’s Negotiated Rulemaking Policy. The rule was developed by members of the Steel Erection Negotiated Rulemaking Advisory Committee

(SENTRAC), representing employers and employees significantly affected by the standard.

Every year, an average of 35 iron workers die during steel erection activities, and 2,300 more suffer lost workday injuries, OSHA reports.

The standard enhances protections provided to iron workers by addressing the hazards that have been identified as the major causes of injuries and fatalities in the steel erection industry. These are hazards associated with working under loads; hoisting, landing, and placing decking; column stability; double connections; landing and placing steel joints; and falls to lower levels.

The final rule protects all workers engaged in steel erection activities. It does not cover electric transmission towers, communications towers, broadcast towers, water towers, or tanks. SENRAC included representatives of the International Association of Bridge, Structural & Ornamental Iron Workers, United Steelworkers of America, U.S. Army Corps of Engineers, the National Institute for Occupational Safety and Health, International Union of Operating Engineers, AFL-CIO Building and Construction Trades Department, National Erectors Association, the Associated General Contractors of America, and the Associated Builders and Contractors.

Process began in 1994

SENTRAC began negotiations on the revised steel erection standard in June 1994 and presented OSHA with its consensus proposed rule in July 1997. OSHA published a proposed final rule for public comment on Aug. 13, 1998, and held public hearings from Dec. 1-11, 1998. The final rule will become effective July 17, 2001.

These are some key provisions of the revised steel erection standard:

- **Site Layout and Construction Sequence**

- Requires certification of proper curing of concrete in footings, piers, etc. for steel columns.

- Requires controlling contractor to provide erector with a safe site layout including preplanning routes for hoisting loads.

- **Site-Specific Erection Plan**

- Requires preplanning of key erection elements, including coordination with controlling contractor before erection begins, in certain circumstances.

- **Hoisting and Rigging**

- Provides additional crane safety for steel erection.

- Minimizes employee exposure to overhead

loads through preplanning and work practice requirements.

— Prescribes proper procedure for multiple lifts (christmas-treeing).

- **Structural Steel Assembly**

— Provides safer walking/working surfaces by eliminating tripping hazards and minimizes slips through new slip-resistance requirements.

— Provides specific work practices regarding safely landing deck bundles and promoting the prompt protection from fall hazards in interior openings.

- **Column Anchorage**

— Requires four anchor bolts per column along with other column stability requirements.

— Requires procedures for adequacy of anchor bolts that have been modified in the field.

- **Beams and Columns**

— Eliminates extremely dangerous collapse hazards associated with making double connections at columns.

- **Open Web Steel Joists**

— Requires minimizing collapse of lightweight steel joists by addressing need for erection bridging and method of attachment.

— Requires bridging terminus anchors with illustrations and drawings in a nonmandatory appendix.

— Adds new requirements to minimize collapse in placing loads on steel joists.

- **Systems-Engineered Metal Buildings**

— Requires minimizing collapses in the erection of these specialized structures, which account for a major portion of steel erection in this country.

- **Falling Object Protection**

— Provides performance provisions that address hazards of falling objects in steel erection.

- **Fall Protection**

— Includes controlled decking zone (CDZ) provisions to prevent decking fatalities.

— Deckers in a CDZ and connectors must be protected at heights greater than two stories or 30 feet. Connectors between 15 and 30 feet must wear fall arrest or restraint equipment and be able to be tied off or be provided another means of fall protection.

— Requires fall protection for all others engaged in steel erection at heights greater than 15 feet.

- **Training**

— Requires qualified person to train exposed workers in fall protection.

— Requires qualified person to train exposed workers engaged in special, high-risk activities. ■

OSHA's needlestick requirements are in effect

Changes in the federal bloodborne pathogens standard intended to reduce needlesticks among health care workers and others who handle medical sharps went into effect recently. The agency now is conducting an outreach and education effort before enforcing the new rules.

