



PARTNERS IN HEALTH AT WORK

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Dear friends,

Here is our first issue in the year 2008.



While wishing you a healthy and prosperous year, we also wanted to remind you that this is the time for making resolution(s) that you have been planning to do for some time, but had never actually set the date for. So, the beginning of the year may be a nice starting point to review your company's safety profile and do the necessary updates if needed, or to quit smoking, for example. Whatever your resolution will be, treat yourself once you accomplish it.

HAPPY NEW YEAR TO ALL OF YOU!!!

Your BOH Team

NEWS & REGULATIONS

Berkshire Occupational Health Joined AOEC



Our clinic recently became a member of the Association of Occupational and Environmental Clinics (AOEC). As an AOEC member, we are devoted to provide

quality health care to employees, and to help them understand the nature of their illness and any risks to their health.

Established in 1987, the AOEC, a non-profit organization, is committed to improving the practice of occupational and environmental health through information sharing and collaborative research. Since its founding it has grown to a network of more than 60 clinics and more than 250 individuals.

Clinic members are accepted into the organization only if they meet specific criteria.

AOEC clinic members have the opportunity to participate in the shared databases and to compete for awards to conduct collaborative research and develop new educational materials.

As a cooperative agreement partner with the Agency for Toxic Substances and Disease Registry (ATSDR) since 1989, AOEC plays a key role in assisting local health care providers and community members respond effectively to health concerns associated with hazardous waste sites and unplanned releases of hazardous materials.

(Prepared by Dr. Damir Mazlagic)

Dr. Jean Culver certified MRO

In November this year, Dr. Jean Culver become a certified Medical Review Officer (MRO) and joined another physician in the BOH drug-testing program. This further adds to continuity and strength of the BOH's drug testing service.

CONGRATULATIONS!!!



OSHA Site-Specific Targeted Inspection Plan for 2007

OSHA plans to focus on approximately 4,150 high-hazard worksites in its primary list for unannounced comprehensive inspections as part of its 2007 Site-Specific Targeting (SST) plan.



OSHA identified high-hazard worksites based on the 2006 Data Initiative, which surveyed 80,000 employers' injury and illness numbers for 2005. The worksites on the primary list are those that reported 11 or more injuries or illnesses for every 100 full-time employees resulting in days away from work, restricted work activity, or job transfer (DART rate). The primary list will also include sites based on a Days Away from Work Injury and Illness (DAFWII) rate of 9.0 or higher.

In addition, workplaces with reported DART rates of 7.0–11.0, or DAFWII rates of 4.0–9.0, will be on a secondary list for possible inspection.

The national incident DART rate in 2005 for private industry was 2.4, while the national incident DAFWII rate was 1.4.

OSHA also plans to inspect nursing homes and personal care facilities, with focus primarily on ergonomic hazards relating to resident handling; exposure to blood and other

potentially infectious materials; exposure to tuberculosis; and slips, trips, and falls. Of all the DART-rated nursing homes and personal care establishments, the 50% with the highest rating will be included on the SST primary list.

OSHA will also randomly select and inspect approximately 100 workplaces (with 100 or more employees) nationwide that reported low injury and illness rates with the goal of reviewing the actual degree of compliance with OSHA requirements. These worksites will be selected from those industries with DART and DAFWII rates that are higher than the national rate. In addition, some establishments that did not respond to the 2006 data survey will also be included in the SST primary list for inspection.

(Prepared by Dr. Damir Mazlagic)

Active Health Care Cost Management Shows Results

A study by a global human resource consultant Towers Perrin has found that employers that have taken a rigorous approach to reducing health care costs have started to see some results.

Towers Perrin's annual Health Care Cost Survey found that employers that actively manage health care costs can expect to see per-employee costs of about \$1,500 less than low-performing companies. Ways companies manage costs include efficient purchasing, employee engagement, and managing health risks among their employees.

And the employers aren't the only ones cashing in on the savings. Employees at high-performing companies can expect to pay an average of \$1,836 per year on health care costs versus the \$2,256 employees at low-performing companies can expect to pay for the year in 2008.



New data from Towers Perrin indicate that the average corporate health benefit expenditure in 2008 will be \$9,312 per employee/retiree, an increase of 7% over 2007.

(Prepared by Dr. Damir Mazlagic)

Nonfatal Workplace Injuries and Illnesses Continue to Decline

The Bureau of Labor Statistics (BLS) report in October 2007 shows the continued decline of occupational-related injuries and illnesses statistics.

