



Consider This

HEALTH & SAFETY NEWSLETTER
FEBRUARY 2014



February is
American Heart
Month



FDA Warning on
HeartStart AED
Devices



Respiratory
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Each February, the **American Heart Association (AHA)** shines a spotlight on the number one killer of all Americans—heart disease. Heart disease may be the leading cause of death for men and women, but is preventable and controllable. Although heart disease is a risk for all Americans, did you know that cardiovascular diseases cause death of one in three women each year, killing approximately one woman every minute?

What are symptoms of heart disease?

The most common symptom of coronary artery disease is chest pain, otherwise known as angina. Angina can be described as a discomfort, heaviness, pressure, aching, burning, fullness, squeezing, or painful feeling in your chest. It can often be mistaken for indigestion or heartburn. Angina may also be felt in the shoulders, arms, neck, throat, jaw, or back.

Other symptoms of coronary artery disease include:

-  Shortness of breath
-  Palpitations (irregular heartbeats, or a "flip -flop" feeling in your chest)
-  A faster heartbeat
-  Weakness or dizziness
-  Nausea
-  Sweating.

Is your workplace prepared to deal with the onset of a heart attack?

Don't get caught stating "I wish we would have trained personnel in CPR/AED" after a heart attack has happened. Utilize EHS Support to walk you through the process of implementing your emergency response program and organizing training for your personnel. You never know when you could save a life.



SHOCKING – FDA Warns Certain HeartStart AED Devices Cannot Deliver Proper Shock

According to a press release from the FDA, certain HeartStart automated external defibrillators (AEDs) may not be able to deliver the necessary shock in a cardiac emergency. The FDA released this information to the public on Dec. 3, 2013 as part of a safety communication for people who have used the previously recalled devices.

Do not simply chuck your recalled device in the dumpster just yet. The FDA recommends that people keep the devices on hand until a new version is released, as it is more beneficial to use a recalled device than no device at all during a cardiac arrest scenario. The devices in question were manufactured and distributed between 2005 and 2012 under the names HeartStart FRx, HeartStart HS1 Home, and HeartStart HS1 Onsite.

The safety communication released, according to the FDA, urges users to conduct better inspections and monitor the readiness of the devices, made by Philips Healthcare. Philips Healthcare initially began recalling the devices in September 2012, and in mid-November 2013, warned users about the failure of an internal electrical component that could cause the AEDs to fail, and incorrectly indicate it is ready for use.

If your company has a Philips HeartStart AED, please click [here](#) for further recommendations and contact information.



Respiratory Protection Instructions – *Follow these guidelines*

An estimated 5 million workers are required to wear respirators in 1.3 million workplaces throughout the United States.

The following is an overview of the requirements set forth in the OSHA respirator standard 29 CFR 1910.134, for starting an effective respiratory protection program:

- 1. Create a Respiratory Protection Program** — Develop and implement a written respiratory program with required worksite-specific procedures and elements for required respirator use. The written program must include a respirator-selection process; medical evaluations; fit testing; procedures for use; procedures and schedules for cleaning, disinfecting, storing, inspecting, repairing and discarding; procedures to ensure adequate air quality, quantity and flow; training in respiratory hazards; training in use limitations and maintenance; and procedures for regularly evaluating the program's effectiveness.
- 2. Select Proper Respirator(s)** — Respiratory hazards in the workplace must be evaluated before selecting a respirator. This evaluation will identify contaminants in their chemical state and physical form, and include a reasonable employee exposure-level estimate. The exposure assessment will ultimately determine what type(s) of respirators will be needed for the employees.
- 3. Conduct Medical Evaluations** — Employers must also provide a medical evaluation to determine an employee's medical eligibility for respirator use. The medical evaluation must occur before an employee is fit tested or required to use the respirator in the workplace. The employer may discontinue an employee's medical evaluation when the employee is no longer required to use a respirator. Initial exam results or a physician or licensed healthcare professional's findings might require further evaluations.
- 4. Perform Fit Testing** — A tight seal where the mask meets the face must be assured. Employees must be fit tested with the same make, model, style, and size of respirator that will be used if respirator use is required. Depending on the type of respirator

being donned, a qualitative or quantitative fit test must be performed.

