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INSIDE

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Proposed changes in OH could revolutionize the way you work

Ideas are mired in controversy for now, some of the debate heated

A number of proposals for changing the way occupational health and safety is managed in American workplaces are flooding the legislative arena now, most of them with the potential for significantly changing the environment in which you work. The early result is that people are beginning to dig in their heels over some issues, and it is too soon to say which proposals have a real chance for survival.

One of the most contentious debates involves a proposed rule from the federal Occupational Safety and Health Administration (OSHA) in Washington, DC. Proposed safety and health program rule 29 CFR 1900.1 would require most companies to establish workplace safety and health programs to monitor workers for injury, prevent injuries, and improve overall workplace safety. Opponents are calling the proposal vague and impractical.

The draft rule would require each employer to "set up a safety and health program to manage workplace safety and health to reduce injuries, illnesses, and fatalities by systematically achieving compliance with OSHA standards and the General Duty Clause. The program must be appropriate to conditions in the workplace, such as the hazards to which employees are exposed and the number of employees there."

Most existing workplace programs probably would fulfill the

EXECUTIVE SUMMARY

Several proposals on the table would radically change the way the federal government oversees occupational health and safety, but the proposals are mired in controversy.

- Employers are banding together to fight a proposal that would require most companies to establish workplace safety and health programs.
- A new bill in Congress could result in a redesign that would have consultants, such as occupational health professionals, conducting work site inspections instead of federal inspectors.
- The new ergonomic proposal continues to stir debate, with many critics calling it too vague and unnecessary.

requirements, OSHA says, but some employers would be forced to develop comprehensive safety and health programs from scratch. OSHA is touting the proposal as a way to ensure all employers comply with health and safety standards that have proven successful for many employers. Passage of the rule could be a boon to occupational health professionals looking for new ways to target potential clients, but critics say the proposed rule is too vague to be useful.

> *"It's an enforcement reg, not the warm and fuzzy health and safety reg that OSHA would have you think it is. It will be fought tooth and nail."*

The proposal is purposely vague so it can be used to punish employers, according to **Peter Eide**, manager of labor law policy at the Chamber of Commerce in Washington, DC. He has been actively involved in opposing the proposal, recently organizing meetings for employers who are opposed to the plan. He was shocked recently when 100 people showed up for the group's first meeting — far more than he had expected, Eide says.

"We've come to the conclusion that this proposed rule is more than just a program prescription," he says. "It's an enforcement method and a tool for OSHA. The agency has gone well beyond existing law to a rule that would give the agency unbridled, unsurpassed, and unimagined power and authority.

Eide says most of the employers opposing the rule say it would be too prescriptive in outlining exactly what the safety and health program should look like, simultaneously making it more difficult for employers to comply and easier for OSHA to swoop in and claim a violation."It's an enforcement reg, not the warm and fuzzy health and safety reg that OSHA would have you think it is," he says. "It will be fought tooth and nail."

Perhaps the most revolutionary idea floated at the moment comes from U.S. Sen. **Michael Enzi** (R-WY). He recently introduced a new version of his Safety Advancement for Employees Act (SAFE Act). In 1997, Enzi's first version was struck down by Congress. The SAFE Act would greatly restructure the 1970 Occupational Safety and Health Act, the backbone of all federal safety standards and requirements. Under Enzi's restructuring, OSHA would no longer be responsible for inspecting American workplaces for compliance with health and safety requirements. Instead, private consultants would be allowed to inspect workplaces.

That could mean a major increase in potential business for occupational health providers, regardless of whether the idea of allowing inspections by consultants actually is good for the safety of workers. In 1997, Democrats and labor unions opposed the SAFE Act because they said it would weaken measures already in place to protect workers. The Republican-controlled Labor Committee approved the SAFE Act in 1997, but it did not make it to the Senate floor for a vote. President Clinton also had threatened to veto the bill if it passed.

In round two of the SAFE Act, Enzi says he has worked out most of the contentious issues and expects the bill to be passed in the next session of Congress. "Worker safety is a contentious subject that has divided the Senate for years now, but last year we made the first significant improvements to the Occupational Safety and Health Act of 1970 since it was enacted," Enzi says. "The changes we've made in the bill directly reflect concerns expressed by employers, employees, [Sen. Ted Kennedy (D- MA)], OSHA director Charles Jeffress, and others. We all want our workers to be safer, and I think now that we're getting closer to agreeing on how to make it happen."