For 2006, nonfatal workplace injuries and illnesses in private industries had an incidence rate of 4.4 cases per 100 FTEs (Full Time Equivalents), compared to 4.6 cases in 2005. The total number of cases reported in 2006 was 4.1 million, compared to 4.2 million in 2005. Of 43 states (including the District of Columbia) in the survey, 10 had lower rates of total recordable cases in 2006 compared to 2005; 32 had similar rates and one state had a higher rate. Massachusetts' rates were 3.9 and 4.2 cases per 100 FTEs in 2006 and 2005, respectively.

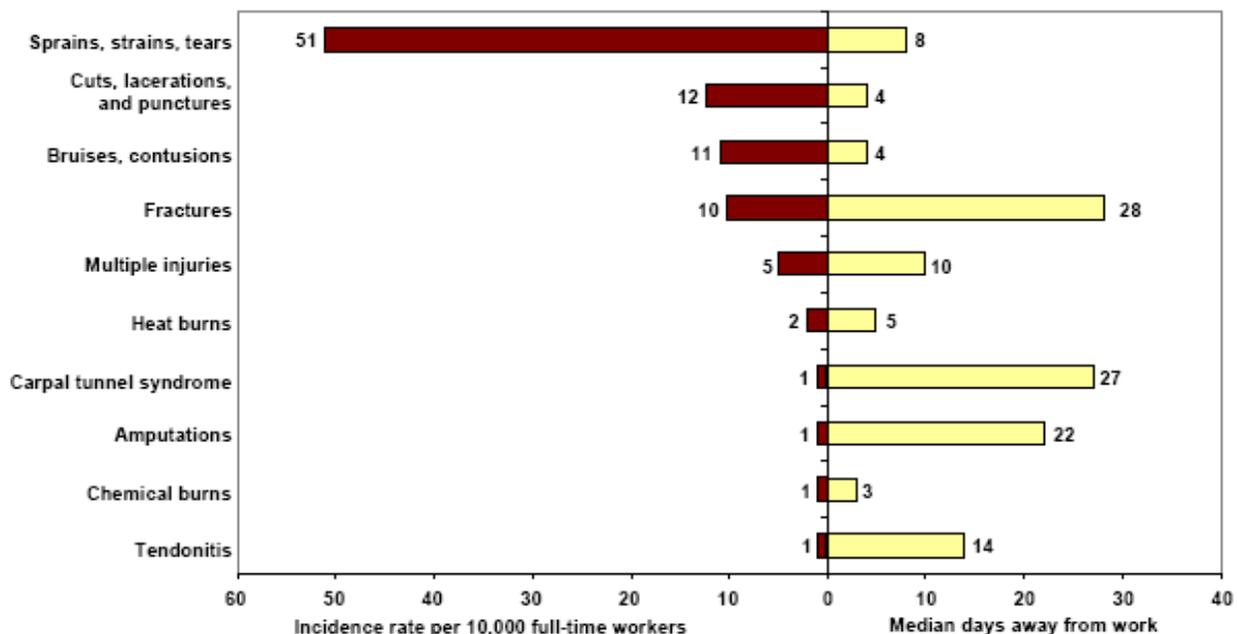
Goods-producing industries as a whole reported a higher incidence of injuries and illnesses than did service-providing industries — 5.9 versus 3.9 cases per 100 FTEs, respectively.

Mining experienced the lowest incidence rate among goods-producing industry sectors — 3.5 cases per 100 FTEs. Rates for agriculture, forestry, fishing and hunting (6.0 cases), construction (5.9 cases), and manufacturing (6.0 cases) were not significantly different from one another.

Although the rate for the transportation and warehousing sector fell by one-half case in 2006, this sector reported the highest rate among service-providing industry sectors — 6.5 cases per 100 FTEs. Rates among the remaining service-providing sectors ranged from 0.9 cases in finance and insurance to 5.8 cases per 100 FTEs in health care and social assistance.

Small businesses (one to 10 workers) reported the lowest rate for injuries and illnesses combined (1.9 cases per 100 FTEs), while mid-size establishments (50 to 249 workers)

Graph 1: Incidence rate and median days away from work due to injuries and illnesses by nature, 2006





reported the highest rate (5.5 cases per 100 FTEs).

