

# Occupational Health Management™

*A monthly advisory  
for occupational  
health programs*



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**AUGUST 2009**

**VOL. 19, NO. 8 • (pages 85-96)**

## Reduce workers’ compensation claims to just a handful; save over \$3 million

*“Very few” workers have injury-related absences*

Imagine your workers’ compensation claims going from 543 a year to about a dozen companywide, with incurred medical costs plummeting from \$3.5 million to \$300,000 and claims costs going from \$4.04 for each \$100 of payroll to only \$1.27.

These are some of the “knock your socks off” cost savings figures for workers’ compensation achieved by Atlanta-based Simmons Bedding Company.

The money wasn’t saved by doing safety and wellness programs as cheaply as possible, but rather, by “doing them right to make the business more financially stable,” according to **Jonathan Dawe**, director of safety, health and workers’ compensation. “To us, it’s never about worrying about trimming down a program. We see safety and health and wellness as a profit center.”

### **Track these metrics**

The cost of accidents and injuries, absenteeism, workers’ compensation premiums, and medical expenses are closely tracked. “All of those things are costs to the business that need to be controlled,” says Dawe. “We have tons of data that show the reduction in workers’ compensation claims and their cost.”

## EXECUTIVE SUMMARY

Incurred medical costs were cut from \$3.5 million to \$300,000 and workers’ compensation claims went from 543 a year to about a dozen at Atlanta-based Simmons Bedding Company. To achieve similar results:

- Do in-depth analyses of all injuries and accidents.
- Give every worker a safety and health goal.
- Create a written safety analysis for each job.
- Use a safety sign-off procedure for all equipment, chemicals and products.

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Days away from work, restricted work activity, and time off from the job, "all mean dollars and cents," says Dawe. "And we have almost no lost time. Last month, 19 of our 22 locations had zero reportable accidents. Our recordable incidence rate is 1.9 against a bedding manufacturing industry average of 6.2. We have few workers, and I mean very few, that do have injuries that require them to be out of work."

Here are some interventions that led to this success:

- **Injury prevention is addressed for every job.**

Each job is evaluated for a good workplace design to engineer the hazards out of the job to begin with, good administrative controls including training, safe work procedures, job rotation to

reduce the potential for musculoskeletal strain, and use of personal protective equipment such as hearing protection for employees exposed to 85 or more decibels of noise.

"We have a philosophy that accidents don't just happen. They are caused by unsafe acts and unsafe conditions," says Dawe. "It may be a hazardous chemical that is not properly stored or an electrical cable posing a trip hazard."

**A safety signoff procedure is done for all equipment, chemicals and products used.**

"All safety deficiencies must be corrected prior to new machinery and equipment being implemented in our facilities," says Dawe. Engineers and operations managers must always ask "Has a safety sign-off been performed on this new machinery or new equipment and have all the hazards been abated?" before proceeding with a trial or pilot of the new devices or processes.

"An assembly line will not be put into operation until such time as myself and the safety committee and members of our engineering staff have certified it," says Dawe. "This is done during the design stage, before it's put in operation on the floor. We learn about the hazards before somebody else learns about them by accident." Simmons undergoes approximately 16 consultation visits from the Occupational Safety & Health Administration (OSHA) in any given year. "One suggestion from OSHA we wound up implementing was installing fencing material as an additional protective barrier guard to restrict stored and stacked materials from falling over or through the existing guard railing of a mezzanine area," says Dawe.

**An in-depth analysis is done for every workplace injury and accident.**

"We have a very rigorous accident investigation process. Close calls requiring medical attention or reportable incidents are thoroughly investigated, root causes identified, and controls put into place to make sure it never happens again anywhere," says Dawe.

**Each employee is given a safety and health goal.**

Managers and supervisors are given specific goals for safety and health in their performance management plans which are tied to their annual merit salary increase. A department supervisor's goal might be to get a 90% score on a monthly safety audit, up from an 80% score the previous year.

"Factory associates are also given a special

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### Editorial Questions

For questions or comments, call **Joy Dickinson** at (229) 551-9195.

bonus for achieving plant-wide goals in safety, such as achieving a 20% improvement in the annual OSHA recordable incidence rate for the facility from the prior year," says Dawe.

*[Please see the checklist and forms referred to in this article available with the online version of this month's Occupational Health Management. For assistance, contact customer service at customer service@ahcmedia.com or (800) 688-2421.] ■*

## Boosting participation in chronic condition programs

*Ask workers what they want and need*

Thousands of dollars are invested in a new diabetes program, but participation rates are dismal and you don't know why. How do you turn this all-too-common situation around?

According to a recent survey from Hewitt Associates, 74% of companies are targeting specific health conditions, up from 51% a year ago. However, only about 10% of eligible workers chose to participate in these programs.

"The more employees that participate, the bigger impact we can have," says **Elysa Jacobs, MS, RD**, manager of corporate health improvement programs at Stanford, CT-based Pitney Bowes.

Here are two proven ways to get participation rates climbing:

- **Ask employees what type of help is needed most.**

One problem is that employees with chronic conditions may feel "blamed and victimized" instead of supported, according to **Karen Mastroianni, RN, MPH, COHN-S, FAAOHN**,

co-owner and health and safety strategist for Raleigh, NC-based Dimensions in Occupational Health & Safety, which provides integrated health, safety and wellness solutions for businesses.

"I have been on both sides of the fence. Often the programs to help, in my case a family member with a chronic condition, are an interrogation of 'shoulds,' 'whys' and 'have tos' without once looking at how our overall lives have been impacted," says Mastroianni.