- 5. Train employees on proper use of respirators** — Effective, comprehensive and understandable training must be conducted annually. Ensure proper maintenance and care — Employers must provide for the cleaning and disinfecting, storage, inspection, and repair of respirators. Respirators should be cleaned, inspected, and properly stored before and after each use.
- 6. Program Evaluation** — Conduct evaluations of both the workplace and the written respiratory protection programs to ensure that the program is properly implemented and that it continues to be effective.
- 7. Recordkeeping** — Recordkeeping is required to establish and retain written information regarding medical evaluations, fit testing, and the respirator protection program. This information will facilitate employee involvement in the respirator protection program, assist the employer in auditing the adequacy of the program, and provide a record for compliance determinations by OSHA.

Additional Resources

Respiratory Protection Safety and Health Topics Page:
<http://www.osha.gov/SLTC/respiratoryprotection/index.html>

Respiratory Protection eTool: <http://www.osha.gov/SLTC/etools/respiratory/index.html>

Small Entity Guide for Respiratory Protection Standard, OSHA Publication 9071 (1999): <http://www.osha.gov/Publications/secgrev-current.pdf>

Sources:

<http://www.grainger.com/content/qt-starting-respiratory-protection-program-195>
https://www.osha.gov/SLTC/respiratoryprotection/index.html?utm_medium=email&utm_source=peer360&utm_campaign=SafetyMattersDecember2011?utm_content=MostCitedOSHStandards

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Hazard Communication Standard (HCS) Training

OSHA May Issue Citations to Employers That Have Not Trained Employees on the Revised HCS

According to 29 CFR 1910.1200(j)(1), by December 1, 2013, all employers whose employees are potentially exposed to hazardous chemicals must have provided training on the revised HCS [also known as the Global Harmonization Standard (GHS)]. The training should have covered new label elements and new safety data sheet (SDS) format.

Beginning December 2, 2013, employers that have not provided the updated training on labels and SDSs may be cited under 1910.1200(h)(iv) of HCS 2012. Where failure to train on the new label and SDS formats would not contribute to a potential serious exposure, the citation is likely to be issued as an other-than-serious violation. If the training deficiency would contribute to a potential exposure capable of causing death or serious physical harm, the citation may be classified as serious.

OSHA offers a number of resources concerning HCS 2012 that can be found on the agency website at <http://www.osha.gov/dsg/hazcom/index.html>, including training requirements, fact sheets, downloadable presentations, and links to webinars performed by OSHA staff.



Don't take chances with compliance. Let our H&S Experts get you up-to-date with your training. Contact our team today!

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Where Are Your Logs?



By close of business Friday, January 31st, you should have completed your OSHA 300 logs with any recordable injuries and illnesses for the year 2013. As of February 1st, the Form 300A should have been posted in a public location. Remember, there are three separate forms that are to be completed. Provided below is a brief overview of each form:

Form 300: Log of Work Related Injuries and Illnesses. This may be the form you use initially when an injury or illness occurs. It allows you to assign a case number to the incident, give basic information like date and location of the incident, classify what the injury/illness is, and how many lost workdays, etc. This form contains personal data so it is considered confidential. Once completed, this is filed at your site for at least 5 years.

Form 301: Injuries and Illnesses Incident Report. This form can be used as a tool within the investigation process. Information that is more complete is recorded here on the specific injury. One copy of this form is filled out for each injury or illness. This form also contains personal data, so it is also confidential and once it is completed, is filed at your site for 5 years.

Form 300A: Summary of Work Related Injuries and Illnesses. Everyone in the company sees this form. As the name implies, it gives a summary of the recordable injuries and illnesses that happened within the organization over the past year. There is no personal or confidential data put on this form. OSHA requires this form be posted in a public location so that all employees are allowed to see it from at least February 1st until April 30th each year.

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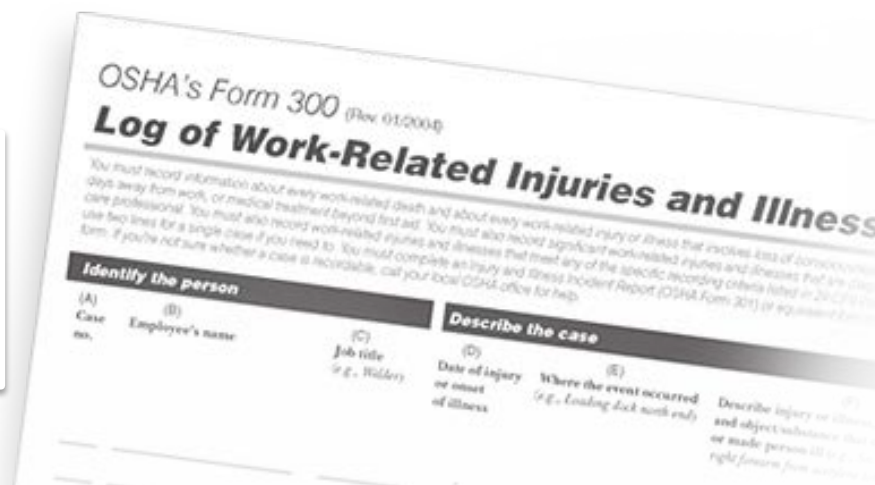
Recordable injuries and illnesses are those that are obvious; for example, fatalities, loss of limb, eyesight, or hearing, and loss of days away from work. Any injuries that require "medical treatment beyond first aid" are defined as less obvious and may be handled at the work site with a little first aid training.

