



## PARTNERS IN HEALTH AT WORK

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### Dear Readers,

This May, Berkshire Occupational Health hosted a conference on workplace health and wellness. It had been more than five years since the last such conference took place, and both guests and hosts were excited and pleased with its outcome. You can learn more about the conference and other topics in this issue of the newsletter. As always, your comments, ideas, contributions and questions are greatly treasured.

Enjoy the reading,

*Your BOH Team*

### NEWS & REGULATIONS

#### Dr. Richard Dodge Joins BOH Team

Everyone at Berkshire Occupational Health welcomes Dr. Richard Dodge, who recently joined our team. He brings to us 20 years of emergency medicine work experience, especially in management of traumatic injuries. He is board certified in Internal Medicine.



Eager to expand his knowledge in the field of Occupational Medicine, Dr. Dodge has already obtained his certification as a Medical Review Officer (MRO), and had started taking

part in workplace drug testing process review and verification for our clients.

You can get more information about Dr. Dodge and other BOH physicians at the new Berkshire Health System (BHS) website at: [www.berkshirehealthsystems.org](http://www.berkshirehealthsystems.org).

#### Workplace Health and Wellness Conference

On May 29<sup>th</sup>, Berkshire Occupational Health hosted a conference on Workplace Health and Wellness. There were about 30 attendees representing 23 companies at the conference. Its purpose was to show the Berkshire County businesses that when they utilize Occupational Health the doors open to a myriad of other departments and services. There were presentations on the following subjects: Wellness at Work, Unmasking Depression in the Workplace, DOT-Qualified Workplace Drug and Alcohol Program, The History of Occupational Medicine, Acute Care Value, Return to Work, Modified Duty, Radiology Advancements, and Physical Performance Testing.

Each presenter gave a brief overview of what they do and how it can benefit the patient as well as the company. Since each topic only brushed the surface of what is available and given the favorable feedback from the attendees, we plan to hold "Lunch N'Learn" sessions in the near future, which would entail meeting with companies and have a discussion on the topics that they would like to learn more about.



We would like to thank the presenters and all the companies represented at the conference for taking time out of their busy schedules to make this conference a success.

If you were unable to attend and have any questions, please call Steve St.Peter at 413-447-2847 or e-mail me at [sstpeter@bhs1.org](mailto:sstpeter@bhs1.org), who will get your questions answered for you or, if needed, schedule an appointment to meet with you at your business for further discussion.

Prepared by Stephen St.Peter

### **FDA Issues Public Health Advisory on Chantix**

Chantix was approved by the U.S. Food and Drug Administration (FDA) in May 2006 as a smoking cessation drug.

In November 2007, the FDA began to receive reports of problems associated with the medication, including sudden loss of consciousness, vision problems and various psychiatric instabilities in individuals who use Chantix.

When more conclusive data was reported earlier this year, the FDA issued a public health advisory and the Federal Aviation Administration (FAA) immediately banned the use of Chantix by pilots and air traffic controllers.

The Federal Motor Carrier Safety Administration (FMSCA) followed suit by issuing a warning on the use of Chantix citing its regulation that prohibits the use of prescribed substances or drugs that may adversely affect the driver's ability to safely operate a commercial motor vehicle.

In light of this information, Berkshire Occupational Health will recommend that drivers on Chantix discontinue the medication and do not drive for 72 hours after stopping the medication, longer if any side affects are apparent. Drivers who would like to quit

smoking should be advised that there are other methods that can help them to do so, including behavioral therapy, using nicotine replacement therapy (patches, gums, nasal spray, lozenges).

Prepared by Susan Smith, NP

### **New Collection Site in Berkshire County for Used "Sharps"**

The State Clinics at Berkshire Medical Center has been designated by the Department of Public Health as a depository for used syringes and other devices that puncture the skin, otherwise known as "sharps."



All individuals in the community who use such devices to manage their health issues at home may use this service to discard their used syringes and sharps.

Individuals using the service for the first time should bring all sharps in a puncture-resistant container (i.e. empty one gallon bleach bottle, large plastic soda bottle, coffee can). The state is unable to accept any syringes or sharps in glass containers, paper or plastic bags. At each visit, individuals will be given a standard sharps container for future deposits.

There is no fee for any of the services provided.