Enzi says the impetus behind allowing private consultants to do work-site inspections is purely logistical. OSHA does not have enough personnel to inspect every workplace, so the SAFE Act focuses on the use of safety professionals to aid

COMING IN FUTURE MONTHS

- Update on hair testing for drugs
- More on new respirator standard and new respirators
- Picking the right keyboard to decrease injuries
- Incorporating massage into your program
- Must your medical director be an OH specialist?

OSHA and employers in preventing and addressing workplace hazards, he says.

The SAFE Act offers some benefits to employers. Borrowing language from OSHA's Safety and Health Achievement Recognition Program — a program that allows employers to avoid inspections for one year if they work with an OSHA consultant to improve safety and health — the SAFE Act would provide a one-year exemption from civil penalties if the employer meets the safety prescriptions outlined in the bill.

Once the inspector issues a certificate of compliance to the employer, that employer is exempt from civil penalties for violations for one year. That exemption applies even if an OSHA inspector comes in and finds legitimate violations after the certification. OSHA would retain the power to conduct inspections, issue citations, and order hazard abatement.

Enzi removed language used in his previous bill that detractors argued limited employees' abilities to file grievances, but he says the new version still serves his main purpose: making OSHA consultation more accessible to small businesses. Through the use of third-party consultants, small employers would be able to consult more easily on health and safety issues rather than being left to fend for themselves, he says.

"Small businesses and their employers are the backbone of this country's communities," Enzi says. "It doesn't make sense to leave the little guy out in the cold when it comes to helping interpret and follow OSHA's towering volumes of safety rules."

Criticism of the SAFE Act has been slow in coming, perhaps because the Senate was kept busy by another matter recently, but Enzi says he expects this version of the bill to have a better chance of passing. Eide, the Chamber of Commerce representative, calls the Enzi bill "a strong proposal, one that should be given very serious consideration. He has met many of the serious objections from [the last proposal]."

OSHA director Charles Jeffress, PhD, released a written response that was cautious. "While there remain a number of provisions to which we have had serious objections in the past, Sen. Enzi has made some important changes," Jeffress said. He pledged to work with Enzi in resolving any disagreement. ■

Ergonomics proposal takes hits from all sides

The proposed ergonomic standard is now officially on the table, and as expected, American employers, business leaders, and safety experts have plenty to say on the issue. Most of what they're saying does not bode well for the passage of the proposed standard.

The proposal was expected to draw fire because other efforts to enact ergonomic standards were soundly defeated in recent years. The new proposal will apply only to manufacturing and manual-handling jobs, not virtually all U.S. employees as previous proposals suggested. Office and retail workers are not covered. **(For more information, see *Occupational Health Management*, March 1999, pp. 25-27.)**

The proposal leaves much of the rule open to interpretation, providing only general requirements. These are the two basic components of the proposed standard:

1. Employers must have a system for recording ergonomic-related injuries and illnesses. Employees would have to be educated on musculoskeletal disorders and understand how to report hazards and injuries to the employer.

2. If a musculoskeletal disorder occurs, the employer must respond. Employers will be expected to investigate the hazard, develop ways to address it, and implement the solutions.

One critic of the ergonomic proposal is U.S. Sen. **Michael Enzi** (R-WY) who has introduced his own far-reaching changes to the federal occupational safety and health system. Enzi tells *OHM* that the proposed ergonomic standard takes the wrong approach in an era in which the Occupational

EXECUTIVE SUMMARY

The new ergonomic proposal from the federal government is drawing fire from all sides, with many critics complaining the rule is simultaneously too vague and too burdensome.

- Employers are reluctant to accept one musculoskeletal disease or injury as the trigger point for conducting an ergonomic inspection, saying it is overly strict and burdensome.
- Congressional leaders already are starting to grumble that the proposal is unfair to employers, just as they did when they shot down previous proposals.
- The American Chiropractic Association in Arlington, VA, is publicly supporting the proposal.

SOURCES

For more information, contact:

Peter Eide, Manager of Labor Law Policy, Chamber of Commerce, 1615 H St. N.W., Washington, DC 20062. Telephone: (202) 659-6000.

Sen. Michael Enzi, United States Senate, Washington, DC 20510-5004. Telephone: (202) 224-3424. E-mail: senator@enzi.senate.gov.

OSHA's ergonomics home page has extensive information and contact information: http:\\www.osha-sic.gov:80\sltc\ergonomics\.

Safety and Health Administration (OSHA) has promised to be more "employer-friendly." The proposal is more like the "old OSHA" in which employers were coerced into complying out of fear of citations and penalties, rather than the "new OSHA" in which the administration works proactively with employers to improve worker conditions, he adds.