Instead of bombarding the employee with information and instructions, ask what he or she needs most. "Our most successful programs have been employee-driven," says Mastroianni. "Instead of focusing on exercise, weight loss, nutrition, and medication for a diabetic, the focus may be sleeping better, stress management, or assistance with the employee's ailing family member. Then guess what? They begin to exercise and eat better."

- **Don't rely on a single method of communication.**

One size doesn't fit all when it comes to getting the word out about wellness programs. "For certain parts of our employee population, e-mail works very well. Others don't see e-mail at all, so daily huddles work better for them," says Jacobs.

Employee success stories seem to work best for weight management programs, says Jacobs, while home mailings are used to reach family members in addition to employees.

At Warrenville, IL-based Navistar, a wide variety of methods is used to boost participation, including a quarterly newsletter, posters, flyers, bulletin boards, TV monitors and site-specific communications such as daily newsletters and all-employee meetings. "In January 2009, a calendar was mailed to all employees homes with program information and start dates," says **Dawn Weddle**, the company's wellness and behavioral health manager.

Jacobs attributes Pitney Bowes' program growth to word of mouth from participants happy with their own results. "We try to connect with employees using their preferred channel," she says. For example, employees in the weight management program participate in weekly webinars, or watch a recorded webinar when they have time. Participants in the "Learn and Earn" can use CD, online or paper versions. (See related story on Intel's "multi-channel" approach, p. 88.) ■

### EXECUTIVE SUMMARY

Almost 80% of companies have programs targeting specific conditions such as diabetes and cardiovascular disease, but only about 10% of employees choose to participate in these. Some proven solutions:

- Ask employees what help they need.
- Use varied communications, depending on whom you want to reach.
- Offer an online forum on wellness programs

## SOURCES

For more information on increasing participation rates for wellness programs, contact:

- **Patti Clavier**, BSN, RN, COHN-S, Manager, Global Health for Life Wellness Program, Intel, Santa Clara, CA. E-mail: patti.clavier@intel.com
- **Karen Mastroianni**, RN, MPH, COHN - S, FAAOHN, Co-Owner and Health & Safety Strategist, Dimensions in Occupational Health & Safety, Raleigh, NC. Phone: (919) 676-2877 ext. 12. E-mail: karenm@dimensions-ohs.com.

## Intel's "multi-channel" approach reaches 100% of employees

[Please see "WALK FOR WELLNESS" poster with this story in the online version. Source: Intel, Santa Clara, CA.]

Over 22,000 of Santa Clara, CA-based Intel's employees have participated in its "Health for Life 3-Step Wellness Check" program at least once in the last two years. How did the company get such great participation?

"Given the diversity in Intel's population, several established communication channels are used to build awareness for health and wellness among employees and their families," says **Patti Clavier**, BSN, RN, COHN-S, senior project manager of Intel Corporation's Global Health for Life Wellness Program. Clavier says that Intel's "multi-channel approach" of print, online, and face-to-face communication, is designed to reach 100% of the employee population and their families.

The "Health for Life" communication campaign is an ongoing effort that involves a number of tactics and channels to reach a diverse employee audience. "The campaign aligns with the look, feel, and tone of Intel's corporate brand communication style by including colorful images of individuals participating in healthy activities, informal conversation, and meaningful messages," says Clavier. (See editor's note, right.)

Here are three ways Intel has increased participation:

### 1. Health and wellness communications answer the question "What's in it for me?"

"They are fun, engaging and memorable for the employee, and are filled with facts and answers to frequently asked questions," says Clavier.

### 2. The company's intranet site is a central communications hub for health and wellness programs.

"This highly visible site serves as the gateway to Intel's health and wellness resources, in a user-friendly navigational system," says Clavier.

Employees can find out information on the Health for Life wellness program, employee health benefits, the location of on-site fitness centers and dates for upcoming wellness seminars. "Within each of these topic areas, employees can access extensive program and resource information," says Clavier.

### 3. A benefits blog is used to foster communication between employees.

This is an online forum that allows employees to have a real-time conversation with other employees regarding the value of Intel benefits, including health and wellness programs. "Human resource representatives help facilitate information and answer questions about benefits and programs," says Clavier. "The forum promotes engagement with employees through open discussion and feedback."

[Editor's note: The company's "Walk for Wellness" poster is included with the online version of this month's Occupational Health Management.] ■

## Reward your workers for reporting near misses

A worker is wearing a full body harness, but with the lanyard attached to a handrail instead of to an anchor point that was engineered for fall protection. No one is injured — at least not this time.

When an accident could have happened but didn't, it's not always easy to get workers to admit it. However, at Wheelabrator, a Hampton, NH-based waste management company, employees report 300 to 400 near misses every year. These "lessons learned" are shared throughout the entire company.

"We have instilled in them that it's the right thing to do, instead of just walking away, to take

Here is how workers are encouraged to report near misses:

- The information is shared throughout the company.
- Action is taken to fix the problem.
- The near miss is listed in a weekly report.

the five minutes to report it," says **Kent Baughn**, senior manager of health and safety. "Many near misses involve people who come to our facility who may not be as familiar with our requirements as we are."

For example, a contractor might be observed not wearing the correct personal protective equipment, a delivery truck driver might not use the correct unloading procedure required at a facility, or a hose or cable might be in a walkway, even for just a moment, putting workers at risk for a fall injury.

What's in it for the employee who reports the near miss? For one thing, the report "doesn't go into a black hole," says Baughn. Immediate action is taken to fix the problem. For example, when an employee reported that a yellow line had faded, which reminded people to stay 36 inches away from an electrical cabinet, the line was promptly repainted.