Approximately 2.1 million injuries and illnesses were cases with days away from work, job transfer, or restriction. The remaining 2.0 million injuries and illnesses were other recordable cases that did not result in time away from work.

Median days away from work, a key measure of the severity of the injury or illness, was 7 days in 2006, the same as the prior two years.

Nursing aides, orderlies, and attendants, had 49,480 days away from work cases and a rate of 526 per 10,000 workers, which was more than four times the total for all occupations.

Three other occupations with more than 40,000 cases had rates above 400 per 10,000 workers: construction laborers (488); laborers and freight, stock, and material movers (466); and heavy and tractor-trailer truck drivers (411).

Men had a days-away-from-work rate of 143 per 10,000 workers; the rate for women was 106 per 10,000 workers.

Four out of ten days away from work cases were sprains or strains. Approximately one in five of these were suffered by laborers and freight, stock, and material movers; heavy and tractor-trailer truck drivers; and nursing aides, orderlies, and attendants.

Musculoskeletal disorders accounted for 30 percent of the injuries and illnesses with days away from work (see Graph 1), the same percentage as in 2005.

(Prepared by Dr. Damir Mazlagic)

Drug and Alcohol Random Testing DOT Rates for 2008

Department of Transportation (DOT) has established the rates for random drug and alcohol testing within its agencies for the year

2008. No changes have been made to the previous year's rates (see table below).

DOT Random Testing Rates for 2008

DOT Agency	Drug Testing Rate	Alcohol Testing Rate
FAA	25%	10%
FMCSA	50%	10%
FRA	25%	10%
FTA	25%	10%
PHMSA	25%	N/A
USCG	50%	N/A

Abbreviations:

- FAA - Federal Aviation Administration
- FMCSA - Federal Motor Carrier Safety Administration
- FRA - Federal Railroad Administration
- FTA - Federal Transit Administration
- PHMSA - Pipeline & Hazardous Materials Safety Administration
- USCG - United States Coast Guard (now with the Dept. of Homeland Security)

WELLNESS & PREVENTION

HEALTHIER BERKSHIRES III "Creating a Healthier Community, One Worksite at a Time"

On November 16, 2007, at Jiminy Peak Resort, Berkshire Medical Center (BMC) organized a conference with focus on steps taken nationally and locally in improving the health status of communities through workplace efforts.

This was a third annual convention dedicated to developing a healthier Berkshire community.

A keynote speaker was Steven Aldana, PhD, a professor of a lifestyle medicine in the College of Health and Human Performance at



Brigham Young University (Provo, UT). In an enthusiastic and energizing presentation, “*10 to 20 Years of Extra Life: The Choice is Yours*”, Dr. Aldana reviewed the current health status trends in the nation and science behind worksite wellness programs. He showed how worksite programs that promote healthy behavior of employees in combination with individual, family, and community efforts could lead to healthier, happier, and more productive workforce. Several studies showed that the medical cost savings averaged \$3.48 and the absenteeism (being out of work due to illness/injury) cost savings averaged \$5.82 per dollar invested in the programs.



Gray Ellrodt, MD (Chair, Department of Medicine, BMC) and Alex Sabo, MD (Chair, Department of Psychiatry, BMC), with their “*The Heart and Mind of Employee Wellness*” presentation, added to the feeling of urgency to move toward better understanding of business and general community needs regarding health promotion and disease prevention. They showed how comprehensive workplace wellness interventions make sense for all of us (employees, employers, community).

During the second part of the conference, case studies and panel discussion gave the opportunity to the attendees to hear and ask questions about real-life worksite wellness

programs applied in a small (John Toole, Toole Insurance), medium (Richard Kendall, Crane and Company, Inc.), and large worksite (Ruth Blodgett, Berkshire Health Systems).

Lively discussion among the presenters and attending businesses and community representatives concluded this dynamic meeting.

If you need more information on what you can do for your company and your employees in the workplace wellness area, you can contact Bobbi Orsi (*Wellness at Work* director, Berkshire Health Systems) at 413 447-3099.

(Prepared by Dr. Damir Mazlagic)



New Year’s Resolution: Keeping Safety a Top Priority

January is a good time to review the success of your company’s safety program for the past year and to decide on objectives for the New Year.

The best way to begin to look for hazards in the workplace is to walk through your site, through the manufacturing and the service process, indoor and outdoor.