"We need to protect employees and encourage employers to watch and work to prevent these problems, but we have to be careful not to induce huge new and complex changes in the mix, such as changes in workers' compensation that may not best serve the workers and employers," Enzi says. "Workers and employers and government need to communicate. The federally mandated approach has proven ineffective and inefficient time and time again."

He points out that OSHA director Charles Jeffress endorsed a more cooperative approach to ergonomic safety when he was director of the North Carolina Department of Labor. Enzi's office provided a copy of a document signed by Jeffress May 2, 1996, in which Jeffress stated that "by making a [cooperative assessment program] available to employers without an enforcement action, employees whose employers take advantage of this program will experience improved working conditions much faster than if enforcement action had occurred and [the North Carolina Department of Labor] will be able to achieve much broader success in reducing occupational [musculoskeletal disorders] for the resources available."

Jeffress was unavailable for comment.

The proposal's impact on small businesses is now being studied, and a formal review of the proposal probably will be completed by May 1999. Then a formal draft will be published in the fall, and public hearings will begin in early 2000. A final rule could be issued by the end of 2000.

A large proportion of American employers fear the proposed ergonomic standard will be another oppressive OSHA regulation, says **Peter Eide**, manager of labor law policy at the Chamber of Commerce in Washington, DC. The Chamber of Commerce has been active in past efforts to defeat ergonomics proposals, and Eide is calling this year's attempt "hopelessly vague" and "extremely burdensome." The Chamber of Commerce is urging OSHA to delay the ergonomics rule until there is scientific evidence that such a rule is needed and actually would improve worker safety. That lack of concrete data has been a stumbling block for those promoting past ergonomic proposals.

Dean Rosen, senior vice president and counsel for the Health Insurance Association of America in Washington, DC, recently issued a statement to the Department of Labor's Pension and Welfare Benefit Administration declaring the ergonomic proposal unnecessary.

"The new regulations would impose unduly burdensome requirements that would raise substantially the costs of administering group health plans and foster a significant increase in litigation, all without benefiting consumers enrolled in these plans," he wrote.

There is some support for the ergonomic proposal, however. The American Chiropractic Association (ACA) in Arlington, VA, has issued a preliminary endorsement, though ACA leaders note they have not yet studied the proposal extensively. ■

Depression hotline allows private self-screening

An anonymous telephone hotline that can help workers seek treatment for depression carries a small price tag for employers and a high likelihood that workers needing treatment will go on to get help.

The telephone screening program is offered by the National Mental Illness Screening Project in Wellesley Hills, MA, a nonprofit organization devoted to helping people with undiagnosed, untreated mental illnesses. The project runs screening programs for depression, alcohol, eating disorders, and a variety of other problems. In 1995, limited success with its depression activities led the project to offer the hotline as a way to

EXECUTIVE SUMMARY

A depression hotline can help employers get needed services to employees without requiring them to admit their problems publicly.

- The hotline has proven useful in several cities already.
- The cost of providing the hotline is extremely low.
- Most workers advised to get treatment for depression will follow through.

reach more people who needed help, says **Joelle Reizes**, assistant director of the project.

"We find that the face-to-face screening for depression was not working for a number of work sites because the anonymity factor is so critical," she says. "We created the telephone screening specifically so it could be put in a workplace and reach people in a way that is completely nonthreatening, completely anonymous, and accessible."

Project provides service for small fee

For a small fee, the project provides the depression hotline service to any employer wanting to offer it to employees. Employers register with the project and are provided with a toll-free telephone number specific to that employer. That particular hotline number is used only by that employer's work force and includes referral information specific to their local community, employee assistance program, and health insurance program.

The main portion of the depression hotline information is the same for all employers, with a series of 10 questions designed to determine whether the caller has symptoms that indicate a need to seek further help. Callers are asked how certain symptoms apply to them, such as "I get tired for no reason" and "I feel others would be better off if I were dead." The system tells the caller how he or she scored on the screening and recommends where to seek further help if needed.

The anonymity of the system is important because depression still carries a social stigma. The hotline allows people to explore the possibility that they have serious depression without immediately identifying themselves to anyone.

"Once the employers sign up, the employees and their immediate families can take that screening any time they want, from any phone," Reizes says. "If you want to call at 2 a.m. from a pay phone on the corner, you can do that. The system underscores that this really is anonymous and makes it very nonthreatening."

