

# Workers' Comp & Safety News



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## OSHA Proposes Mandatory Electronic Reporting of Injuries and Illnesses

In November, OSHA proposed rules that would require certain employers who keep injury and illness records to file them electronically. It would also make certain information in these records accessible to the public.

The first proposed requirement would affect establishments with more than 250 employees (and who must already keep records under Part 1904) to electronically submit these records on a quarterly basis to OSHA. OSHA also proposes requiring establishments with 20 or more employees in certain industries with high injury and illness rates to submit electronically only their summary of work-related injuries and illnesses to OSHA once a year. Currently, many such firms report this information to OSHA under OSHA's Data Initiative.

“With the changes being proposed in this rule,



## This Just In

The Great Recession “had a considerable influence on workers compensation claim frequency,” according to a research brief by the National Council on Compensation Insurance (NCCI). Claim frequency increased 3.8 percent in accident year 2010, the first increase since 1997. Prior to the 2010 uptick, claim frequency had been declining at an average rate of more than 4 percent per year since 1990.

Why did claims spike in 2010, when the recession “officially” ended in 2009? Observers postulate that workers might have avoided filing claims during the depths of the recession for fear of losing their job. When

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employers, employees, the government and researchers will have better access to data that will encourage earlier abatement of hazards and result in improved programs to reduce workplace hazards and prevent injuries, illnesses and fatalities,” Assistant Secretary of Labor for Occupational Safety and Health Dr. David Michaels said in the statement. Currently, OSHA never sees most of the injury and illness logs compiled by employers, and it inspects only a small percentage of the seven and a half million establishments in the US. each year.

The proposed rule does not add to or change an employer’s obligation to complete and retain injury and illness records or the information contained therein. It only requires employers to transmit information from these records to OSHA through a secure website. Please see [www.osha.gov/recordkeeping/proposed\\_data\\_form.html](http://www.osha.gov/recordkeeping/proposed_data_form.html) for an example of what the website might look like.

OSHA would make certain information from the form accessible to the public. These include the date of injury or illness, time employee began work, time of event, what the employee was doing just before the incident occurred, what happened, what the injury or illness was, what object or substance directly harmed the employee, and the date of death, if applicable.

The public will have 90 days, through Feb. 6, 2014, to submit written comments on the proposed rule. On Jan. 9, 2014, OSHA will hold a public meeting on the proposed rule in Washington, D.C.

## Do OSHA Recordkeeping Requirements Apply to You?

In general, the OSH Act exempts employers with 10 or fewer employees from keeping OSHA injury and illness records unless OSHA or the Bureau of Labor Statistics (BLS) informs them in writing that they must do so. The Act also exempts larger employers in certain low-hazard industries, such as retail, service, finance, insurance or real estate, from the recordkeeping requirements. However, Section 1904 requires all employers covered by the OSH Act to report to OSHA any workplace incident that results in a fatality or the hospitalization of three or more employees.

The OSH Act applies to most employees in the nation. OSHA covers private sector employers and employees in all 50 states, the District of Columbia, and other U.S. jurisdictions either directly through federal OSHA or through an OSHA-approved state program. State-run health and safety programs must be at least as effective as the federal OSHA program. Employees who work for state and local governments are not covered by federal OSHA, but have OSH Act protections if they work in a state that has an OSHA-approved state program.

Not covered by the OSH Act:

- ✱ Self-employed;
- ✱ Immediate family members of farm employees that do not employ outside employees; and
- ✱ Workplace hazards regulated by another

conditions began to show slight signs of improvement in 2010, they possibly filed claims they had postponed. To back up this theory, NCCI reports “an influx of small lost-time claims in 2010.”

By accident year 2012, the last for which complete data are available, claim frequency per payroll declined for all industry groups and for all employer sizes.

**What factors affect your organization's workers' compensation claim frequency? An analysis of your workers' compensation claims history can pinpoint problem areas—please contact us for more information.**



federal agency (for example, the Mine Safety and Health Administration, the Federal Aviation Administration, the Coast Guard).

For more information on OSHA recordkeeping requirements and how to handle them, please contact us. ■

# Protect Employees with a Chemical Management System

U.S. workers suffer more than 190,000 illnesses and 50,000 deaths annually related to chemical exposures.

**W**orkplace chemical exposures can lead to cancers and other diseases of the lung, kidney, skin, heart, stomach, brain, nerve and reproductive system. To affect a person, a chemical must enter his/her body through one of these channels:

- ✱ Inhalation (breathing)
- ✱ Contact with skin
- ✱ Ingestion or eating
- ✱ Injection

The Canadian Centre for Occupational Health and Safety says:

“Breathing of contaminated air is the most common way that workplace chemicals enter the body. Some chemicals, when contacted, can pass through the skin into the blood stream. Less commonly, workplace chemicals may be swallowed accidentally if food or cigarettes (or hands) are contaminated. For this reason workers should not drink, eat, or smoke in areas where they may be exposed to toxic chemicals.