The employee also gets to see their own near miss listed in a weekly report for everyone to learn from. "We list these by location, not name. But the efforts you took are there in print for others to benefit from," says Baughn. ■

## Safety suggestions from L'Oréal workers

Here are some changes that were implemented as a result of suggestions made by employees at L'Oréal USA's Solon Manufacturing Facility in

- **Safety mirrors were repositioned for use during forklift operations.**

"Many of the forklifts are very big and have obstructed views due to the mast of the truck," says **Bill Yeager**, assistant vice president of engineering and security, hygiene and environment. "Operating in reverse is required in everyday activity, and the mirrors provide additional vision to the sides and the rear of the truck."

- **Problems with the interface of pedestrians and forklifts were identified.**

Suggestions included the installation of mirrors, stop signs and railings to prevent pedestrians from walking in front of a forklift, and to force pedestrians to use the safety-validated crosswalks.

- **A better option was identified for high-visibility clothing.**

High-visibility clothing is required in L'Oréal's warehouse areas to make pedestrians and forklift operators more visible. However, the vests being worn by workers created new risks due to their bulky design. "An employee team was assembled and developed a uniform option that includes brightly colored shirts and overwear to replace the vests. The new option was readily accepted by the site team," says Yeager.

- **A risk of a door striking employees was identified.**

An employee came forward to say that when the company's solid restroom doors were swung open, they nearly struck an employee reaching for the door on the opposite side. To prevent this from happening, windows with opaque glass in them were installed in the doors, so that someone on the opposite side could be seen. "This modification received positive comments due to numerous near misses that employees experienced but did not report," says Yeager.

- **"Hot boxes" used in the plant to melt chemical raw materials and keep temperature sensitive chemicals warm were identified as "confined spaces."**

"Mechanics assisted in the development of a lockout system to protect employees repairing these units," says Yeager.

- **Leather palm gloves are required for the handling of wooden pallets, but it was noted during several audits that employees were not using the gloves to protect their hands.**

This was because the gloves did not provide the dexterity necessary for handling cardboard cases of product, which the employees did after

handling the wooden pallets. "It is unrealistic that a person handling five to eight pallets per hour will put their gloves on each time and then remove them to handle cases," says Yeager.

A team of employees addressed the issue by testing numerous alternative gloves and decided on a leather-palmed, mechanic-style glove that provided the proper protection while having enough dexterity to ensure they would be worn continuously. "The new gloves provided a compromise so they did not have to remove or put on additional [personal protective equipment] during their work shift," says Yeager. "The involved employees rolled out the program, and it was well received. A posting was developed and displayed at workstations site wide." ■

## Don't hide your head in the sand, ID depression early

*Your involvement is 'crucial'*

Depression is not as visible as a back injury—but it is without question a significant drain on workforce productivity—both absenteeism and presenteeism. According to **Garson M. Caruso**, MD, MPH, FACOEM, co-director of the American College of Occupational and Environmental Medicine (ACOEM)'s Depression in the Workplace project, "The occupational health nurse is crucial to improvement of management of depression in the working population."

### EXECUTIVE SUMMARY

Only half of depressed workers are receiving any treatment, and many of these aren't receiving care consistent with current treatment guidelines, according to a new position statement from the American College of Occupational and Environmental Medicine. To improve workforce productivity:

- Create programs to intervene at early stages.
- Recognize the actual costs of depression in the workplace.
- Consider the return on investment of enhanced depression care for workers.

A new position statement from the ACOEM says that only half of depressed workers are receiving any treatment at all. Of these, less than half receive care that is consistent with current treatment guidelines from organizations such as the American Psychiatric Association.

ACOEM estimates the cost of depression at \$36 billion in lost productivity per year. The position statement, *Depression in the Working Population*, notes that unlike conditions such as cardiovascular disease or hypertension, depression often strikes very early in a worker's career, creating a disease burden that may last for decades in the workplace. The statement calls for a new approach of screening programs and early treatment.

Caruso stresses that businesses can achieve a positive return on investment by creating programs to intervene and treat depression at its early stages. "There is a general under-recognition and under-acceptance of the existence and effects of depressive illness by third party payers and others," says Caruso.

Many employers still fail to realize the actual costs of depression in their workplace, or the return on investment of enhanced depression care for workers, says Caruso. "This was one of the reasons that ACOEM decided to take a lead role in exploring and addressing this issue," says Caruso.

Depression in the working population is an under-recognized source of both direct and indirect costs to business, notes Carson. "We are still in the early stages of defining the full benefits of increased corporate investment in enhanced depression care," says Caruso. "However, evidence is beginning to demonstrate significant effects."

One analysis suggested that approximately \$100 to \$400 in additional outreach and care management costs could result in an annual increase in \$1800 of work value.<sup>1</sup>

"In addition to lack of recognition, other factors such as the stigma associated with mental illness continue to impede the recognition of and effective intervention in depressive illness," adds Carson.

### ***Worst mistake: Avoiding it***

Caruso says that the worst mistake that senior management can make is to avoid addressing the issue of workplace depression at all, whether out of ignorance, or fear, or concern over cost.

“The second major mistake is taking a piecemeal or ‘silo’ approach to the problem, in which each relevant department follows its own isolated policy and practice without integration with other stakeholders,” says Caruso.

For occupational health, says Caruso, “potential areas of involvement include prevention, early identification, and disease and disability management.”