Reizes points out the depression hotline serves as an adjunct to whatever depression screening and treatment already is offered by the employer, not a replacement. The customized depression hotline is a tool for the occupational health provider and employee assistance program publicize that help is available.

"This is in no way a replacement for in-person screening and treatment," she says. "The idea is to help these people who think they might have a problem and steer them toward the treatment that is already waiting on them."

The fee for the program is based on the number of employees served; an employer of 5,000 people or fewer would pay $1,000 per year for the service. Each additional 1,000 workers adds a cost of $100 per year. Participating companies receive weekly reports on how many calls were processed, plus quarterly reports that show the sex, age, and depression scores of callers. There is no information identifying the employee.

For an added fee of 50%, the employer can add alcohol screening to the hotline.

Because the service is anonymous, there is no way to know how many of the callers have symptoms suggesting depression or how many go on to seek help. But Reizes says the project's experience with other types of depression screening suggests those numbers probably are very high.

"In other screening, we find that most of them calling have mild to moderate depression and are not in treatment," she says. "They're calling because they already suspect they have a problem. Depression is prevalent in the mid-20s to early 40s, and that's when most people are working."

The depression hotline has been used successfully by a number of employers across the country, including the State of Michigan, Sprint, Bell

SOURCES

For more information, contact:

National Mental Illness Screening Project, One Washington St., Suite 304, Wellesley Hills, MA 02481. Telephone: (781) 239-0071. Fax: (781) 431-7447.

National Institute of Occupational Safety and Health, 4676 Columbia Parkway, Cincinnati, OH 45226-1998. Telephone: (800) 35-NIOSH. The entire text of the NIOSH guidelines can be obtained on its Web site at www.cdc.gov/niosh.

South, Levi Strauss, the State of Tennessee, and Texas Instruments. More than 350 companies participate, with a total of 3.5 million employees. The hotline system has processed an estimated 31,000 calls in the past six months.

The city of Boston started using the system in October and had received 155 calls by February.

Though the system is anonymous, asking for no identifying information, it does record some data from the callers. Most of the callers were between 30 and 49, and most callers scored in the mild-to-moderate range for depression symptoms.

Reizes notes that finding is especially good news because it is best to intervene when people have mild-to-moderate depression, rather than waiting until the problem becomes more severe, making it more expensive and difficult to address.

One employer reports that the screening hotline clearly increased the number of workers seeking assistance, and it resulted in major cost savings. **Carol Boone**, EdD, CEAP, is the employee assistance program coordinator for the State of Tennessee in Nashville.

She says the hotline encouraged many workers to seek help instead of waiting until their depression became worse and resulted in absenteeism or led to their dismissal or resignation. Utilization of Tennessee's employee assistance program rose by 33% when the hotline was offered, Boone says.

"When you consider the cost of replacing

Extreme job stress affects 40% of workers

Forty percent of American workers suffer severe stress from their jobs, according to a recent survey by the National Institute for Occupational Safety and Health (NIOSH) in Cincinnati, which recently issued guidelines for dealing with that stress.

NIOSH conducted a survey and found that four out of every 10 U.S. workers describe their jobs as "very or extremely stressful." NIOSH followed up those results with a set of guidelines, *Stress . . . at Work,* in which the authors say workers suffer serious stress when faced with "job demands that cannot be met, relaxation has turned to exhaustion, and a sense of satisfaction has turned into feelings of stress." That sets the stage for "illness, injury, and job failure."

NIOSH cites these particular conditions that lead to job stress:

✔ hectic workloads that ignore workers' skills and leave them with little sense of control;

✔ unpleasant, noisy, or crowded work environments;

✔ ongoing job insecurity with little perceived chance of promotion;

✔ no worker participation in decision making;

✔ isolation in the work environment, with little ability to communicate with other workers;

✔ too much responsibility and too many different job functions.

Those conditions can lead to headache, sleep disturbances, and upset stomach, among a host of other stress-related illnesses, NIOSH says. Stress also can lead to emotional problems, such as low morale and a reduced ability to concentrate, which in turn can hamper job performance.

NIOSH cautions that an employer's efforts to increase productivity can have exactly the opposite effect, with the resulting stress leading to increased absenteeism, tardiness, and resignations.

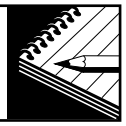
The booklet offers a three-step approach for preventing stress problems, first by identifying stress factors, then designing and implementing solutions, and finally evaluating the outcomes. NIOSH director **Linda Rosenstock**, MD, MPH, says the guidelines can be used in any type of workplace to reduce worker stress.