Mandated by the Needlestick Safety and Prevention Act, changes to the Occupational Safety and Health Administration's bloodborne pathogens standard were published Jan. 18, 2001, to take effect April 18, 2001. The revisions clarify the need for employers to select safer needle devices as they become available and involve employees in identifying and choosing the devices. The updated standard also requires employers to maintain a log of injuries from contaminated sharps.

Give employees input

Specifically, the revised OSHA bloodborne pathogens standard obligates employers to consider safer needle devices when they conduct their annual review of their exposure control plan. Safer sharps are considered appropriate engineering controls, the best strategy for worker protection.

OSHA says involving frontline employees in selecting safer devices will help ensure that workers who are using the equipment have the opportunity for input into purchasing decisions. The new needlestick log is supposed to help both employees and employers track all needlesticks to help identify problem areas or operations. The updated standard also includes provisions designed to maintain the privacy of employees who have experienced needlesticks.

Passed unanimously by Congress, the Needlestick Safety and Prevention Act took effect Nov. 6, 2000. It specified revisions of OSHA's bloodborne pathogens standard and directed the agency to make these changes within six months. The legislation exempted OSHA from certain standard rulemaking requirements so that the revised bloodborne pathogens standard could be adopted quickly. These changes now go into effect as originally scheduled.

OSHA intends to continue its educational effort through July and begin enforcing the standard after that. ■

AAOS offers safety tips to reduce workplace injuries

The U.S. Department of Labor's new report that 582,000 injuries — one-third of all work injuries — are due to repetitive motions, sprains, and strains shows the importance of instituting injury prevention programs in the workplace, according to the American Academy of Orthopaedic Surgeons (AAOS). AAOS stresses that many injuries can be prevented.

Richard Gelberman, MD, president of the AAOS and an orthopaedic surgeon in St. Louis, says the report should be an eye-opener for anyone who doubts the impact of work-related injuries.

Musculoskeletal conditions have reached epidemic proportions, costing the U.S. government \$254 billion annually, he says. "They affect one out of every seven people. The Labor Department's new report cites musculoskeletal conditions as responsible for more than a half million workplace injuries that are serious enough to require time off from work. The academy is calling attention to this problem with its national public education campaign, Prevent Injuries America!, a comprehensive guide to help people reduce injury risk.

Musculoskeletal disorders are taking an increasingly higher toll on people's lives: at home, at work, and at play, Gelberman says. To help reduce injuries that kept employees away from their jobs, the AAOS is encouraging employers, unions, and government agencies to proactively begin injury prevention programs at work.

"Prevention is the key to reducing worker illness and injury," Gelberman says. "We must proactively initiate and maintain prevention programs to get America back to work."

Carpal tunnel syndrome and fractures are the diagnoses currently associated with the most work-loss days among occupational injuries/illnesses. Wrist injuries kept employees absent from work a median of 12 days; knee and shoulder injuries kept workers absent a median of 10 days each. Approximately 3.6 million back sprains kept employees absent from work an average of nine days. Gelberman cites these other statistics:

- Caucasians have more back pain than African-Americans.
- Most frequently injured anatomic site on the job: the back.
- Each year, 28.6 million people have a musculoskeletal injury.

- Musculoskeletal impairment impacts both genders, as well as all ages and races, and keeps individuals bedridden a total of 153 million days a year.

As part of its educational campaign, Prevent Injuries America! offers these safety tips for the workplace:

- Learn how to lift properly, with your legs, not your back or arms.
- When sitting at your desk, keep your back in a normal, slightly arched position. Make sure your chair supports your lower back. Keep your head and shoulders erect. Make sure your working surface is at the proper height so you do not have to lean forward.
- Practice ladder safety. When using a ladder, avoid over reaching or leaning far to one side. That could throw you off balance. Ladder falls can produce serious injuries.
- Wear shoes that conform to the natural shape of your feet. More than 43.1 million Americans — one in every six persons — have trouble with their feet, mostly from improperly fitting shoes. A huge public health risk, foot problems cost the United States \$3.5 billion a year.
- Eliminate tripping hazards at work and install handrails, grab bars, and other safety devices where necessary. ■

Treasury secretary favors single, safety standard

U.S. Treasury Secretary **Paul O'Neill** is suggesting that all the government's workplace safety regulations should be replaced by one single, very strict standard. "We would be better off if we made the [Occupational Safety and Health Administration] standards advisory, including the ergonomic standards advisory." He made his comments while speaking at a national conference on workplace safety.