“Injection is the fourth way chemicals may enter the body. While uncommon in most workplaces, it can occur when a sharp object (e.g., needle) punctures the skin and injects a chemical (or virus) directly into the blood-stream.

“The eyes may also be a route of entry.

Usually, however, only very small quantities of chemicals in the workplace enter through the mouth or the eyes.

“Regardless of the way the chemical gets into the body, once it is in the body it is distributed to anywhere in the body by the blood stream. In this way, the chemicals can attack and harm organs which are far away from the original point of entry as well as where they entered the body.”

## Preventive Measures

“We know that the most efficient and effective way to protect workers from hazardous chemicals is by eliminating or replacing those chemicals with safer alternatives whenever possible,” said Dr. David Michaels, assistant secretary of labor for occupational safety and health. To help employers find safer chemical alternatives, OSHA has created an online toolkit. This toolkit walks employers and workers through information, methods, tools and guidance to either eliminate hazardous chemicals or substitute a safer chemical, product or process. The toolkit is available at [http://www.osha.gov/dsg/safer\\_chemicals/index.html](http://www.osha.gov/dsg/safer_chemicals/index.html).

Sometimes, no reasonable alternatives to hazardous chemicals exist. In these cases, employers should limit employee exposure. OSHA sets Permissible Exposure Limits, or PELs, on the amount or concentration of a substance in the air to protect workers against the health ef-



fects of certain hazardous chemicals. OSHA enforces these PELs, meaning that any exposure over these amounts could lead to fines.

OSHA adopted the majority of its PELs more than 40 years ago. Since then, new scientific data, industrial experience and developments in technology indicate that these mandatory limits often do not go far enough to protect workers' health. OSHA recently created another new web resource: the Annotated Permissible Exposure Limits, or annotated PEL

tables, which will help employers voluntarily adopt newer, more protective workplace exposure limits.

### Managing Chemicals at Your Worksite

Any employer that has hazardous chemicals in its workplace must comply with OSHA's Hazard Communication Standard (HCS). The HCS requires employers to have a safety data sheet (SDS, formerly known as a material safety data sheet, or MSDS) for each chemical used at the workplace. They must also ensure employees have ready access to the SDSs for any chemicals they handle and provide appropriate training for handling that material.

Employers need not create the SDS—product manufacturers must provide buyers with an SDS for any product that may contain a hazardous chemical at a concentration of 1 percent or more (0.1 percent or more for chemicals that may cause cancer) or that could be released into the air above limits set by OSHA or the American Conference of Governmental Industrial Hygienists (ACGIH).

The SDS explains the health risks of the product and lists precautions for worker protection. In general, the SDS must provide information about:

- ✱ Hazardous ingredients in the product;
- ✱ How users can be exposed to the ingredients;
- ✱ Health and safety risks to users when using the product; and
- ✱ Precautions for safely using and storing the product, including what to do in emergencies.

OSHA does not require the SDS to follow a specific format, although OSHA's Form 174 contains fields for all the required information (and more) in an easy-to-follow format. (See [www.osha.gov/dsg/hazcom/msds-osha174/msdsform.html](http://www.osha.gov/dsg/hazcom/msds-osha174/msdsform.html) for a sample.)

### The Importance of Maintaining SDSs

Employers can't simply file their SDSs in a binder and put it on a shelf. Employers must track their chemical inventory to make sure they have all applicable SDSs available. They must ensure employees have received (and acknowledge receipt of) SDSs for any chemicals they handle. Employers should maintain these records, even for chemicals they no longer use, to potentially limit liability for injuries or illnesses that manifest over time.

Employers also need to keep their SDS "library" up to date. One vendor estimates that about 20 percent of SDSs get outdated each year. OSHA requires employees to receive a new SDS within three months after the chemical compound changes in a significant way, when research reveals a new health or physical hazard due to the chemical, or if a recognized agency lists the compound as carcinogenic.

Many vendors offer systems to help employers track and maintain their hazard communications. Putting these records online in a networked or cloud-based system can ensure employees can access this information anywhere, and often makes updates easier.

For more information on managing chemical and other risk exposures, please contact us. ■

## Don't Let Jack Frost Nip

Winter's temperatures bring risk of hypothermia and frostbite.



Whenever temperatures drop decidedly below normal and wind speed increases, heat can more rapidly leave your body. These weather-related conditions may lead to serious health problems collectively called "cold stress." What constitutes cold stress and its effects can vary across different areas of the country. In regions relatively unaccustomed to winter weather, near-freezing temperatures are considered factors for cold stress.

### Common Types of Cold Stress

**Hypothermia:** Prolonged exposure to cold will eventually deplete the body's stored energy, resulting in hypothermia, or abnormally low body temperature. A body temperature that is too low affects the brain, making the victim un-



able to think clearly or move well. This makes hypothermia particularly dangerous because a person may not know it is happening and will not be able to do anything about it.