- a) Look at layout and condition of work areas, noting air quality, noise levels, lighting, and temperature. Note and clear obstacles in the aisles. Make sure exits are clearly marked and free of obstructions and clearly lit.
- b) Observe the employees at their workstations, noting ergonomics, including design and physical layout of the furniture, placement of telephone, electrical, and computer wires. Electrical equipment and office machinery should be in good repair.
- c) Examine tools and equipment for wear and tear, review maintenance schedules, and note that employees are using correct tool selection for each job.



d) Make sure that appropriate personal protective equipment is available, is in good condition, and is being used correctly. Flammable and combustible materials must be identified and properly stored. Material Safety Data Sheets (MSDSs) must be provided for each hazardous chemical identified.

e) Review records about exposure and health, including the OSHA log for the past year. As a part of workplace safety surveillance physicals, DOT medical cards must be current. Check OSHA standards for training requirements (www.osha.gov). In general, training sessions should be formulated whenever new regulations, policies, equipment are introduced.

f) Review plans for emergency situations including fire, shutdown, rescue and evacuation drills. Employees should be trained in procedures for evacuation. Update list of certified CPR and AED employees, scheduling renewal training classes as needed.



Encourage employees to keep safety at their workplace a priority, and to make suggestions about how to improve workplace safety. Involve them in problem solving when challenging safety and health issues arise.

Recognize and reward safe behavior and positive safety attitudes. Use recognition and reward programs.

Safety is an important component of employee wellness and happiness. **KEEP IT A TOP PRIORITY.**

(Prepared by Susan Smith, NP)

Happy New Year 2008!



The New Year, a traditional time to make resolutions, a formal expression of one's intent to change. How long will your resolutions last? By February 2, most New Year's resolutions are broken, just a dim memory. What can be done to increase the likelihood that the desire for change will become a permanent change?

If you are going to make a New Year's resolution this year, be sure you are ready for the challenge. There are ways to maximize your success. Here are some tips from the American Council on Exercise (ACE):

Set realistic goals - make resolutions that are doable for you. If you want to exercise five times a week, but have not done it in the past, set your goal for twice a week.

Take small steps – set small goals you can achieve more quickly in the interim that work toward your overall goal. These will give you a more immediate feeling of success. Be specific. Rather than “I will exercise more,” try “I will go for a walk at lunch on Tuesdays and Thursdays.”

Write down your resolution and a realistic action plan – try to make your plan as easy as possible for yourself.

Change for yourself – look at your resolutions as positive changes that will help you to live healthier and happier. **DO NOT** decide to change to please anyone but yourself.

Use positive language – talk to yourself positively and develop a “can-do” attitude.

Find a realistic role model living your goal – if they can do it, so can you!



Anticipate roadblocks and rebound from setbacks – if things come up that prevent you from sticking to your plan, make alternate plans for situations you cannot avoid. See how you can get back on track as quickly as possible and do better next time.

Track your progress periodically – try once a week. To know if what you are doing is effective, or to remind yourself of your commitment, some accountability and record keeping is important. But minute-to-minute micromanagement of your healthy behavior commitment is impossible to sustain... It is important to find out what works best for you.

Build a support team – get support from your family, friends, and co-workers to encourage you when your resolve weakens. If your resolution involves a serious addiction like smoking, drinking, or an eating disorder, get professional help and join a support group if possible.

Celebrate your successes – reward yourself when you meet your smaller goals, as well as celebrate when you achieve your resolutions. Appreciate what you have accomplished and build on it for a healthier lifestyle.

Reference: www.acefitness.org

More related sources:

1. “Making New Year’s Resolutions That Last” by John M Grohol, Psy.D. www.psychcentral.com/library/holiday_resolutions.htm
2. “How to make New Year’s Resolutions That Work!” by Gary Ryan Blair www.Goalsguy.com/Events/n_resolutins.html

(Prepared by Marthanne Donaldson, NP)



New BHS and BOH Website Launched

The new Berkshire Health Systems (BHS) and Berkshire Occupational Health (BOH) Website is live. To explore the new site, you can visit www.berkshirehealthsystem.org. The link for Occupational Health is found under the *Health & Wellness Programs* heading on the site’s home page. There you can find information regarding providers and available services, an FAQs section, links to useful resources, and more.

QUESTIONS/COMMENTS/SUGGESTIONS

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WORKSITE WELLNESS - ALTERNATIVE PERSPECTIVE