Instead of the current myriad of federal standards, O'Neill suggested that OSHA could make this edict: "Within two years, every organization in the United States, public, private, nonprofits, will have a lost workday rate under 2.0, or we're going to take away your license."

O'Neill previously gained praise from labor unions for his heavy emphasis on worker safety as head of Alcoa Inc. He told the conference attendees that such a tough standard would

quickly gain the attention of American business.

He predicted that between 95% and 98% of American companies would be able to meet that standard, which means two lost workdays every year per 100 full-time employees. The national average is about 3.5 lost workdays to injury annually per 100 employees. The Treasury Department already meets the 2.0 lost workday rate. ■

Injuries, illnesses down only slightly in 1999

The number of serious workplace injuries and illnesses, including those associated with repetitive motion, declined only slightly in 1999 after several years of sharper drops, the Labor Department said recently.

There were 1.7 million injuries and illnesses serious enough to result in missed work in 1999, a 1.6% drop from 1998, the department's Bureau of Labor Statistics said in a report. The 1999 decline was far more modest than average annual drops of 4% for the six years since 1993 during which these injuries and illnesses fell by a total of 24.4%.

Truck drivers accounted for more serious illnesses and injuries than any other occupation with 141,100 in 1999, followed by nonconstruction laborers with 89,100 and nursing aides and orderlies with 75,700, the bureau said.

Those three occupational groups also had the greatest frequency of musculoskeletal disorders (MSDs) that were at issue earlier this month when Congress revoked Clinton administration rules aimed at preventing them, the bureau said. About one in five MSDs occurred in those occupations.

Sprains, strains and tears were by far the most common lost work time injuries, accounting for 43.4% of the total in 1999. The number of MSDs closely paralleled the overall trend of injuries and illness, declining 1.7% in 1999, also more modestly than the roughly 4% annual average in the previous six years in which they fell 23.7%.

MSDs, which include tendinitis, carpal tunnel syndrome, and many sprains and strains, can be caused by repetitive motion, overexertion, or twisting or bending the body.

Of the MSD causes, those caused by repetitive motion — grasping tools, scanning groceries, or typing on computer keyboards — resulted in the longest absences from work, a median of 17 days, the bureau said.

The most disabling injury in terms of lost work time was carpal tunnel syndrome, where the median absence was 27 days, it said. During the congressional debate on overturning the Clinton ergonomics standard, opposed by business as overly costly, many lawmakers cited the progress that had been made in reducing MSDs since 1993. President George W. Bush signed legislation last week revoking the ergonomics standard. ■

Company says it will stop pressuring injured workers

Under pressure from the National Labor Relations Board (NLRB), Oregon Steel agreed to stop pressuring injured workers to give up rights guaranteed them under workers' compensation, according to **Terry Bonds**, District 12 director of the United Steelworkers of America.

The agreement is a setback for Oregon Steel in Pueblo, CO, which had been pressuring injured employees who have workers' compensation cases to give up their rights to back pay as unfair labor practice strikers in return for settling their injury claims, Bonds says. Earlier, the Denver-based NLRB recommended issuance of a complaint against the company, absent settlement, for illegally bypassing the union and pressuring individual employees to give up their rights as former strikers in order to obtain payment for their workplace injuries.

Under similar threat of the issuance of a complaint by the NLRB, the company agreed to provide the union with information regarding all employees it has attempted to treat in this way, Bonds says. The NLRB's action was based on unfair labor practice charges filed by the union.

