

A Newsletter of
The University of Iowa's
WORKSAFE IOWA Occupational
Medicine Associates Network.
Iowa's university-affiliated
statewide network of
occupational medicine providers.

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OSHA's Goals: Do They Match Yours?

By Kimberly J. Gordon

I recently had the opportunity to hear John Henshaw, the Director of the Occupational Safety and Health Administration (OSHA), speak about OSHA's goals. Mr. Henshaw remarked, "OSHA's goal for the next year is the same as the goal for the next century and the next millennium, to prevent injuries and illnesses in the workplace. The number of work-related injuries and illnesses continue to decrease. For the eighth year in a row, the Bureau of Labor Statistics (BLS) reports a drop in injuries and illnesses (2000 data), now the lowest on record. Plus fatalities have also declined. OSHA's goal is to accelerate this decline. That's OSHA's purpose in life. That's our bottom line. And it's yours as well".

OSHA's plan for accelerating the decrease in work-related injuries and illnesses focuses on four priorities:

1. Exercising leadership in advancing safety and health



2. Maintaining strong, fair and effective enforcement
3. Expanding outreach, education and compliance assistance
4. Developing and fostering partnerships and voluntary programs

One of OSHA's priorities is strong, fair and effective enforcement. The number of

OSHA inspections has remained steady in recent years. This year OSHA will conduct about 400 more inspections than in 2001. And next year, they will add 1,300 more inspections.

OSHA recently sent letters to more than 13,000 worksites advising them that they had high injury and illness rates

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and offered help to improve worker safety and health. If a company reported injury and illness rates of 8.0 or higher, a letter was sent.

Mr. Henshaw stated, "It's no secret that those with the highest rates are the most likely to be inspected as part of our Site-Specific Targeting program. We expect to inspect about 3,000 sites over the next year under this program. We'll focus first on those with rates of 14 and above; secondly on those with rates from 8 to 14. In addition, we're planning to inspect about 1,000 high-rate nursing homes under our nursing
Continued on page 2

home national emphasis program.”

Mr. Henshaw voiced he wants to make an impact with inspections. “We don’t want to come back to the same sites over and over. When I speak with our compliance officers, I tell them if we’ve cited a company three times for the same thing, we’ve failed. We’ve missed the boat because we haven’t convinced that employer of the value of safety and health and the importance of correcting that hazard.”

He voiced that OSHA must do more than simply issue citations and propose penalties. OSHA requires compliance officers to have the expertise, the credibility and the authority to make a difference in the workplace. One way to establish expertise and enhance credibility is professional certification. So, OSHA as a group is reviewing the requirements and costs to get professional certifications for compliance officers and other agency employees. Mr. Henshaw stated that OSHA has adopted a realistic regulatory agenda that includes what they actually plan to accomplish for each standard.

Another OSHA priority is education, outreach and compliance assistance. These strategies offer the greatest opportunities for improving compliance and reducing injuries and illnesses. Within OSHA, they want to expand the assistance provided for employers and employees who want to do the right thing and protect worker safety and health.

Together we need to work on the same page and partner to establish a mindset, a workplace culture that acknowledges the value of safety and health.

For example, a Technical Information Bulletin offering guidance on safety and health for international travelers has been issued. About a third of U.S. travelers are visiting foreign countries on business. The new guidance outlines some basic precautions for business travelers and includes links to State Department and CDC guidance as well.

Another concern that demands OSHA attention is immigrant workers. They are increasing the outreach efforts to Spanish-speaking employers and employees. That’s because more than 10 million Americans speak little or no English. One in five Americans does not speak English at home. The toll-free 24-hour help line—1-800-321-OSHA—offers a Spanish option. A Spanish page for employers and employees has been launched on the OSHA website. A Hispanic Task Force, established last fall, is actively pursuing partnerships and planning a summit to share successful strategies in reaching employers and workers with limited English.

Another OSHA outreach effort is a free a bi-monthly news memo called Quick-Takes. You can see it on the OSHA website and sign up to have it delivered automatically to your email address. It’s a round-up of news items—just a couple of pages long, so you can scan it quickly.