## Reference

1. Wang PS, Simon GE, Kessler RC. Making the business case for enhanced depression care: The National Institute of Mental Health-Harvard work outcomes research and cost-effectiveness study. *Journal of Occupational & Environmental Medicine* 2008; 50(4):468-475. ■

# Clear connection: Worker health and the bottom line

*Absenteeism, ‘presenteeism’ have huge impact*

In these tough economic times, it may seem like a luxury to go beyond the basics in employee health and wellness. But addressing the health needs of your workers — from injury prevention to chronic disease management — may be the smartest way to save money.

For example, when a hospital nurse is absent, it costs the employer 1.4 times his or her salary in direct and indirect costs,<sup>1</sup> says **Sean Nicholson**, PhD, associate professor in the Department of Policy Analysis and Management at Cornell University in Ithaca, NY.

Nicholson’s model takes into account how difficult it is to replace the worker with an “equally productive substitute” and how the absence affects the work of other employees in the unit.

“[Employers] are likely to underestimate the benefits of making workers healthier,” he says. “You’ve got to measure accurately the benefits of making workers healthier, or the costs of them not being healthy.”

In fact, worker health and productivity are inextricably linked. That was the key message from the Workplace Health and Productivity Summit held last fall. The summit, co-sponsored by the American College of Occupational and Environmental Medicine (ACOEM) and the Integrated Benefits Institute, a San Francisco-based

nonprofit that provides research, measurement tools, and analysis to employers, produced a set of recommendations that urge employers to adopt a “culture of health” and to implement interventions that address both health and productivity.

“Health is really an investment that needs to be leveraged rather than just a cost that has to be justified,” says **Ron Loeppke**, MD, MPH, executive vice president of Alere, a Brentwood, TN-based company that specializes in health care management. Loeppke also is the co-chair of the ACOEM Section on Health and Productivity and a coordinator of the summit.

If you look at health costs broadly, safe patient handling produces benefits far beyond the realm of workers’ compensation.

Based on medical and drug costs alone, the most costly conditions are cancer, back and neck pain, and coronary heart disease. But when the impact on productivity is taken into account, back and neck pain becomes the most expensive condition, followed by depression and fatigue.<sup>2</sup>

When they calculate the health-related costs of workers, most employers just look at the obvious numbers: workers’ compensation payments and premiums and medical costs. But research into work force health revealed a wide impact, says Loeppke.

“On average, across corporate America regardless of employer type, for every one dollar that employer spends on medical/pharmaceutical cost they’re spending two to three dollars on health-related productivity loss,” he says.

Loeppke and colleagues analyzed more than 15,000 employee responses to the Health and Work Performance Questionnaire, which encompassed four companies. They found that “presenteeism,” or productive time lost even when the worker was on the job, was about as costly among those with chronic back and neck pain as their medical/pharmaceutical costs and lost work time.

“The employer community is realizing that they have to look beyond medical-pharmacy cost impact and look at this whole iceberg of costs [to understand] the total cost of poor health,” says Loeppke. “They’re actually looking at the business value of health.”

## Seeking a ‘culture of health’

What can you do to improve productivity and create “a culture of health”? First, you need to understand more about your employees’ health status, says **Tom Parry**, PhD, president of the

Integrated Benefits Institute.

IBI uses the Health and Work Performance Questionnaire, which was developed by Ronald Kessler, PhD, at Harvard University, to gain information on absenteeism, “presenteeism,” and the impact of health on productivity. [Editor’s note: More information is available at [www.ibiweb.org](http://www.ibiweb.org).]

If you analyze medical claims data to learn about your employees’ health, you may get a skewed picture, Parry cautions. The medical benefits shape employee decisions about seeking treatment. And some conditions, such as sleep disorders, may take a toll on productivity but may not show up in medical claims data, he says.

“Depression is a major problem for many employees, yet often it is underreported, isn’t treated, and has an impact on the bottom line,” he says. Employee assistance programs can address the gap by providing services and counseling to employees struggling with depression, he notes.

Some employers develop health promotion programs that include health risk assessments and targeted interventions. Some even offer an employee health clinic that offers monitoring of chronic conditions, such as high blood pressure or diabetes.

But the interventions don’t have to be elaborate or expensive. Offering healthy food choices in the cafeteria — and pricing them lower than unhealthy items — sends a message. You can add better lighting and brighter paint to your stairwells to make them more attractive for employees to use, suggests Parry.

At the same time, you need to actively promote injury prevention and provide equipment and education to make the workplace safer, he says.

“You can’t have a ‘culture of health’ and have an unsafe workplace,” Parry says. “I would communicate very clearly to my employees that ‘we’re in this together. Your health matters not only to you, but to us.’”

Employees will benefit if they develop a healthier lifestyle. And so will your bottom line.

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# Boosting wellness on the ‘graveyard shift’

*Hospital maps out walking program*

There’s a reason the night shift is dubbed “the graveyard shift.” Working overnight has been linked to a greater risk of cancer, heart disease, depression, and automobile accidents. That is why Albemarle Hospital in Elizabeth City, NC, has focused wellness efforts on this often-forgotten group of employees.

“When I learned about the risks [specific to night shift workers], I thought at the very least we need to educate them,” says **Barbara McCarthy**, RN, BSN, COHN, occupational health manager, who is scheduled to bring her message to the annual conference of the American Association of Occupational Health Nurses.

## Night shift health tips

A wellness program geared toward night workers doesn’t have to be expensive, she says. “There are little things that can be done that really contribute to their health,” she says.

Albemarle currently offers regular health screenings (blood pressure, blood sugar, and body fat) from 8:30 a.m. to 9:30 a.m., which means night workers have to overstay their shift to participate. McCarthy is planning to add screening from 10 p.m. to 11 p.m., which will be conducted by night-shift nurses who are champions of wellness.