Remember to ask yourself the following questions:

- ☐ Does your injured employee sign your incident report (Form 301)?
- ☐ Do you have a structured reporting system in place so that timely reporting and investigation activities can take place?
- ☐ Are thorough investigation procedures conducted to determine the true root causes of the incident?
- ☐ Do managers and/or safety committee personnel assist with the investigations and have they been trained properly?
- ☐ Are long-term corrective actions being assessed to ensure they are viable?



If you struggle to answer yes to any of these questions, contact our Health & Safety experts for a FREE consultation. Let us help you make a positive impact to your bottom line!



OSHA's Form 300 (Rev. 01/2004)
Log of Work-Related Injuries and Illness

You must record information about every work-related death and about every work-related injury or illness that involves loss of consciousness, days away from work, or medical treatment beyond first aid. You must also record significant work-related injuries and illnesses that meet any of the specific recording criteria listed in 29 CFR 1904.7. Use two lines for a single case if you need to. You must complete an injury and illness incident report (OSHA Form 301) for each case recorded on this form. If you're not sure whether a case is recordable, call your local OSHA office for help.

Identify the person		Describe the case		
(A) Case no.	(B) Employee's name	(C) Job title (e.g., Welder)	(D) Date of injury or onset of illness	(E) Where the event occurred (e.g., Loading dock north end)

(F)
Describe injury or illness, and object/substance that caused or made person ill (e.g., "Saw right forearm from overhead fall")

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U.S. Department of Transportation
Federal Motor Carrier Safety Administration



February 2014 Newsletter

U.S. Department of Transportation
Office of Public Affairs
1200 New Jersey Ave., S.E.
Washington, DC 20590
www.dot.gov/affairs/index.html

FMCSA 02-14

FMCSA Announces One-Year Extension of Paper Medical Certificate Requirement for Commercial Bus and Truck Drivers

The Federal Motor Carrier Administration (FMCSA) announced today that it is extending by one year, until Jan. 30, 2015, a requirement that interstate commercial driver's license (CDL) holders retain paper copies of their medical examiner's certificate and continue to make the document available for review upon request at the roadside by federal and state commercial motor vehicle inspectors. In Dec. 2008, FMCSA issued a Final Rule modernizing, streamlining, and simplifying recordkeeping obligations for drivers, carriers, and state governments by requiring that a driver's medical certification record be merged with state-issued CDLs. States received support from FMCSA to implement the necessary IT system upgrades and merge the records into one, online database – the Commercial Driver's License Information System (CDLIS). FMCSA announced the one-year extension to protect commercial drivers from being cited for violations because some states are not yet in full compliance with the new system. For a copy of the Federal Register announcement, see: www.FMCSA.DOT.gov.

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Is It Ever “OK” To Look The Other Way?

If you took 5 minutes during your next safety meeting and asked your management and personnel whether it is OK to turn a blind eye when it comes to a safety hazard or someone working in an unsafe way, how do you think they would respond? We all should agree that is never OK. To open up the discussion further, provide specific examples of issues that you see on a day-to-day or week-to-week basis of people turning a blind eye at your site. Some common issues found during EHS Support site walks on clients' sites have been:

- Forklift operators operating in an unsafe manner. Racks being damaged and no one is reporting the incidents.
- Overweight pieces brought in for work that exceed the capacity of the overhead crane.
- Personnel not wearing safety glasses when grinding.
- Safety training getting pushed to the side due to production.
- Operators bypassing guards when equipment is being operated.
- Department managers not enforcing company safety policies.
- New hires being permitted to work without site-specific safety training.

If any of these sound familiar, then personnel are looking the other way when it comes to protecting the workforce. Click on our podcast [“Turning a Blind Eye”](#) which sheds light on the implications of ignoring established procedures and safety protocols.



If your safety program needs reinvigorated and the spotlight needs repositioned back on safety, let us help you. Contact us now for assistance in developing dynamic programs the keep safety in the forefront.