A number of these brief stories include links to more detailed information on the web page so you can quickly find in-depth information if you want it. It can be found at www.osha.gov.

OSHA’s final priority is partnerships. Last year was a banner year with a 60-percent growth in strategic partnerships. OSHA has 11,000 employers with 250,000 workers participating in one of OSHA’s 138 strategic partnerships. They have 800 employers in the premier partnership program—the Voluntary Protection Programs. OSHA is expecting to add another 100 sites over the next year.

Mr. Henshaw encourages businesses to move beyond the standards toward approaches that will pay off in preventing injuries and illnesses. He feels we need a broader understanding of the value of safety and health among corporate executives. He believes one of the ways to do that may be through business schools. Business schools and their students need to pay more attention to the impact of worker safety and health on the financial health of businesses. One of Mr. Henshaw’s priorities is to form alliances with business schools to ensure that the next generation of leaders in America’s corporate world understands the value of

safety and health. Business schools should be articulating the value of the American worker and how protecting workers through strong workplace safety and health efforts adds value to companies.

In addition, OSHA will be looking to form new partnerships as part of the comprehensive approach to ergonomics. Workplace musculoskeletal disorders are on the decline and have been for the last decade, OSHA wants to work with employers and workers to accelerate that decline. The intention is to build on guidelines and best practices already developed—including the OSHA meatpacking guidelines.

Mr. Henshaw recognized that “guidelines give employers and workers the flexibility they need to implement solutions that will be most effective in their workplaces. We know that one size does not fit all, and this provides the flexibility needed to reduce injuries.”

“As head of the Occupational Safety and Health Administration, I want to make a difference, and I want OSHA to make a difference. I know you want to make a difference as well. Together we need to work on the same page and partner to establish a mindset, a workplace culture that acknowledges the value of safety and health. That’s the only way to significantly reduce injuries and illnesses in our nation’s workplaces.”

SOURCE: Speech by John L. Henshaw at the American Occupational Health Conference, Chicago, IL (April 17, 2002)

Top Ten Causes of Lost-Time Injuries

The Bureau of Labor Statistics (BLS) cites the top ten causes of lost-time injuries in 2000 as:

1. **Floors and walkways** – which led to slips and falls
2. **Worker motions or positions** – which led to repetitive motion disorders, carpal tunnel syndrome, back injuries and being caught by, against or between equipment
3. **Containers** - which led to lifting problems, back injuries and other injuries caused by being struck by objects
4. **Parts and materials** - handling these objects led to overexertion, sprains and strains
5. **Vehicles** - 73,000 transportation crashes occurred in 2000, plus forklift mishaps which involved pedestrians being hit and drivers caught between equipment and containers
6. **Machinery** - caused many injuries, including amputations, where operators were caught in equipment or struck by objects
7. **Tools and instruments** - mishandling resulted in cuts and lacerations; bruises and contusions; and sprains and strains
8. **Healthcare patients** - overexertion in lifting was a problem when moving patients in and out of beds
9. **Furniture and fixtures** - heavy lifting and contact injuries were common when handling these objects
10. **Chemicals** - exposures to harmful substances led to burns as well as eye and hand injuries.

BLS also tracks the incident rates of nonfatal occupational injuries and illnesses by industry. In 2000, the following industries had rates of 8.0 or greater:

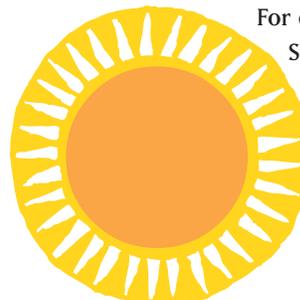
- 14.3 Meat packing plants (SIC Code 2011)
- 11.7 Ship building and repair (SIC Code 3731)
- 10.5 Motor vehicles and passenger car bodies (SIC Code 3711)
- 10.4 Truck Trailers (SIC Code 3715)
- 10.4 Air transportation, scheduled (SIC Code 4512)
- 10.4 Air courier services (SIC Code 4513)
- 10.2 Transportation equipment (SIC Code 3799)
- 10.0 Travel trailers and campers (SIC Code 3792)
- 9.9 Steel foundries (SIC Code 3365)
- 9.6 Plastic pipes (SIC Code 3084)
- 9.5 Public building and related furniture (SIC Code 2531)
- 9.3 Gray and ductile iron foundries (SIC Code 3321)
- 9.3 Mobile homes (SIC Code 2451)
- 9.3 Bottled and canned soft drinks and carbonated waters (SIC 2086)
- 9.2 Malleable iron foundries (SIC Code 3322)
- 9.2 Steel foundries (SIC 3325)
- 9.1 Sausages and other prepared meat products (SIC Code 2013)
- 9.0 Leather tanning and finishing (SIC Code 3111)
- 8.8 Storage batteries (SIC Code 3691)
- 8.6 Poultry slaughtering and processing (SIC Code 2015)
- 8.6 Fluid milk (SIC Code 2026)
- 8.5 Aluminum foundries (SIC Code 3366)
- 8.5 Nonferrous foundries, except aluminum and copper (SIC 3369)
- 8.1 Concrete products, except block and brick (SIC Code 3272)
- 8.0 Canned and cured fish and seafoods (SIC Code 2091)

SOURCE: Bureau of Labor Statistics Website: <http://stats.bls.gov/>

OSHA's Heat Stress Card Offers Tips for Employers & Workers

The combination of heat, humidity and physical labor can lead to fatalities. In 2000, 21 workers died and 2,554 others experienced heat-related occupational injuries and illnesses serious enough to miss work.

OSHA's Heat Stress Card lists tips and precautions that can prevent heat-related deaths and injuries. Available in English and Spanish, this laminated fold-up card is free to employers to distribute to workers. It offers a quick reference about heat-related injuries, including warning signs, symptoms and early treatment.



For copies of the free laminated Heat Stress card, in English and Spanish, call OSHA Publications (202) 693-1888 or write to: U.S. Department of Labor/ OSHA, OSHA Publications, P.O. Box 37535 Washington, D.C. 20013-7535.



Effective Ergonomics: Strategy for Success

Effective ergonomics is part of the Occupational Safety and Health Administration's (OSHA) overall strategy for reducing workplace injuries and illness. Injuries and illnesses related to ergonomics, often called musculoskeletal disorders (MSDs), are on the decline in the workplace; OSHA's goal is to accelerate this decline.

OSHA has developed a four-pronged comprehensive approach to ergonomics. They believe this approach will quickly and effectively address MSDs in the workplace. The four segments of this strategy include:

1. **Guidelines:** OSHA plans to develop industry-or-task specific guidelines for a number of industries based on current incidence rates and available information about effective and feasible solutions. This work will take into account guidelines and best practices already developed, including the Meatpacking Guidelines, issued in 1990. OSHA will also

encourage other industries to develop ergonomic guidelines to meet their own specific needs. The goal is to encourage industry to implement measures as quickly as possible to reduce work-related MSDs. OSHA is expected to begin releasing guidelines for selected industries in six months.

2. **Enforcement:** The primary goal is the reduction of injuries and illnesses in the workplace. Employers must keep their workplaces free from recognized serious hazards under the Occupational Safety and Health Act's General Duty Clause, which includes hazards related to ergonomics. OSHA will conduct inspections for this type of hazard and issue citations under the General Duty Clause and issue ergonomic hazard alert letters where appropriate. They will conduct follow-up inspections or investigations within 12 months for

certain employers who receive the hazard alert letters. OSHA will address ergonomics in its national emphasis program, notifications, and inspections of employers in the Site Specific Targeting program, and will offer assistance to those employers in this group who have a high percentage of MSDs.

3. **Outreach and Assistance:** OSHA will provide assistance to businesses, particularly small business, and help them proactively address issues in the workplace. They will provide advice and training on the voluntary guidelines and implementation of a successful ergonomics program. The agency plans to develop new recognition programs to highlight the achievements of worksites with exemplary or novel approaches to ergonomics.