The hospital’s fitness center, located in a nearby YMCA, isn’t open at night, but McCarthy has measured and mapped out walking routes. During their breaks, night-shift employees can walk a loop on the first floor (one-eighth of a mile) or the perimeter of the hospital (one-quarter mile).

Night-shift teams also participate in the hospital’s wellness competitions. “The Biggest Loser,” modeled after the television reality show, rewards the team that loses the greatest percentage of its weight. “Maintain, Don’t Gain” encourages employees to try nutritious recipes during the holidays from November to January. Winning recipes are collected into a cookbook.

The recipes also inspired further initiatives. Since the cafeteria has limited offerings during the middle of the night, McCarthy encourages night staff to bring nutritious potluck meals to

share on their shift.

## **Night work raises health risks**

Before you can expect night shift workers to take advantage of wellness programs, you need to educate them about the risks of their overnight duty, says McCarthy.

For example, the International Agency for Research on Cancer (IARC), a World Health Organization agency based in Lyon, France, has designated working the night shift as a “probable” carcinogen. An analysis of studies showed that women working the night shift may have a 30% to 80% increase in relative risk of breast cancer, which makes night shift work a potentially greater risk of cancer than secondhand smoke, according to a monograph published by the agency.<sup>1</sup>

Disruption of the circadian rhythm causes problems, notes McCarthy, but there are lifestyle issues as well. “They get less sleep. People who work traditional day shifts will get between five and eight hours. People who work the night shift get three to five hours a day because they try to live a daytime life,” she says. “You can’t catch up. Ultimately, you’re going to have sleep deprivation.”

Meanwhile, night workers aren’t as likely to engage in fitness, she says. “Many people work shift work because they have other commitments during the day. They’re working the shift because it’s the only option open to them in their lives. It really makes it very challenging,” she says.

McCarthy is developing wellness presentations for the night shift workers and provides recordings of the daytime wellness programs that the night workers can view in the lounge during their breaks.

The night shift also has been encouraged to participate in “Get Fit Now,” which targets employees with at least two comorbidities: Obesity, smoking, high blood pressure, diabetes, and arthritis.

McCarthy and her wellness coordinator function as coaches to help employees reach goals such as smoking cessation. She also uses other in-house resources, such as the diabetes educator and nutritionists. The hospital purchased health risk assessment software as a part of the program.

“It doesn’t have to be expensive [to conduct wellness programs],” she says. “You just have to be creative.”

## **Reference**

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## **Occ group ties worker health to fed reform**

*ACOEM lobbies Congress amid health reform debate*

The American College of Occupational and Environmental Medicine (ACOEM) recently briefed Congressional leaders on Capitol Hill, outlining an advocacy agenda that ties the worker health to the current push for health care reform.

“[ACOEM] believes that the time has come for the United States to recognize the workplace as a critical location for achieving the goals of health reform and for improving the overall health of employees and their families, stated **Pamela Hymel**, MD, MPH, FACOEM, ACOEM president. It will be impossible to achieve true health care reform without this shift in focus.”

ACOEM warns that the workforce – the engine that drives the economy and supports the financial underpinnings of our health care system – is ailing and aging, with a rapid rise in chronic disease across all age groups. ACOEM has launched its “Healthy Workforce Now” initiative to raise awareness of these vital facts.

“We are seeking changes in federal policy in order to ensure America’s workforce remains strong and that workplace health becomes a fundamental element in the nation’s health care reform efforts,” Hymel said in a statement posted on the ACOEM website. Congressional leaders were apprised of the group’s action, which includes the following priorities and strategies: **1. Establish an “Office of Worker Health and Productivity” within the Department of Health and Human Services’ (HHS) Office of Public Health and Science to:**

A. Develop and implement a promotional campaign directed to employers that explains the business value of a healthy workforce and provides best-practice employer case-study examples.

B. Collect, develop and disseminate evidence-

based, easy-to-use, and accessible workplace health promotion information, tools, resources and implementation strategies.

C. Convene a Federal Advisory Committee on Worker Health and Productivity.

D. Develop, implement and support a worker health promotion certification and accreditation program for workplace health promotion initiatives.

**2. Establish a President's Council on Worker Health and Productivity to advise the President and recommend to the U.S. Congress preventive-based health measures in the workplace to ensure that America's workforce remains healthy and productive.**

A. The Council would be chaired by the Director of the National Institute for Occupational Safety and Health, and include representatives from HHS, the Department of Labor, the Occupational Safety and Health Administration (OSHA), the Department of Commerce, the Small Business Administration, the United States Department of Agriculture, the Department of Transportation, and the Environmental Protection Agency.

B. The Council will submit recommendations to Congress within 18 months of enactment and annually thereafter.

**3. Require employer-provided health plans to include an integrated health and productivity enhancement program for work-site prevention, health promotion and health protection that is under the direction of a qualified occupational medicine physician.**

A. By regulation, the Secretary of HHS would determine elements to be included in an integrated health and productivity enhancement program including, but not limited to:

*i.* Health awareness component, including health education, health screenings and occupational health surveillance.

*ii.* Health-risk assessment component to identify health risk prevalence rates and health risk categories to determine population-specific tailored interventions.

*iii.* Behavioral change component, including programs related to tobacco use, obesity and depression.

*iv.* Culture-of-health component, including policies and practices promoting an environment of health promotion and health protection.

B. By regulation, the Secretary of HHS would ensure to the greatest extent possible that workplace-based primary, secondary and tertiary prevention programs are integrated within new

approaches to medical care delivery such as patient-centered, primary-care and physician-driven medical home models.