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Whether you live in a cold-weather climate or you are visiting one, the winter season can be misleading. Rain, sleet, snow, and ice can make for an unpleasant walking or driving experience. Be aware of the hidden danger that can lie underneath wintry precipitation, including “black ice” on walkways and roads.

Black Ice on the Roads

By far, the most dangerous driving condition is driving on black ice, otherwise known as glare ice. Black ice is a thin layer of frozen water that contains very few air bubbles. This lack of bubbles in the ice causes it to be completely transparent. Since the ice is transparent, it takes on the same color as the surface it is attached to, making it difficult, or near impossible to see. The only real visual warning you will have is that the roadway will have a wet appearance.

Even the most skilled drivers in the world tend to avoid driving when the roads ice up. Here are a few tips on how to drive on black ice:

1. Drive slowly – The best way to avoid skidding out of control is to operate your vehicle at a slower speed to give you more time to react.
2. Do not slam the brakes – While it may be a natural instinct to slam on your brakes, this will only cause your car to lose control and slide even more. Tap the brake pedal lightly instead of pushing down hard on it.
3. Maintain a safe following distance – In situations like this, you need to extend your following distance to ensure you will have ample time to react to the motorist ahead especially if they begin to lose control.
4. Look for trouble spots ahead – If you have an idea that there may be black ice ahead (if you see cars ahead of you sliding, for example), downshift to a lower gear before you come onto the black ice. The lower gear will force you to drive more slowly and it will give you better control of your car.
5. If your car begins to slide on black ice, take your foot off the gas pedal and allow the car to steadily slow down.

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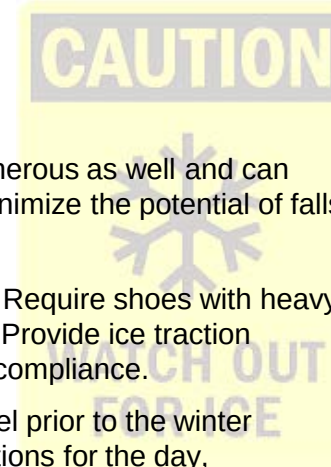


Black Ice – What You Can't See This Winter Can Hurt You - continued

Black Ice Underfoot

Driving in snow and ice can be dangerous, but walking in the same conditions can be treacherous as well and can lead to injury if pedestrians do not take precautions. Here are a few fall prevention tips to minimize the potential of falls in the parking lot, on the jobsite as well as the facility entrances.

1. Evaluate your required winter personal protective equipment (PPE) program. Require shoes with heavy treading and flat bottoms placing the entire foot on the surface of the ground. Provide ice traction devices to personnel, such as Yak Trax, and conduct observations to ensure compliance.
2. Plan ahead. Prepare winter fall protection plans and review with site personnel prior to the winter season. Hold a pre-job safety meeting reviewing the expected weather conditions for the day, responsibilities for site management of icy conditions and review ice melt applications.
3. Review protocols prior to and during icy conditions.
 - When ascending or descending stairs, take them slowly and deliberately and have a firm grip on the handrail.
 - Meet the public at the door and escort them around icy areas or across wet floors.
 - Utilize three-points of contact when getting out of vehicles or getting off equipment.
4. Avoid shortcuts. A shortcut path may be dangerous because it is less likely that snow and ice removal occurred.



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Guns in the Parking Lot of Work – YES or NO?

"Bring Your Gun to Work" laws have been a hot topic over the past several months, but due to new state laws being approved, the topic is yet again under fire. Many employers are fighting back against laws that permit employees to have guns in their cars and their parking lots, though not in the workplace, according to The Wall Street Journal.

Many companies like Starbucks, Volkswagen and FedEx wish to develop their own rules for their property and feel they should have the right to decide whether guns are allowed there. Twenty-two states passed laws that limit an employer's ability to ban firearms in parking lots and vehicles, the newspaper reported.

As EHS Support interacts with clients globally, there is a widespread debate on this topic. Companies in rural areas where hunting, buying and collecting guns, and sportsmen are common seem have a more lenient position as compared with companies in the metropolitan areas which appear to have more stringent policies. Some have no issue with rifles and shotguns being completely visible in the back windows of employees' vehicles parked in their parking lots. Others find this completely alarming and are creating policies banning such firearms.



EHS Support is interested in hearing from both sides. What stance does your company take? What are your personal thoughts? Let us hear your opinion on this topic via LinkedIn...

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Contact Monica Meyer at Monica.Meyer@ehs-support.com today to learn more about how we can help you manage your health and safety risks.