Oregon Steel did not return phone calls seeking comment. ■

Position statement issued on 'sweat shop' conditions

The American Industrial Hygiene Association (AIHA) is reaching out to improve workplace environmental health and safety in the world's sweatshops. "Sweatshop working conditions," as described in the position statement issued recently

by the AIHA board of directors, refers to multiple violations of labor, occupational safety and health, and environmental laws. These are the specific types of abuses cited in the accompanying *White Paper on Occupational Health, Safety, and Environmental Conditions in Sweatshops*:

- long work hours without overtime pay;
- wages below the minimum;
- piecework payment or other mechanisms to accelerate work pace;
- child labor;
- prison or forced labor;
- failure to pay social security or other payroll taxes;
- absence of workers' compensation insurance;
- employment involving indentured servitude or debt;
- payment structures such as company script or hiring fees;
- discrimination based on age, gender, religion, caste, or sexual orientation.

The position statement and white paper have been adopted exactly a year after AIHA established a national Task Force on Health, Safety, and Environmental Conditions in Sweatshops at the initiative of the then president-elect Steven P. Levine, PhD, CIH. IHA will "work in conjunction with local community-based organizations and other nongovernmental organizations having access to and enjoying the confidence of sweatshop workers to ensure all workers are guaranteed basic human rights and economic benefits," according to its position statement.

The companion white paper addresses global economy and working conditions; rights of workers and responsibilities of employers; codes, monitors, and verification; codes of conduct; audits of workplace conditions; and verification of health and safety conditions by independent organizations; the role of industrial hygienists and AIHA; and a nondiscriminatory approach in developing countries. ■

OSHA Actions

Two FL contractors fined following fatal accident

The Occupational Safety and Health Administration cited Brooksville Crane Service Inc. and Chuck Evans Inc. for willful and serious safety violations and proposed penalties totaling \$110,250 after investigating a fatal accident at a residential construction site in Port Richey, FL.

A worker, employed by framing contractor Chuck Evans Inc., was killed Oct. 9, 2000, when a beam being lifted by a crane shifted and struck him in the head. Following an investigation of the accident, OSHA cited both Chuck Evans Inc. and Brooksville Crane Service Inc., the owner/operator of the crane used to lift and place structural parts during construction of the private residence.

Brooksville Crane Service received one willful citation with a \$70,000 penalty for making structural changes to the crane without checking manufacturer's specifications or limitations or consulting a qualified engineer.

"This company created the hazard responsible for the accident through its indifference to worker safety," says Lawrence Falck, OSHA's Tampa area director. "Despite full knowledge of requirements to follow manufacturer's specifications,

this employer increased the radius and weight capacity of the crane beyond the maximum recommended for safe handling."

Falck says that, as a result of overloading the crane, its hydraulic system failed and that allowed the load to shift and strike the employee. "Had the company followed the manufacturer's specifications or contacted a qualified engineer to determine potential consequences, this accident could have been avoided," Falck says.

Nine serious citations against Brooksville Crane resulted in additional penalties of \$35,350. The serious violations included: The crane's synthetic nylon slings showed numerous signs of serious wear and were not properly marked to identify manufacturer, rated capacity or type of material; crane parts were in disrepair; neither a load chart nor hand-signal chart was posted in the crane's cab or available on the job site, and alterations made by the employer to the crane did not have written manufacturer's approval prior to use.

"Just as Brooksville Crane's action created a hazardous situation, Chuck Evans Inc.'s failure to act placed employees in harm's way," Falck says. The company was cited for two serious violations with a penalty of \$4,900 for failing to provide protective helmets to workers in areas with overhead hazards and not removing the crane's synthetic web slings from service when they showed signs of such excessive cuts and abrasions that the red safety warning strand was visible.