**4. Require employer-provided health plans to reimburse for preventive services provided to employees as part of an integrated health and productivity enhancement program, including preventive services recommended by the U.S. Preventive Services Task Force.**

**5. Pass federal legislation that would provide a tax credit to companies that offer effective and comprehensive wellness programs, and include the following key elements:**

A. Qualified wellness programs would be certified by the Office of Worker Health and Productivity rather than the Centers for Disease Control and Prevention (see #1).

B. Qualified wellness programs must be consistent with research and best practices as identified by the Federal Advisory Committee on Worker Health and Productivity and approved by the Secretary of HHS (see #1c).

C. Eligibility for the tax credit would depend in part on the employer meeting established standards for occupational health and safety, as determined by the Assistant Secretary of Labor for OSHA, and having a lost workday injury rate less than the national average from general schedule safety inspections.

**6. Amend existing federal law to provide funding from the Centers for Medicare and Medicaid Services (CMS) for occupational medicine residency programs that include training modules specific to health and productivity to ensure an adequate supply of Board-certified occupational medicine physicians.**

Rationale: The U.S. will not be able to meet its obligations under Medicare and Social Security if the engine that supplies the financing – the workforce – is not healthy and productive. Physicians qualified in occupational medicine – who can advance improved health in the workplace – can help address this need. The worksite is an ideal delivery site to advance health promotion. While community health and primary care have limited interactions with the individual, the worksite provides opportunities for multiple interactions.

**7. The Secretary of HHS, through CMS, will fund research to determine the most effective health and productivity enhancement strategies including, but not limited to, health promotion, health protection and disease management practices in the workplace. ■**

## Journal Review

# Lost productivity more than doubles medical costs

*Worker health: billions in the balance*

Employee health conditions have impact far beyond medical and pharmacy costs, yet for several years those areas have been the primary focus of cost-savings efforts tied to prevention and treatment of chronic conditions, the authors emphasize.

Their research found that health-related lost productivity (absenteeism and presenteeism) are costs employers cannot ignore. At an aggregate population level across the 25 health conditions assessed in the study the results show that on average, for every 1 dollar of medical and pharmacy costs there are 2.3 dollars of health-related productivity costs in lost work time from absenteeism and presenteeism. Employers need to explore new ways of integrating absence and presenteeism data into their current data collection and evaluation strategies, they argue.

To explore methodological refinements in measuring health-related lost productivity and to assess the business implications of a full-cost approach to managing health, they gleaned results from 51,648 employee respondents using the Health and Work Performance Questionnaire. They also analyzed 1.1 million medical and pharmacy claims

Regression analyses were used to estimate the associations of health conditions with absenteeism and presenteeism using a range of models.

Chronic conditions such as depression/anxiety, obesity, arthritis, and back/neck pain are especially important causes of productivity loss, they found. Executives/Managers experience as much or more monetized productivity loss from depression and back pain as Laborers/Operators.

Employers are the ultimate purchasers of health care for the majority of Americans, spending approximately \$13,000 per employee per year on total direct and indirect health-related costs," the authors conclude. "...Although many employers now are concerned about workforce health, their efforts to address this problem have tended to focus on medical costs without considering the impact of health on workforce productivity."

With health care costs skyrocketing, health promotion and health protection measures aimed at the nation's workforce could have significant long-term impact, potentially saving billions in costs, they conclude.

### Reference

1. Loeppke R, Taitel M, Haufle V, et al. Health and Productivity as a Business Strategy: A Multiemployer Study. *J Occup Environ Med.* 2009;51:411-428. ■

## CNE Objectives / Instructions

The CNE objectives for *Occupational Health Management* are to help nurses and other occupational health professionals to:

- Develop employee wellness and prevention programs to improve employee health and productivity.
- Identify employee health trends and issues.
- Comply with OSHA and other federal regulations regarding employee health and safety.

Nurses and other professionals participate in this continuing education program by reading the issue, using the provided references for further research, and studying the questions at the end of the issue.

Participants should select what they believe to be the correct answers, then refer to the list of correct answers to test their knowledge. To clarify confusion surrounding any questions answered incorrectly, please consult the source material.

After completing this semester's activity, you must complete the evaluation form provided in the June issue and return it in the reply envelope provided in order to receive a letter of credit. When your evaluation is received, a letter of credit will be mailed to you. ■

## COMING IN FUTURE MONTHS

■ Dramatically lower indirect costs of depression and anxiety

■ Proven strategies to reduce injury in older workers

■ Promote yourself as a safety and wellness expert

■ Low-cost ergonomic solutions that prevent injury

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## CE questions

5. Which of the following did Simmons Bedding Company do in order to decrease workers' compensation claims?
  - A. A decision was made to do wellness programs as cheaply as possible.
  - B. Time off the job due to injury is no longer tracked.
  - C. Safety audits are done biannually.
  - D. Close calls requiring medical attention are thoroughly investigated.
6. Which is recommended to improve participation with programs targeting employees with chronic conditions?
  - A. Make sure that programs focus solely on weight loss and nutrition.
  - B. Ask employees what help they need.
  - C. Use a single form of communication to inform employees about programs.
  - D. Avoid use of online forums to facilitate communication between employees.
7. Which is a practice at the waste management company Wheelabrator regarding reporting of near misses?
  - A. Only actual injuries, not near misses, are reported.
  - B. When near misses are reported, these are not shared with other company sites.
  - C. Near misses involving contractors are not reported since they don't directly involve employees.
  - D. Near misses reported by employees are listed in a weekly report.
8. According to a position statement from the American College of Occupational and Environmental Medicine, only half of depressed workers are receiving any treatment at all.
  - A. True
  - B. False