The location of the depository is at the Neighborhood Health Center at 510 North Street. The sharps can be dropped off on Tuesdays and Wednesdays from 12:00 noon to 1:00 p.m.

For more information, call the State Clinics at 413-447-2654.

Prepared by Susan Smith, NP



### Genetic Bias Ban Passed

The President has signed into law the Genetic Information Nondiscrimination Act (GINA) that will protect Americans against discrimination based on their genetic information when it comes to health insurance and employment. The bill had passed the Senate unanimously and the House by a vote of 414 to 1. The long-awaited measure, which has been debated in Congress for 13 years, will pave the way for people to take full advantage of the promise of personalized medicine without fear of discrimination. It bans health insurance companies from basing eligibility or premiums on genetic information. It also prohibits employers from hiring, firing, promoting or placing employees on the basis of genetic information.

With this bill implementation, the individuals will be protected until the point of diagnosis, when Americans with Disabilities Act would assume jurisdiction.

Source <http://www.whitehouse.gov>

### Drug and Alcohol Testing Handbook for Employers

ODAPC (Office of Drug & Alcohol Policy & Compliance) has recently announced the availability of a new on-line document designed to help employers implement the DOT's drug and alcohol testing regulations. "What Employers Need to Know about DOT Drug and Alcohol Testing" offers best practices and clear instructions for having a quality DOT program. Topics, which range from program implementation, employee education, selecting service agents, record keeping, to preparing for DOT Agency program reviews - are among the items discussed.

So, no matter which DOT Agency or USCG regulates your company's program, this is the

one on-line document you may need for quick reference.

To download a PDF version of the handbook, go to <http://www.dot.gov/ost/dapc/index.html>.



### Lead (Part I)

Lead is a heavy, bluish-gray metal that occurs naturally in the environment. However, most of the high levels found throughout the environment come from human activities.

Lead and lead alloys are commonly found in pipes, storage batteries, weights, shot and ammunition, cable covers, and sheets used to shield us from radiation. Lead compounds are used as a pigment in paints, dyes and ceramic glazes and in caulk. Use of lead in gasoline as an additive was banned in the United States beginning January 1, 1996, except for off-road vehicles and airplanes.

Most lead used by industry comes from mined ores or from recycled scrap metal or batteries. Lead is commonly found in soil especially near roadways, older houses, mining areas, industrial sites, near power plants, incinerators, landfills, and hazardous waste sites. People living near those sites may be exposed to lead and chemicals that contain lead by breathing air, drinking water, eating foods, or swallowing dust or dirt that contain lead.

People who are exposed at work are usually exposed by breathing in air that contains lead particles. Industries associated with lead exposure are: lead smelting and refining industries, brass/bronze foundries,





rubber products and plastics industries, soldering, steel welding and cutting operations, battery manufacturing or recycling plants, cable stripping, and ship building/repair. Construction and demolition workers and people who work at municipal waste incinerators, pottery and ceramics industries, radiator repair shops, and other industries that use lead solder may also be exposed. Painters who sand or scrape old paint may be exposed to lead in dust. Between 0.5 and 1.5 million workers in the United States are exposed to lead in the workplace. Families of workers may be exposed to higher levels of lead when workers bring home lead dust on their work clothes.

You may also be exposed to lead at home if you work with stained glass as a hobby, make lead fishing weights or ammunition, or if you are involved in home renovation that involves the removal of old lead-based paint.

Prepared by Dr. Damir Mazlagic



### Summertime and the Living is Easy... Or is it?

Summer officially began on the 20<sup>th</sup> of June at 7:59 pm. The hot, humid days of summer are a welcome change from the cold, blustery winter that has passed.

If your employees work outside (e.g. construction workers, farm workers) or indoors (kitchen workers, laundry workers, bakery worker or manufacturing workers), they may be at an increased risk for heat-related illnesses. Employers and employees need to know the potential hazards of working in the heat and how to manage them.

**Heat stress** is a buildup of body heat generated internally (muscle use, work) or externally (the hot humid weather). An increase in body temperature of two degrees Fahrenheit can affect mental functioning. A

five degree Fahrenheit increase can result in serious illness or death. Heat-related illness may be the underlying cause of other injuries, such as falls, equipment accidents and heart attacks.

**Heat cramps** are painful spasms, usually in the legs and abdominal muscles that may occur in association with strenuous activity.