OSHA defines a willful violation as one

committed with an intentional disregard of, or plain indifference to, the requirements of the OSH Act and regulations. ▼

Cotton dust standard amendments now in effect

Textile manufacturers that use an improved method of washing raw cotton to eliminate the risk of byssinosis are now exempt from all provisions of the Occupational Safety and Health Administration cotton dust standard except the requirements for record keeping and medical surveillance.

On Dec. 7, 2000, OSHA published a direct final rule amending its cotton dust standard to include the "batch kier" cotton washing method among other procedures exempted from portions of the

cotton dust standard. The agency announced that if no adverse comments were received within 60 days, the changes would take effect April 6, 2001. No comments were received.

In partially exempting the batch kier method from the cotton dust standard, OSHA was following the recommendations of the Task Force for Byssinosis Prevention. The task force includes OSHA, the National Institute for Occupational Safety and Health, the Department of Agriculture, the National Cotton Council, the American Textile Manufacturers Institute, and the Union of Needletrades, Industrial, and Textile Employees.

OSHA's 1978 cotton dust standard was amended in 1985 to partially exempt cotton washed in a continuous flow system. Washing raw cotton before it is spun and woven eliminates the risk of byssinosis, commonly known as "brown lung," for workers exposed to cotton dust. The earlier exemptions did not apply to

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Presented by OSHA experts

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Editorial Questions

For questions or comments, call Kevin New at (404) 262-5467.

the batch kier method, in which raw cotton is repeatedly washed in a giant kettle, since this method had not been demonstrated to eliminate the bioactivity of cotton dust. More recent research and testing evaluated by the task force indicated that advances made in the batch kier method are sufficient to protect workers against byssinosis.

OSHA chose the direct rule approach since the changes had received universal support from labor and industry. This procedure saves regulatory resources by eliminating the notice and comment portion of the rulemaking, which is unnecessary if there is no opposition to a rule. ▼

Builder fined after fatal accident

The Occupational Safety and Health Administration cited Spiral Industry Inc., a Birmingham, AL-based manufactured home builder, and fined the company \$79,600 following investigation of a fatal accident. An employee was critically injured Oct. 12, 2000, when he was caught between two sections of a double-wide mobile home as they were being pushed together. He died a month later after surgery in connection with his injuries.

Following an investigation of the accident, OSHA cited Spiral Industry for 12 serious and five repeat safety violations. OSHA defines a serious violation as one in which there is substantial probability that death or serious physical harm could result and that the employer knew or should have known of the hazard.

The 12 serious citations, with penalties totaling \$47,600, included:

- failure to protect employees from potential crushing hazards when mobile home sections are moved;
- failure to protect workers from fall hazards by properly guarding suspended platforms and ensuring they remain free of debris;
- neglecting to install toe boards on suspended platforms to protect employees from overhead hazards;
- exposing employees to fire and explosion hazards by failing to protect a gasoline tank from vehicular damage during refueling operations;
- failure to provide workers with proper personal protective equipment;
- failure to properly label hazardous chemicals;

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- lack of a workplace hazard assessment;
- unguarded belts and pulleys.

The remaining penalty of \$32,000 was proposed for violations that were categorized as repeat because the company had been cited for the same or similar hazards previously. These included failure to install adequate guarding at suspended platforms; allowing suspended platforms to be cluttered with debris; failure to properly identify exits; unguarded saw blades; and failure to identify circuits and disconnects which could cause electrical shocks.

“This employer did not take necessary precautions to safeguard workers from crushing hazards while joining two halves of a double-wide home,” says **Paul Alvarado**, OSHA’s acting area director in Birmingham. “Several safety lapses contributed to the fatal accident, including failing to ensure that the mobile home sections were unoccupied before they were pushed together, not notifying nearby employees of the planned movement, and reassigning ‘spotters’ to help push the motor home sections rather than ensuring they remained at their stations to look out for the safety of other employees.”

Alvarado adds that other protective measures also were lacking. Workers on a suspended platform without guardrails were placed at substantial risk of injury from falls and others working with unguarded saws were exposed to potential cuts and amputations.