**Answers: 5. D; 6. B; 7. D; 8. A.**



Better Sleep Through Science™

## SIMMONS COMPANY

### WORK-RELATED INCIDENT /ACCIDENT/ INJURY INVESTIGATION REPORT

Injured Employee Name:		Job Title:	Social Security Number:
Employee Address:		Employee Phone Number:	Date of Birth:
Date of Hire:	Base Rate:	# of Dependents:	Marital Status:
Injury Date:	Time:	Date Reported:	Shift start time on day of injury:
Last Day Worked:	Days missed from work:	Witnesses:	Supervisor and Operations Manager:
Nature of injury and part of body:		What was employee doing at time of injury:	Location of accident:
Name and address of treatment facility:			Phone Number of facility
Date treated:	Light Duty Restrictions:		Drug/ Alcohol Test administered?
Emergency Responders:	Any witness/responders exposed to bodily fluids under BBP policy?	Is this OSHA recordable?	

Describe how the accident occurred:

Causal factors:

Recommended Corrective Actions: (Those that have been or will be taken to prevent recurrence).

Signature of Person Completing Report: \_\_\_\_\_

Date: \_\_\_\_\_

Reviewed by: \_\_\_\_\_

Date: \_\_\_\_\_

**EMPLOYEE REPORT OF WORK-RELATED INJURY**

\_\_\_\_\_  
**Name**

\_\_\_\_\_  
**Job Title**

\_\_\_\_\_  
**Date of Injury**

\_\_\_\_\_  
**Time of Incident**

\_\_\_\_\_  
**Dept. Where Incident Occurred**

**Description of Incident** - "What I was doing when I was injured." (Describe exactly what you were doing and what tools & equipment were involved and/or amount of weight being lifted.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Body Part(s) Injured:** \_\_\_\_\_

\_\_\_\_\_

**Type of treatment I received & where I was treated:** \_\_\_\_\_

\_\_\_\_\_

**Has this incident been reported to your Supervisor? If not, why not?** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Were there any witnesses to your injury? If yes, who?** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Were you using the required safety equipment for the job, (if no, why):** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Suggestions I would like to make to help others avoid this type of injury:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**I certify that the above statements are true and accurate and I understand that the assertion of a false workers' compensation claim is a violation of many State criminal codes which may result in fines and/or imprisonment and will result in my being terminated from employment. I understand that this report will be a permanent record of this work-related injury.**

\_\_\_\_\_  
**Employee Signature**

\_\_\_\_\_  
**Date**

G:\TIMESHEETS\ACCIDENT REPORT

	<b>U.S. Department of Labor</b>	
	<b>Occupational Safety &amp; Health Administration</b> <a href="http://www.osha.gov/Publications/Mach_SafeGuard/checklist.html">http://www.osha.gov/Publications/Mach_SafeGuard/checklist.html</a>	<b><i>www.osha.gov</i></b>
<b>Machine Guarding Checklist</b>		

Answers to the following questions should help the interested reader determine the safeguarding needs of his or her own workplace, by drawing attention to hazardous conditions or practices requiring correction.

<b>Requirements for all Safeguards</b>		<b>Yes</b>	<b>No</b>
1.	Do the safeguards provided meet the minimum OSHA requirements?		
2.	Do the safeguards prevent workers' hands, arms, and other body parts for making contact with dangerous moving parts?		
3.	Are the safeguards firmly secured and not easily removable?		
4.	Do the safeguards ensure that no object will fall into the moving parts?		
5.	Do the safeguards permit safe, comfortable, and relatively easy operation of the machine?		
6.	Can the machine be oiled without removing the safeguard?		
7.	Is there a system for shutting down the machinery before safeguards are removed?		
8.	Can the existing safeguards be improved?		
<b>Mechanical Hazards</b>			
<b>The point of operation:</b>			
1.	Is there a point-of-operation safeguard provided for the machine?		
2.	Does it keep the operator's hands, fingers, body out of the danger area?		
3.	Is there evidence that the safeguards have been tampered with or removed?		
4.	Could you suggest a more practical, effective safeguard?		
5.	Could changes be made on the machine to eliminate the point-of-operation hazard entirely?		

<b>Power transmission apparatus:</b>		<b>Yes</b>	<b>No</b>
1.	Are there any unguarded gears, sprockets, pulleys, or flywheels on the apparatus?		
2.	Are there any exposed belts or chain drives?		
3.	Are there any exposed set screws, key ways, collars, etc.?		
4.	Are starting and stopping controls within easy reach of the operator?		
5.	If there is more than one operator, are separate controls provided?		
<b>Other moving parts:</b>			
1.	Are safeguards provided for all hazardous moving parts of the machine including auxiliary parts?		
<b>Nonmechanical Hazards</b>			
1.	Have appropriate measures been taken to safeguard workers against noise hazards?		
2.	Have special guards, enclosures, or personal protective equipment been provided, where necessary, to protect workers from exposure to harmful substances used in machine operation?		
<b>Electric Hazards</b>			
1.	Is the machine installed in accordance with National Fire Protection Association and National Electrical requirements?		
2.	Are there loose conduit fittings?		
3.	Is the machine properly grounded?		
4.	Is the power supply correctly fused and protected?		
5.	Do workers occasionally receive minor shocks while operating any of the machines?		
<b>Training</b>			
1.	Do operators and maintenance workers have the necessary training in how to use the safeguards and why?		
2.	Have operators and maintenance workers been trained in where the safeguards are located, how they provide protection, and what hazards they protect against?		
3.	Have operators and maintenance workers been trained in how and under what circumstances guards can be removed?		
4.	Have workers been trained in the procedures to follow if they notice guards that are damaged, missing, or inadequate?		