4. **Research:** OSHA encourages researchers to design studies in areas where additional information would enhance the large body of current information available on ergonomics. They will charter an advisory committee that will be authorized to identify gaps in research related to the application of ergonomics and ergonomic principles to the workplace.

In addition, OSHA has announced a National Emphasis Program in the nursing home industry to guide inspections of nursing homes, and to focus significant efforts on addressing ergonomic issues related to patient lifting.

The National Grocers Association will also work cooperatively with OSHA to develop industry guidelines for retail food stores as will the Food Marketing Institute (FMI) and retail grocery stores. The poultry industry through the National Chicken Council and the National Turkey Federation will also develop voluntary programs with OSHA. Most recently, the Printing Industries of America/Graphic Arts Technical Foundation and the Screenprinting & Graphic Imaging Association International are working with OSHA to share best practices and technical knowledge on ergonomics to foster prevention of injuries and illnesses in the printing and graphic arts industries.

Subsequently, in late June, the Senate Health, Education, Labor and Pensions Committee approved a bill (S 2184) that would require the Labor Department to abandon its voluntary approach to workplace injury guidelines and establish mandatory ergonomic regulations within two years.

OSHA's goal to reduce the number of injuries and illnesses in the workplace continues, with a focus on ergonomics and partnerships to accelerate this decline. While OSHA continues to develop partnerships with specific industries, companies are encouraged to examine unique programs in an effort to decrease the incidence of work-related events.

SOURCE: OSHA website at www.osha.gov



Small Business Panels to Discuss Injury/Illness Prevention Plans

OSHA plans to convene small business panels by the end of 2002 to discuss how to set up broad injury and illness prevention plans and programs.

This is OSHA's latest effort showing it is not giving up on the idea of somehow providing the industry with guidelines—if not a standard—for setting up safety and health programs. In the late 1980s, OSHA issued voluntary guidelines for safety programs that form the basis of the agency's Voluntary Protection Program (VPP) requirements.

An American National Standards Institute committee (ANSI Z10) also plans to propose a safety and health management standard sometime next year.

Additional information can be found on the OSHA website at <http://www.osha.gov>.

New Director for NIOSH

Jon Howard, MD, MPH, JD, LL.M. has been named as the Director of the National Institute of Occupational Safety and Health (NIOSH). Dr. Howard has served as the Chief of the Division of Occupational Safety and Health in the California Department of Industrial Relations since 1991. He is a board-certified occupational medicine physician.

New Director for CDC

Julie Gerberding MD, MPH is the newly-appointed Director for the Centers for Disease Control (CDC) and Administrator of the agency for Toxic Substances and Disease Registry. Dr. Gerberding played a major role in leading the CDC's response to anthrax bioterrorism last fall. NIOSH falls under the CDC.

Upcoming Occupational Health Courses

Case Management Nursing Conference

October 4, 2002
Holiday Inn
Coralville, IA

This 2nd annual conference is designed for case managers, occupational health nurses, and others who perform case management and return-to-work of employees. This one-day program is designed to provide update information and state-of-the-art solutions used in case management. For information call Lynn Cuddihy, at the University of Iowa Hospitals and Clinics, Office of Work-Related Health Care Services at 319/384-6107.

NIOSH-Approved Spirometry Training for Workers Screening Course

December 5 & 6, 2002
The University of Iowa,
Oakdale Hall, Iowa City, IA

This NIOSH-approved course is designed to provide a comprehensive theoretical framework combined with practical training necessary to conduct spirometry testing and screening for workers. Enrollment is limited to 10. To register call Kimberly Gordon at 319/335-4423.

Occupational Hearing Conservationist Certification and Recertification Courses

March 12, 13 & 14, 2003
University of Iowa College of Nursing,
Iowa City, IA

The Occupational Hearing Conservationist Certification course is planned for March 12, 13 & 14, 2003. In addition, a one-day certification

Course will be offered on March 13. A CAOHC-certified course director will teach the courses. For more information or a registration form, contact Jennifer Clougherty, College of Nursing, The University of Iowa, Iowa City, IA. Telephone 319/335-7119, Fax 319/335-7129, e-mail Jennifer-clougherty@uiowa.edu

5th Annual Occupational Health Symposium

April 3 & 4, 2003
Iowa Memorial Union,
The University of Iowa,
Iowa City, IA

This symposium will provide current information on health and safety regulations, workplace illnesses and injuries, health care delivery, and management issues. It will also provide important resources and networking opportunities necessary for keeping current in occupational health. Details will be forthcoming.