"Work stress imposes enormous and far-reaching costs on workers' well-being and corporate profitability," she says. "The good news is that at least some of these costs are avoidable. Research and experience tell us that certain factors such as a heavy workload, conflicting or uncertain job responsibilities, and job insecurity are stressors across organizations. The risk for job stress can be reduced through smart, strategic action."

NIOSH defines job stress as the harmful, physical and emotional responses that occur when the requirements of a job do not match the capabilities, resources, or needs of the worker. Previous research indicates that a quarter of the American work force consider their jobs the No. 1 stressor in their lives and they see the problem getting worse. ■

employees who leave the work force due to problems associated with untreated depression, as well as training and supervisory costs for new employees, we estimated a savings of $240,800 in one year," she says. ■

GUEST COLUMN



Let sales professionals sell your program

By **Mike Grosh**
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Health care has come a long way in its acceptance of marketing as a necessary component of a complete business package. Still, we find that the marketing and sales functions of occupational medicine practices are often handled by individuals trained in health care vocations rather than in business, marketing, or sales. Often these individuals have additional operational or clinical responsibilities.

It is much better for occupational medicine sales representatives to be recruited from the ranks of experienced sales professionals — preferably health care sales professionals. These individuals should be exclusively focused on acquiring new business for the clinic. Other duties, whether operational or clinical, should be avoided or kept to an absolute minimum. The same holds true for committee memberships. A sales representative cannot sell if he or she is involved in other activities. And new business is the lifeblood of the clinic.

Sales representatives should be tasked with concrete, ambitious but achievable goals, and their successful attainment should be financially rewarded through a commission or bonus structure. Goals should be measurable and should include "activity" components such as the number of first contacts, number of face-to-face meetings, and number of closed deals. Profit, while desirable, is only partially under the control of the sales representative, so it is more productive to incorporate some measurement of how much the client uses your clinic. The commission or bonus plan itself should be uncomplicated and easy to calculate. It is essential that bonuses or commissions be paid frequently — monthly if possible, and not less often than quarterly. Commissions cease to drive representatives when they have to wait too long to collect them.

EXECUTIVE SUMMARY

Your occupational health program should be marketed by true sales professionals, not health care providers who double as marketers.

- Avoid assigning other duties to the marketers so they can concentrate solely on selling.
- Reward sales professionals frequently for their successes.
- Always move forward in any sales discussions by obtaining at least a small agreement from the prospect.

Software can help organize sales effort

To be successful, the occupational medicine salesperson must be able to juggle a multitude of prospects over long periods of time, yet must always follow up when promised. We have found that the best way to accomplish this is through the use of contact-tracking software, specially configured for occupational medicine. This database contains a history of all account activity, provides regular reminders of all required follow-up activity, and generates all regular reports necessary to ensure representative compliance with goals and objectives.

The sales process we recommend is one of gentle, continuous pressure rather than the hard sell. We believe far better results will be achieved through the application of such an approach than the "go for the jugular" technique, or even worse, the "let the service sell itself" fantasy.

The best approach is a gradual yet persistent effort through the use of three principles: survey, acquisition, and services (SAS).

1. Survey

The survey effort divulges the specific information necessary to begin a meaningful sales process. First, a thorough competitor analysis should be performed before any foray into the marketplace. This can be accomplished through formal or informal contacts with area employers, "shopping" the competition, and in many cases, direct conversation with competing providers.

Well-informed sales representatives know the strengths and weaknesses of their own program as well as those of their competitors.

The competitor analysis determines competitor hours, pricing, service mix, staffing patterns (i.e. doctors, physician assistants, and nurse practitioners), their degree of commitment to occupational medicine, and most importantly, their reputations in the community.

The competition may be "shopped" in a number of ways — directly, by posing as a potential client, or indirectly through local employers who may be willing to support your information-gathering agenda. Surprisingly, we find that an open approach to competing providers often appeals to their own sense of self-worth and leads to willing discussions of their operations. While they may be less than 100% forthcoming, an educated sales representative still can obtain significant information.

Armed with global knowledge of the marketplace, the survey continues with a focus on the individual client. The sales representative needs to know:

- **Company demographics.**
- **Appropriate contact person(s).**

The initial contact depends on the company's size and type, and can range from a floor supervisor to the vice president of human resources.

- **Number of employees working at the location.**
- **Type of industry.**

Manufacturing, transportation and assembly tend to require a more detailed and formal approach than service or other types of industries because of regulatory requirements and other safety considerations.