<b>Protective Equipment and Proper Clothing</b>		<b>Yes</b>	<b>No</b>
1.	Is protective equipment required?		
2.	If protective equipment is required, is it appropriate for the job, in good condition, kept clean and sanitary, and stored carefully when not in use?		
3.	Is the operator dressed safely for the job (i.e., no loose-fitting clothing or jewelry)?		
<b>Machinery Maintenance and Repair</b>			
1.	Have maintenance workers received up-to-date instruction on the machines they service?		
2.	Do maintenance workers lock out the machine from its power sources before beginning repairs?		
3.	Where several maintenance persons work on the same machine, are multiple lockout devices used?		
4.	Do maintenance persons use appropriate and safe equipment in their repair work?		
5.	Is the maintenance equipment itself properly guarded?		
6.	Are maintenance and servicing workers trained in the requirements of 29 CFR 1910.147, lockout/tagout hazard, and do the procedures for lockout/tagout exist <b>before</b> they attempt their tasks?		

**Summary:**



## **ACCIDENT REPORT PHOENIX ARIZONA**

HMB Department  
Push Bar Missing Guard  
Accident - October 14, 2008

# Description of Accident.

- A HMB operator was placing coils on the slots of the push bar to be glued to the other coil units already on the machine.
- The HMB machine was missing a safety guard for the push bar on the right side. As the operator placed a set of coils and push the green buttons for the push bar to move forward he dragged his left hand on the table unconsciously as he was grabbing the next set of coils. His hand was still in motion when the push bar returned to its natural position and caught Operators left hand middle finger and pinched it. The operator had an open wound and was treated at the plant to stop the bleeding.
- Associate was taken to urgent care for medical attention and received two stitches and pain medication.

# ACCIDENT PHOTOS



HMB #2 missing  
accordion safety  
guard on right side.



Temporary safety guard  
on HMB #2 after  
incident.

# Safety Guards in place



- HMB #2 with both temporary safety guards.



- HMB #1 with correct accordion safety guards.

# Correct Safety Guards



- Accordion safety guard on the forward position on HMB #3.
- Both accordion safety guards on HMB # 1.

# Casual Factors

- Failure of Associate to report missing Guards on daily checklist.
- Mind and eyes not on task / Was scheduled for Safe-start week of 10/20/08
- Failure of departmental supervision to follow up on Issue that have been identified during our monthly National Safety Audits.

# Corrective Action

- Review the incident, JSA and work instructions with all associates that work in the HMB department. This will also include the daily start up check list.
- We had placed an order for these guards three weeks prior to injury with no luck on delivery.
- Contacted other plants and request correct guards due to the fact that ours will get here until Oct. 27 2008.
- Safety committee to review incident and suggest changes if need it.
- Documented coaching/counseling meeting held with Supervision due to lack of follow up.

## SIMMONS DENVER JOB SAFETY ANALYSIS

<b>Job-</b> Box Spring Upholstery		<b>JSA by-</b> G. Cisneros/M.Gonzalez/M. Saldana/J. Vazquez-Rivera
<b>Supervisors-</b> A. Drnec	<b>Section-</b> Box Spring	<b>Reviewed by-</b> A. Drnec/R. Rutkowski
<b>Dept.-</b> 150	<b>Date of Analysis-</b> 08/01/2008	<b>Approved by-</b> S. Cannady/R. Kimzey
<b>Description of job-</b> Upholster box spring foundations with sewn cover.		<b>Last Reviewed/Revised -</b> 08/01/2008
<b>Required personal protective equip.-</b> OSHA-approved safety glasses and hearing protection. Gloves recommended.		

SEQUENCE OF BASIC STEPS	POTENTIAL ACCIDENTS OR HAZARDS	SAFE JOB PROCEDURE
1 Pull construction from frame table and place on upholstery table.	Lifting-related injuries.	Use proper lifting techniques. Always use two-man lift. Use buddy system for queen/king.
2 Re-load staple guns.	Misfires/airborne staples.	Keep finger away from trigger and out of the line of fire. Use of PPE.
3 Center SYFI pad on top of grid.	None.	None.
4 Pull cover around construction.	Splinters in hands.	Suggest use of gloves.
5 Flip unit on table.	Lifting-related injuries.	Use proper lifting techniques. Always use two-man lift. Use buddy system for queen/king.
6 Staple cover to wood side rails.	Misfires/airborne staples.	Hand-eye coordination. Use of proper PPE. Do not place hand near nose of gun when firing.
7 Attach corner guards with the use of a staple gun.	Misfires/airborne staples.	Hand-eye coordination. Use of proper PPE. Do not place hand near nose of gun when firing.
8 Aside unit on finishing line.	Lifting-related injuries.	Use proper lifting techniques. Always use two-man lift. Use buddy system to lift.
9 Keep area/floor neat and clean.	Slipping, Tripping, Falling.	Keep area clean at all times.



# Walk for Wellness

Healthy ways equal better days

## Step up to the Challenge!

### Participate in the Walk for Wellness Challenge

- Ten week program begins March 2
- Visit [walkforwellness.intel.com](http://walkforwellness.intel.com) to register
- Participate as an individual or as a team
- Manage and track your physical activity

Health for Life

For complete details, from Circuit search for "Health for Life."