DOT Training Seminar

Monday, September 16, 2002
8:00 a.m. to 12:00 noon
Trinity Regional Medical
Center, Fort Dodge, IA

For information call 800/622-8317, extension 6811

For further information on any of the above programs contact

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Prevention and Management of Workplace Eye Injuries

According to The American Academy of Ophthalmology, the workplace is a leading cause of ocular trauma, or eye injuries, including loss of vision and blindness. Each working day in the United States, more than 1,000 employees sustain work-related eye injuries. One hundred thousand (100,000) workers each year are disabled because of vision loss due to injury. Work site injuries often involve automobile repair-related workers, as well as construction-related workers such as welders, plumbers, construction laborers, machine operators and carpenters. Dr. Ayad A. Farjo, a Cornea and External Disease specialist at the University of Iowa Hospitals and Clinics, feels the best way to protect workers is through an aggressive safety program. The critical components of an occupational eye care program include:

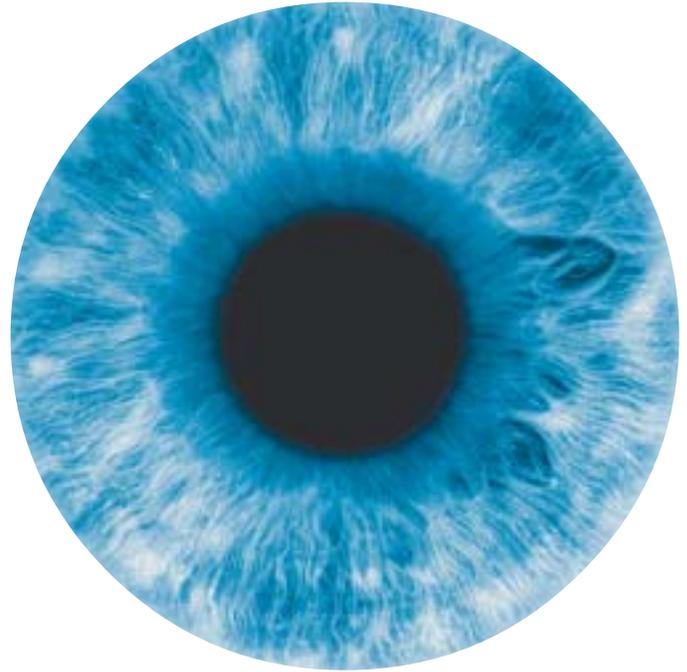
- Determining vision requirements of a job
- Determining eye hazards of a job
- Performing vision screening
- Requiring appropriate protective and corrective eyewear

Day to day enforcement of safety rules is imperative. All who enter a work site where eye hazards are present, not

just the worker, must wear adequate protection.

Appropriate eyewear is essential to protect the eyes in the workplace. Up to 90% of all work-related eye injuries can be prevented with proper protective eyewear. Many of those injured did not think they needed to wear eye protection, or had work eyewear inappropriate for the job. To keep eyes protected, safety eyewear must have "Z87" marked on the frame or lens. Safety eyewear should be worn whenever there is a chance that machines or activities present a hazard of flying objects, chemicals, harmful radiation, or a combination of these or other hazards.