*What to do:* Apply firm pressure to cramping muscles or gently massage to relieve spasms, replace fluids. Consult your healthcare provider.

**Heat exhaustion** is characterized by heavy sweating, weakness, cold, pale and clammy skin, weak pulse, and possible fainting and vomiting.

*What to do:* Lie down in a cool place, loosen clothing, apply cool wet cloths. Take sips of water. Fan or move person to air-conditioned place. Consult your healthcare provider.



**Heat stroke** is marked by high body temperature (105°F); hot, dry skin; rapid, strong pulse; possible unconsciousness. Individual will likely not sweat.

*What to do:* Heat stroke is a medical emergency. **Call 911** or emergency medical services and get the person to a hospital immediately. Move to a cooler environment. Try a cool bath or sponging to reduce body temperature. Use fans and/or air conditioner to





cool the body. **DO NOT GIVE FLUIDS** if person is not able to drink.

**How to protect yourself and your employees:**

- plan to do the majority of work in the early morning or late afternoon
- allow frequent breaks
- have workers drink adequate amounts of cool (not ice cold) liquids, 8 ounces every 20 minutes
- avoid drinking lots of caffeinated beverages (coffee, tea, soda) or alcohol; they will dehydrate you (meaning they take away the fluids that you need)
- eat frequently in small amounts (not hot foods)
- instruct workers to wear cotton layered clothing
- stress the importance of working in pairs
- encourage physical fitness in your workers

References:

[www.bt.cdc.gov/disasters/extremeheat/heat\\_guide.asp](http://www.bt.cdc.gov/disasters/extremeheat/heat_guide.asp)  
<http://osha.gov/SLTC/etools/sawmills/heat/html>  
[www.worksafebc.com](http://www.worksafebc.com)  
[www.mass.gov/dph/seasonal/sunheat.htm](http://www.mass.gov/dph/seasonal/sunheat.htm)

Prepared by Marthanne Donaldson, NP



**Shift Workers and Sleep**

Twenty percent of working Americans are night-shift workers, and the number is growing by about 3 percent per year, according to the Bureau of Labor Statistics. These are men and women who work when most people are asleep and sleep when most people are awake. They perform critical functions in hospitals, on police forces, as emergency personnel, and in the manufacturing and transportation industries. In addition, shift workers are meeting the demand for “round the clock” service in an age of global interaction.

Unfortunately, when it comes to sleep, most shift workers don't get enough of it. Sleep helps restore and rejuvenate the brain and organ systems so they function properly. Chronic lack of sleep harms a person's health, on the job safety, task performance, memory and mood. Shift workers may be at an increased risk for accidents, sleep disorders, and psychological stress due to daytime



demands, such as family and other obligations that interfere with sleep.

The body has its own natural waking/sleep clock called a circadian rhythm. This means a person wants to be active when it's light and rest when it's dark. Scientific evidence suggests that disrupted circadian rhythms may cause biological changes, raising the likelihood of obesity, cancer, mental illness and gastrointestinal disorders.

***For the Employer***

There are ways you can make your workplace safer and more productive for shift workers:

- Install bright lights in the work areas. Light signals the body to be awake and alert.
- Allow frequent short breaks and encourage walking and exercise during breaks.
- Schedule shifts to allow sufficient breaks and days off, especially when workers are assigned to rotating shifts. Do not promote overtime among shift workers.
- Allow a brief planned nap during the shift, if possible. These timed naps should last only 10 to 20 minutes, as longer naps may cause a prolonged groggy feeling after awakening.



- If employees operate heavy machinery or drive a vehicle as part of their shift work, they need to pay careful attention to signs of sleepiness or fatigue. They should not ignore signals of fatigue such as yawning and frequent blinking. If the employee feels drowsy or sleepy they should stop their work as soon as safely possible and request a break or a nap or have a caffeinated drink in order to increase alertness.

#### *For the Employee*

- Follow bedtime rituals to make sleep a priority, even on weekends.
- Go to sleep as soon as possible after work, avoiding alcohol, nicotine and big meals close to bedtime.
- Keep the bedroom quiet, comfortable and as dark as possible. Sleep mask may help.
- Use earplugs or sleep with a fan if necessary to block outside noise.
- Set the room temperature to 60-65°F.
- Exercise regularly. Studies have shown that physically fit people recover from shift changes quicker than those who do not exercise.