Spiral Industry employs approximately 120 workers. ■

Occupational Health ManagementTM

A monthly advisory for occupational health programs

Confidential Salary Survey

This confidential salary survey is being conducted to gather information for a special report later in the year. Watch in coming months for your issue detailing the results of this salary survey and the overall state of employment in your field.

Instructions: Circle the appropriate answer directly on this form. Please answer each question as accurately as possible. If you are unsure of how to answer any question, use your best judgment. Your responses will be held strictly confidential. Do not put your name or any other identifying information on this survey form.

1. What is your current title?

A. medical director	D. director environ med	G. inspector	J. other _____
B. president	E. manager/coordinator	H. health scientist	
C. director occup health	F. occupational health nurse	I. administrator	

2. Please indicate your highest degree.

A. diploma (3 yr)	C. MSN	E. MS	G. MPH	I. other doctorate
B. BSN	D. MD	F. MBA	H. PhD	J. other _____

3. How many people do you supervise, directly or indirectly? (For example, if you supervise two people and they each supervise 10 people, you indirectly supervise 22 people.) If you do not supervise others, skip this question.

A. 1-3	C. 7-10	E. 16-20	G. 41-60	I. 81-100
B. 4-6	D. 11-15	F. 21-40	H. 61-80	J. 101 or more

4. Including your past and present employers, how long have you worked in positions with the same or similar responsibilities as your current position(s)?

A. less than 1 year	C. 4 to 6 years	E. 10 to 12 years	G. 16 to 18 years	I. 22 to 24 years
B. 1 to 3 years	D. 7 to 9 years	F. 13 to 15 years	H. 19 to 21 years	J. 25 or more years

5. Including your present and past employers, how long have you worked in the health care field?

A. less than 1 year	C. 4 to 6 years	E. 10 to 12 years	G. 16 to 18 years	I. 22 to 24 years
B. 1 to 3 years	D. 7 to 9 years	F. 13 to 15 years	H. 19 to 21 years	J. 25 or more years

6. What is your age?

A. 20 to 25	C. 31 to 35	E. 41 to 45	G. 51 to 55	I. 61 to 65
B. 26 to 30	D. 36 to 40	F. 46 to 50	H. 56 to 60	J. 66 or older

7. What is your sex?

A. male	B. female
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8. What is your annual gross income from your primary health care position. Please exclude additional income from teaching, consulting, bonuses, etc. To answer this question, circle the correct salary.

A. less than \$20,000	H. \$50,000 to \$54,999	O. \$85,000 to \$89,999	V. \$120,000 to \$124,999
B. \$20,000 to \$24,999	I. \$55,000 to \$59,999	P. \$90,000 to \$94,999	W. \$125,000 to \$129,999
C. \$25,000 to \$29,999	J. \$60,000 to \$64,999	Q. \$95,000 to \$99,999	X. \$130,000 or more
D. \$30,000 to \$34,999	K. \$65,000 to \$69,999	R. \$100,000 to \$104,999	
E. \$35,000 to \$39,999	L. \$70,000 to \$74,999	S. \$105,000 to \$109,999	
F. \$40,000 to \$44,999	M. \$75,000 to \$79,999	T. \$110,000 to \$114,999	
G. \$45,000 to \$49,999	N. \$80,000 to \$84,999	U. \$115,000 to \$119,999	

9. If you or your company charges clients by the hour, please indicate the hourly amount. If you do not charge by the hour, please mark answer I.