- **Number of annual reportable work-related injuries.**
- **Annual estimated number of examinations, drug screens, and other requested services.**
- **The client's current provider and their degree of satisfaction with that provider.**

Much of the above information can be obtained through research of available publications, such as R.L. Polk, Harris Industrial Guide, and Chamber of Commerce studies. Much can also be gleaned through informal "front talk," which occurs during a pre-interview phone conversation or at the sales interview itself. All of the information is entered into the sales database for further analysis and as a starting point for each prospect.

2. Acquisition.

Once the survey is complete, the process of acquisition begins. As we consider "going for the close," common mistakes are either rushing — or avoiding altogether — asking for business.

A good salesperson should work toward success in small, gradual increments. It is better to have the prospect agree to a clinic tour or a meeting with the medical director, accept a written proposal, or introduce us to the next person in the line of communication than to hear an outright, "no" to the big question, "Will you use our facilities?" At Span, we insist each encounter produce some forward momentum. The trick is to capture the small advances, own them, and leave the door open for further sales opportunities.

An example of this occurs when dealing with employers who are particularly entrenched with the competition. The representative may ask the employer to consider adding the clinic as a secondary facility to be used only in those instances when the employee has a definite preference. Alternately, the representative may offer to provide a "special service" the competition does not provide. When a visit occurs under this format, the representative must be immediately informed and begin to apply the next degree of gentle persuasion toward bringing the employer further into the fold.

A formal contract or other legal relationship is relatively uncommon in the marketing of occupational health services. Thus, the "close" as such, never really occurs. Instead, we advise Span representatives to make a small ceremony out of the process of setting up the account. This can include a detailed documentation of administrative procedures on a pre-printed "employer data form" or other similar vehicle. It may also include a welcome letter from the medical director, a follow-up meeting with the operational staff to go over administrative procedures, a tour of the clinic facilities or plant, contact with the employer's insurance company to solidify procedures, and other efforts which tend to reinforce the employer's commitment. Thus subdued, the client now shares the representative's view that he or she is an active client of the program.

3. Service.

Once the employer is fully integrated into the client list, the process of extracting all possible value for the provider begins. This activity works best when it is automatic and nearly transparent. The service phase of the SAS system is designed to accomplish two major functions — secure the account and develop further sales opportunities.

At the time of closure, the representative assigns a value to the account, which is driven by potential utilization. At Span, we rely on a technique that ties a follow-up time line to anticipated activity. For example, an account that is likely to use your services several times a month should be scheduled for review and follow-up at least monthly. An account that may use your services only quarterly should be contacted quarterly, and so on. In addition, all new accounts should be flagged so the representative is contacted immediately after the first patient visit. He or she may use this opportunity to dialogue with the employer to determine the level of satisfaction. Further, any comments, pro or con, between the new client and the operational staff should be immediately communicated to the representative for his or her action.

But don't allow the word, "service," to mislead you. It is in the context of the service follow-up, when the client confidence level is at its highest, that the astute representative can learn of other sales opportunities. Does the employer's injury history reveal a need for certain preventative services? Does the employer maintain a file of ongoing disability cases that could benefit from the program's specialty component? Is the employer subject to new regulation that may generate the need for a service? Simple conversations, which on the surface are meant only to determine the employer's level of satisfaction, will reveal further service needs not only to the representative, but also to the employer.

Finally, we recommend that occupational health clinics follow these simple guidelines:

- Hire professional sales staff, and keep them focused on the acquisition of new business.
- Set goals, measure performance, and reward sales staff promptly through a bonus or commission program.
- Utilize contact-tracking computer software for sales activities and reporting.
- Follow the principles of S.A.S. to achieve the best results: Through survey, know your program, competition, and target clients.
- In acquisition, go forward in small, manageable, and almost imperceptible increments, but always go forward.
- Conclude the acquisition of new business with flair and ceremony.
- Continue to sell, through service, throughout the entire life of the relationship between the client and the provider. ■

SOURCES

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'Unclassified' penalties could be dangerous

Safety violations deemed 'unclassified' by federal officials can hide serious problems that may prove fatal to workers, according to an analysis of records by OSHA Data, a consulting firm in Maplewood, NJ, that specializes in analyzing records from the federal Occupational Safety and Health Administration (OSHA) in Washington, DC.

OSHA frequently will agree to list certain employee workplace safety violations as "unclassified" rather than the more problematic "willful" or "repeat" classification, explains **Matthew Carmel**, president of OSHA Data. Carmel previously worked for OSHA and is known as a strong critic of the agency's safety inspection policies. His firm analyzes past OSHA inspection records to help employers and occupational health providers determine what to expect and how to best avoid OSHA penalties.