And a final word regarding caffeine - the amount of caffeine in less than one quarter of a cup of coffee produces close to the same effect on a person's mental performance as the amount of caffeine in a full cup of coffee. So, the next time you are feeling tired and need a boost on the night shift, try a half a cup of coffee instead of a whole one, it may provide the improvement in alertness that you are looking for without making your sleep difficult in the morning.

#### References:

1. Shift-Work Sleep Disorder-The Glass is More than Half Empty. Robert C. Basner, M.D., New England Journal of Medicine, August 4, 2005.
2. Physical Training Intervention in Female Shiftworkers. Harma M et al., Ergonomics 31(1): 39-50. 1988.

3. Effects of Low Doses of Caffeine on Cognitive Performance, Mood and Thirst in Low and Higher Caffeine Consumers. Smit HJ, Rogers PJ., Psychopharmacology 152(2): 167-73.2000.
4. <http://www.sleepfoundation.org>

Prepared by Susan Smith, NP



### **First it was Spinach, then Tomatoes. What's next?**

#### **Some simple ways to keep foods safe during your summer picnics**

The CDC (Center for Disease Control) reports that food poisoning causes approximately 76 million illnesses, 325,000 hospitalizations, and 5,000 deaths in the United States each year. These numbers affect workplace productivity and, combined with other employee medical conditions, may result in significant workplace absenteeism.

Food poisoning is a gastrointestinal disorder that results from eating contaminated food. Infectious organisms (bacteria, viruses and parasites) are the most common cause of food poisoning.

Food may be contaminated during any point in the production process, including the growing, harvesting, processing, packaging, storing, shipping and preparing stages. Contamination can also occur at home if food is improperly cooked, incorrectly handled, or inadequately stored.





As with most other diseases, whether or not you become sick after eating contaminated food depends on the presence and amount of the organism in the food, your age and your overall health status. High risk groups include people with chronic disease, pregnant women, older adults, infants and young children.

Signs and symptoms usually include: nausea, vomiting, diarrhea (watery or bloody), abdominal pain, stomach cramps, fever and dehydration. If frequent vomiting or diarrhea persists longer than 3 days and/or you are unable to keep any liquids down for 24 hours, and/or your temperature is above 101.5 F, call your medical provider. Most people can recover within 4-7 days, although some may require more time for treatment and recovery.

The most serious complication of food poisoning is dehydration (loss of body's water). It can be treated by taking small frequent sips of a rehydration drink like Pedialyte or water or sucking on ice chips. Sports drinks, soda and fruit juice contain too much sugar and do not provide adequate fluid replacement. Diluting sports drinks like Gatorade can be utilized. Try to stick to a normal diet starting with easy-to digest foods like toast, crackers, bananas and rice, but avoid spicy foods, coffee and alcohol for a few days until symptoms have passed.

Prevent food poisoning by keeping hot foods hot and cold food cold. Use a meat thermometer to be sure food is at a safe temperature. Cook beef to at least 160 degrees, poultry to 180 degrees, and fish to 140 degrees. Avoid eating raw or undercooked foods. Wash or peel produce before eating it. Keep meat separate from produce and other foods. Wash your hands before, during and in-between different food type preparation. Cutting and cooking utensils, counters and work areas should be cleaned with hot soapy water or a disinfectant.

Read the label. And above all, when in doubt, throw it out.

Enjoy your summer picnics!

Prepared by Carol Dickinson, NP

**BERKSHIRE HEALTH SYSTEMS  
NEWS**



**BMC - Leader in Electronic Medical  
Record**

Berkshire Medical Center is one of only 10 hospitals in Massachusetts and among a select small percentage nationally to have an electronic system in place that can significantly improve patient care and safety. This comprehensive electronic medical record (EMR) with computerized provider order entry (CPOE) represent major investments by Berkshire Health Systems in its ongoing efforts to ensure the best care possible for our patients.

Not only does this system reduce the potential for errors, but it also minimizes duplicate testing because the record shows what orders already exist for the patient.

BHS expects to have a fully electronic medical record by the end of 2009.

**LAUGHTER TIME**

**HR recruiter to new hire:** "We have an excellent employee health plan – we built our parking garage two miles away from the office."

**QUESTIONS/COMMENTS/SUGGESTIONS**  
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