As more people use computers in the workplace, complaints of eye fatigue, difficulty focusing and discomfort have also become commonplace. Lighting, furniture and desk configurations may add to fatigue and discomfort when working with computers. According to Dr. Farjo, computer video display terminals do not damage vision, but you might still experience eye strain. Fortunately, rearranging your computer workstation, taking mini "eye-breaks" or getting proper glasses can often relieve these symptoms," states Dr. Farjo. In addition, heating and air conditioning



Each working day in the United States, more than 1,000 employees sustain work-related eye injuries. One hundred thousand (100,000) workers each year are disabled because of vision loss due to injury.

systems of office buildings can also increase problems with dry eyes. Dry eye occurs when the eye doesn't produce enough tears to keep the eye comfortable. Usual symptoms include stinging or burning eyes, scratchiness, a feeling that there's something in the eye, excessive tearing or difficulty wearing contact lenses. Over-the-counter eye drops called artificial tears usually do the trick, but if the problems persist, see your eye doctor or eye care professional for an evaluation.

If an eye injury does occur, appropriate and immediate care is necessary. Any eye injury requires advanced medical care and referral to a qualified physician or medical provider. Onsite first aid may be necessary before medical care is available including:

- **Cuts to the eyelids:** Cover with a clean, dry patch. Seek medical attention.
- **Chemical in the eye:** Flush the eye with luke warm (tepid) water immediately. Flush for 15 minutes. Rinse the contaminated eye

downward away from the other eye. If pH testing is abnormal or unavailable, seek appropriate medical attention.

- **Loose object on the surface of the eye:** If a trained first aid responder is available, the object may be removed with wet gauze, moistened cotton applicator, or irrigated. Seek medical attention.
- **Penetrating object in the eye:** Do not touch the object or attempt to pull it out. Place a paper cup or cone over the object to shield the eye and prevent it from being disturbed. Seek medical attention.

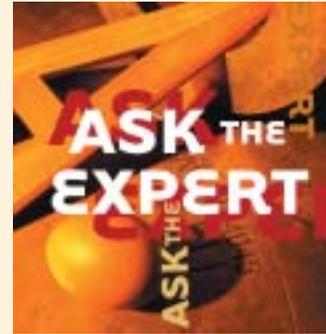
Dr. Farjo states the number one rule for eye safety is to always wear safety glasses. If an eye injury does occur in the workplace, seeking proper medical care helps prevent permanent injury to the eye.

SOURCE: "Prevention and Management of Workplace Ocular Injuries" by Ayad A. Farjo, MD, a presentation at the 4th Annual Occupational Health Symposium (March 14, 2002)

Emergency Eyewash and Shower Safety Requires Tepid Water

The American National Standards Institute standard (ANSI Z358.1) for emergency eyewash and shower equipment states that emergency fixtures must deliver tepid water. This recommendation is an acknowledgement that employees who are exposed to cold water for the recommended 15 minutes of flushing or rinsing risk hypothermia or shock. It's also an acknowledgement that few employees are likely to allow icy water to pour over them for 15 minutes, increasing the likelihood that not all of the contaminant will be washed away. Hot water, however, poses its own risks; warm temperature water can not only scald employees, but also speed up the chemical reaction of a contaminant. Tepid water, then, is the best option—and one that can be ensured with a thermostatic mixing valve.

SOURCE: ANSI Standard Z358.1



Expert providing answers: Ayad A. Farjo, M.D., a Cornea and External Disease specialist at the University of Iowa Hospitals and Clinics

Question 1:

"When can I return to work after an eye injury?"

Answer 1:

The answer is that it depends on the severity of the injury. With chemical (acid or alkali) injuries, even with mild exposures, the irrigating process can cause enough surface irritation and discomfort to limit productivity for the rest of the work day. More severe exposures are potentially blinding and necessitate intensive therapy and an extended absence from work.

Question 2:

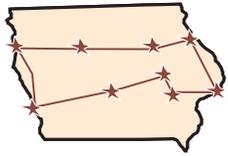
What is a rust ring in the eye?

Answer 2:

Rust rings are found in the cornea and result from the impact and lodging of metallic foreign bodies. They can form quickly and are frequently removed with the foreign body. If the foreign body and rust ring are close to the central vision (over the pupil of the eye), sometimes it is best to only remove the foreign body as removal of the rust ring can cause excessive scarring. The rust gradually 'works its way out' and can be removed at a later date if the injured employee is symptomatic.

Readers may direct questions to:

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