Carmel says OSHA has been more willing to deem some violations "unclassified" in past years because the agency has come under fire for hassling employers and requiring too much work to comply with its regulations. But while that policy may make some employers happy by avoiding more serious violation classifications, Carmel says it can have devastating effects on worker safety.

On Feb. 9, 1999, OSHA announced a $383,500 penalty against a government contractor for the Aug. 23, 1998, death of one employee and serious injury of another. The contractor was engaged in lead paint removal at the Cutler (ME) Naval Air Station. The company was cited by the agency for alleged willful and repeat violations of OSHA's scaffolding standards. However, nearly one year to the day earlier, OSHA had inspected this same contractor and cited it with a $700,000 penalty for

a willful scaffolding violation. At the same time, OSHA used its discretionary authority to list the violation as "unclassified."

Carmel tells *Occupational Health Management* that the "unclassified" violation turned out to be significant. His computer search of OSHA violation records revealed that the contractor had a substantial prior inspection history including willful, repeat and numerous scaffolding and fall protection standard violations.

He suggests the "unclassified" violation allowed the contractor to avoid serious penalties which could have prompted safety improvements, and that a more serious violation classification may have made it more difficult for the contractor to remain working on the government project.

"If OSHA had not appeased the company by downgrading the prior scaffolding violation and taken seriously its responsibility to enforce their own regulations, and if the federal government had refused to award contracts to companies with poor safety records, the death of that employee might very well have been avoided," Carmel says. ■

Occasional drinking lowers productivity

It doesn't take much alcohol to lower a worker's productivity, according to a new report sponsored by the National Institute on Alcohol Abuse and Alcoholism and the nonprofit Robert Wood Johnson Foundation.

Many workers, and even many occupational health professionals, are under the impression that significant alcohol abuse or actual drinking on the job is necessary to impair a worker's job performance, says **Thomas Mangione**, MD, of JSI Research and Training Institute in Boston.

But that's not the case, according to Mangione, who conducted the study. He says employees who drink occasionally account for more alcohol-related productivity problems at work than do workers who are heavy drinkers and alcohol-dependent.

It's not that the heavy drinkers don't compromise their job performance. In fact, they more frequently cause alcohol-related work problems such as showing up late, leaving early, performing tasks poorly, and arguing with supervisors or co-workers. But occasional drinkers (who cause the same problems as heavy drinkers) outnumber heavy drinkers three to one in the workplace, so they account for a large proportion of all alcohol-related productivity problems. Occasional drinkers account for 59% of alcohol-related productivity problems, and heavy drinkers account for 41%.

The study results were gleaned from surveys and interviews with more than 14,000 corporate executives, supervisors, and workers at seven Fortune 500 corporations. Mangione says many of the productivity problems related to alcohol can be traced to two particular kinds of drinking behavior. Drinking immediately before or during working hours — including the lunch hour and company social functions — can significantly impair productivity on the job. So can heavy drinking the night before, when the employee crawls in to work with a hangover.

The research also showed that most companies have policies addressing alcohol use and offer to provide treatment for alcohol abuse. Those policies, however, do little to address productivity problems caused by lunch hour and social function drinking. The good news, Mangione says, is that light drinkers may be more responsive than heavy drinkers to educational messages about changing the pattern of their drinking behaviors. ■

SOURCES

For more information, contact:

The National Institute on Alcohol Abuse and Alcoholism, 6000 Executive Boulevard, Willco Building, Bethesda, MD 20892-7003. Web site: http://www.niaaa.nih. gov/.

Safety partnership with OSHA brings good results

The Cooperative Compliance Program set up in North and South Dakota has produced impressive results, with dramatically reduced injury and illness rates, fewer lost work days, at least $2.8 million in workers' compensation savings, and development of new and improved workplace safety and health programs.

The "Dakota First" Cooperative Compliance

Program is part of the federal Occupational Safety and Health Administration's new effort at working with employers to improve safety instead of just inspecting and fining violators. **Bruce Beelman**, area director of the Bismarck Area Office of the Occupational Safety and Health Administration (OSHA), recently announced the good results and called the program an outstanding success.

A total of 123 companies at 212 sites in the two states joined OSHA in 1995 in the three-year program to reduce injuries and illnesses at businesses with the highest incidence of workers' comp claims. In 1995, participating employers submitted detailed action plans that provided a strategy to identify and correct occupational hazards in their workplaces.