Symptoms of hypothermia can vary depending on length of exposure to cold:

### Early Symptoms

- ✱ Shivering
- ✱ Fatigue
- ✱ Loss of coordination
- ✱ Confusion and disorientation

### Late Symptoms

- ✱ No shivering
- ✱ Blue skin
- ✱ Dilated pupils
- ✱ Slowed pulse and breathing
- ✱ Loss of consciousness

Take the following steps to treat a worker with hypothermia:

- ✱ Alert the supervisor and request medical assistance.
- ✱ Move the victim into a warm room or shelter.
- ✱ Remove wet clothing.
- ✱ Warm the center of their body first—chest, neck, head and groin—using an electric blanket, if available; or use skin-to-skin contact under loose, dry layers of blankets, clothing, towels or sheets.
- ✱ Warm beverages may help increase the body temperature, but do not give alcoholic beverages. Do not try to give beverages to an unconscious person.

- ✱ After body temperature has increased, keep the victim dry and wrapped in a warm blanket, including the head and neck.
- ✱ If victim has no pulse, begin cardiopulmonary resuscitation (CPR).

**Frostbite:** Freezing of the skin and underlying tissues can result in frostbite. Frostbite causes a loss of feeling and color in the affected areas. It most often affects the nose, ears, cheeks, chin, fingers, or toes. Frostbite can permanently damage body tissues, and severe cases can require amputation. In extremely cold temperatures, the risk of frostbite is increased in workers with reduced blood circulation and among workers who are not dressed properly.

### Symptoms of frostbite include:

- ✱ Reduced blood flow to hands and feet (fingers or toes can freeze)
- ✱ Numbness
- ✱ Tingling or stinging
- ✱ Aching
- ✱ Bluish or pale, waxy skin.

### Workers suffering from frostbite should:

- ✱ Get into a warm room as soon as possible.
- ✱ Avoid walking on frostbitten feet or toes—this increases the damage.
- ✱ Immerse the affected area in warm—not hot—water. (The temperature should be comfortable to the touch for unaffected parts of the body).
- ✱ Warm the affected area using body heat; for example, the heat of an armpit can be used to warm frostbitten fingers.

- ✱ Avoid rubbing the frostbitten area; doing so may cause more damage.
- ✱ Not use a heating pad, heat lamp or the heat of a stove, fireplace or radiator for warming. Affected areas are numb and can be easily burned.

### Safety Tips for Employers

The following action steps can help you protect your workers from cold stress:

- ✱ Schedule maintenance and repair jobs in cold areas for warmer months.
- ✱ Schedule cold jobs for the warmer part of the day.
- ✱ Reduce the physical demands of workers.
- ✱ Use relief workers or assign extra workers for long, demanding jobs.
- ✱ Provide warm liquids to workers.
- ✱ Provide warm areas for use during break periods.
- ✱ Monitor workers who are at risk of cold stress.
- ✱ Provide cold stress training that includes information about:
  - Worker risk
  - Prevention
  - Symptoms
  - The importance of monitoring yourself and coworkers for symptoms
  - Treatment
  - Personal protective equipment

*Source: NIOSH*

For more suggestions on improving worker safety, please contact us. ■

## Work Hardening: Another Tool in Your Return-to-Work Kit

Sometimes, an injured worker might have reached maximum medical improvement but be unable to return to work due to loss of strength or a partial disability. Work hardening programs can help these workers transition from disability to productive employment.

The work hardening process consists of:

- ✦ Referring. Typically, a treating physician will refer an injured worker to an occupational or physical therapist for work hardening. A medical exam will provide the therapist with information on the worker's medical condition and any physical restrictions.
- ✦ Evaluating. The therapist will evaluate the returning worker's baseline strength and conditioning levels, using treadmills, ergometers, free weights, etc.
- ✦ Analyzing. The therapist analyzes the physical demands of the job and

its ergonomic environment.

- ✦ Planning. Using this information, the therapist develops a comprehensive plan to return the employee to his/her former job. Specific tasks include the following:
- ✦ Strengthening. The therapist develops an individualized program of real or simulated work tasks. These progressively more difficult tasks help an injured worker regain strength and retrain unused muscles.
- ✦ Modifying. Where necessary, the therapist can recommend workplace modifications that can help injured workers with disabilities perform the critical tasks of the job. These might range from rearranging the workstation to specifying customized adaptive equipment.
- ✦ Educating. A good work hardening program will help train an injured worker in preventive self-care. If poor body mechanics, lack of fitness

or other worker characteristic led to or contributed to the injury, the therapist should provide training on proper body mechanics, such as proper lifting techniques, and other ergonomic safety suggestions.

- ✦ Coping. Where necessary, a work hardening program can include measures to help a worker cope with any remaining symptoms from the injury, such as pain.
- ✦ Discharging. The therapist will monitor the worker's progress, recommending return to work when he/she has reached predetermined strength and work fitness goals. Programs typically last three to four weeks.

Many studies have found work hardening to be an effective, albeit costly, method of returning injured workers to work. For more information on this and other claim management strategies, please contact us. ■

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