A. less than \$30	C. \$51 to \$70	E. \$91 to \$110	G. \$131 to \$150	I. do not charge by the hour
B. \$31 to \$50	D. \$71 to \$90	F. \$111 to \$130	H. \$151 or more	

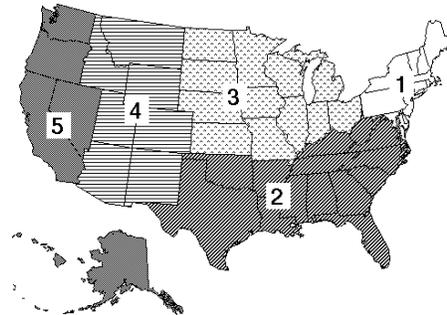
10. On average, how many hours a week do you actually work? (Regular hours plus overtime, regardless of whether you're paid extra.)
 A. less than 20 hrs/week C. 31 to 40 E. 46 to 50 G. 56 to 60 I. more than 65 hrs/week
 B. 20 to 30 D. 41 to 45 F. 51 to 55 H. 61 to 65
11. In the past 12 months, how has your salary or income increased or decreased?
 A. salary decreased C. 1% to 3% increase E. 7% to 10% increase G. 16% to 20% increase
 B. no change D. 4% to 6% increase F. 11% to 15% increase H. 21% or more increase
12. In the past 12 months, how has the number of employees in your company or department changed?
 A. increased B. decreased C. no change

Please rate the following benefits according to how important they are in determining your job satisfaction. Use the following scale, and be sure to mark the benefit's importance only if your employer currently provides that benefit to you. If your employer does not currently provide that benefit, or if your company has no benefits, mark 5.

	Extremely important	3	Somewhat important	4	Benefit not provided	5		Extremely important	3	Somewhat important	4	Benefit not provided	5
13. medical coverage	1	2	3	4	5		20. pension plan	1	2	3	4	5	
14. dental coverage	1	2	3	4	5		21. profit-sharing plan	1	2	3	4	5	
15. eyecare coverage	1	2	3	4	5		22. annual or semi-annual bonus	1	2	3	4	5	
16. life insurance	1	2	3	4	5		23. elder care	1	2	3	4	5	
17. 401k or other plan	1	2	3	4	5		24. maternal/paternal leave	1	2	3	4	5	
18. child care	1	2	3	4	5		25. some freedom to choose work schedule	1	2	3	4	5	
19. tuition reimbursement (including CE credits)	1	2	3	4	5		26. exercise facilities or health club membership	1	2	3	4	5	

27. Over the last 12 months, has your contribution to the cost of your medical benefits increased, decreased, or stayed the same? (Don't include deductibles or copayments. If you don't contribute to your medical plan or don't receive medical benefits through your job, please mark either D. or E.)
 A. increased C. no change E. I don't contribute to my plan
 B. decreased D. I don't receive medical benefits

28. Using the map provided here, please indicate where your employer is located.
 A. region 1 C. region 3 E. region 5 G. other
 B. region 2 D. region 4 F. Canada



29. Which of the following best describes the location of your work?
 A. urban (within a large city) C. medium-sized community
 B. suburban (in a community within a metropolitan area dominated by large city) D. rural
30. Which best describes the ownership or control of your employer?
 A. college or university D. nonprofit (church-operated, volunteer, etc.)
 B. federal government (VA, military, and federal agencies) E. for profit (individual, private practice, or corporation, etc.)
 C. state, county, or city government

31. Which of the following best categorizes the work environment of your employer? Choose only one answer.
 A. academic C. city or county health department E. college health service G. hospital
 B. agency D. clinic F. consulting H. private practice

32. If you work in a hospital, what is its size? (If you don't work in a hospital, please mark J.)
 A. < 100 beds D. 301 to 400 beds G. 601 to 800 beds J. I don't work in a hospital
 B. 101 to 200 beds E. 401 to 500 beds H. 801 to 1,000 beds
 C. 201 to 300 beds F. 501 to 600 beds I. > 1,000 beds

Deadline for responses: July 15, 2001

Thank you very much for your time. The results of the survey will be reported in an upcoming issue of the newsletter, along with an analysis of the economic state of your field. Please return this form in the enclosed, postage-paid envelope as soon as possible. If the envelope is not available, mail the form to: Salary Survey, American Health Consultants, P.O. Box 740058, Atlanta, GA 30374.