The primary goals of the program were to measurably reduce injuries and illnesses, and to ensure the companies developed or implemented effective safety and health programs. Beelman noted the safety effort included substantial employee participation.

The improvements included overall lost work day injury and illness (LWDII) rates, reductions in workers' comp costs, decreased number of lost work days, plus improvement of existing, and development of new safety and health programs. These are some of the major accomplishments:

• **LWDII rates.** Seventy-five percent of the companies experienced a decrease in LWDII rates. Seven companies experienced a dramatic decrease, as much as a 90% reduction. Additionally, 16 sites ended with a 0.0 incident rate. The baseline LWDII for all companies decreased by 22%.

• **Workers' compensation.** A majority of the companies voluntarily provided information indicating a decrease in their workers' comp premiums and their EMRs (experience rate for premiums). In particular, 38 of these companies said that in 1996 and 1997 they saved a combined total of $2,876,560 in workers' compensation costs. Seventy-seven companies reported a reduction in EMRs indicating a cost savings in premiums.

A single company reported savings of $360,000 in 1997.

• **Lost days.** Of the 123 participating companies, 89 reported a combined 36% decrease in the number of lost work days (17,909 in 1995 to 11,394 in 1997). Thirty-four companies reported a combined 70% decrease in the number of lost workdays (12,759 lost days in 1995 to 3,853 in 1997).

• **Safety and health surveys.** Fifty-six companies also identified a total of 8,800 hazards as a result of self-audits.

• **Evaluation of safety and health programs.** Fifty monitoring inspections were conducted by the Bismarck OSHA Area Office. All of the companies were found to have implemented a comprehensive safety and health program with full employee involvement. ■

OSHA fines three contractors $666,100

Three contractors working on a natural gas line in New Hampshire have been cited for numerous safety violations, some of which could have caused serious or even fatal trenching accidents. The federal Occupational Safety and Health Administration (OSHA) in Washington,

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DC, proposed penalties totaling $666,100.

No workers were hurt or killed on the job from the conditions cited, but OSHA notes such violations can turn trenches into graves. Twenty-five workers were killed nationwide in 1998 in trenches that caved in because they were not dug or shored properly.

The three companies were building a 30-mile segment of pipeline in southern New Hampshire. Once completed, the 300-mile pipeline will go from Massachusetts through New Hampshire, Maine, and Vermont to Canada, serving areas along the route.

Three cited for trenching violations

Three of the project's contractors — PNGTS Operating Co. of Portsmouth, NH, the project's construction manager; Delta Gulf Corp. in Shreveport, LA, the project's general contractor; and Consolidated NDE of Woodbridge, NJ, a construction subcontractor — were cited for alleged willful violations of OSHA trenching standards.

"OSHA and state safety offices conducted more than 2,500 trenching inspections last year," said OSHA director Charles Jeffress in a written statement. "Trenching accidents are preventable. We will hammer away at this message until everyone gets it."

A trench collapse can be prevented by shoring or sloping the sides or by use of a device known as a trench box. OSHA inspectors said the contractors had trench boxes available but failed to use them to protect the workers.

The alleged violations were discovered during inspections conducted between August and October 1998 at pipeline installation sites in Newton, Greenland, Stratham, and Newington, NH. OSHA inspectors observed workers in inadequately protected excavations up to 18 feet deep, some with water in the excavations, and told the contractors they must provide adequate protection. The contractors continued to operate in violation of the regulations.

Delta Gulf was cited for six willful, 38 serious, and five other-than-serious violations, with total proposed penalties of $381,600. PNGTS Operating Co. was cited for six willful and six serious violations, with proposed penalties totaling $240,500. Consolidated was cited for one willful violation, with a proposed penalty of $44,000.

Several recent trenching accidents have received nationwide attention, such as cases in Tennessee and California when workers were trapped for many hours before rescue. In Missouri on Jan. 29, a worker was buried alive and died when he entered an unshored 10-foot trench to unearth a broken sewer line.

Federal and state OSHA programs conduct seminars and information sessions on trenching safety throughout the country.

The agency also sponsors a free consultation program through state agencies or universities that can help construction companies find the best ways to meet OSHA trenching requirements. ■

SOURCES

For more information:
Excavations, a 24-page guide to the OSHA trenching standard is available for $1.25 (order #029-016-00167-1) from the Government Printing Office by calling (202) 512-1800 or faxing (202) 512-2250.
This booklet and additional materials are also available on the Internet at http://www.osha.gov under "Technical Links," subcategory "Trenching and Excavation."